



Arizona SELF-STUDY PROJECT

Prior to completing this application, please review the following seven commitments and initial your agreement to them.

If selected as an ASSP participant, I accept the following responsibilities:

- Initial here** ____ To have the Owner, Director/Provider, and Contact Person commit to the ASSP process and communicate and support each other.
- Initial here** ____ To maintain a contract with the Arizona Department of Economic Security/Child Care Administration for child care subsidy.
- Initial here** ____ To progress through the self-study process with the use of a timeline and action plan/professional development plan.
- Initial here** ____ To attend the onsite orientation meeting and the Annual Conference provided by ASSP.
- Initial here** ____ To communicate progress, issues and technical assistance needs.
- Initial here** ____ To take part in a minimum of four onsite visits completed with the ASSP staff.
- Initial here** ____ To comply with the Americans with Disabilities Act.

Do you have a DES child care subsidy contract? Yes No *(Programs without a DES child care subsidy contract are not eligible to enroll in the Arizona Self-Study Project)*

PROGRAMS MUST BE SERVING DES CHILDREN (CURRENTLY ENROLLED) THROUGHOUT THEIR TWO-YEAR ASSP PARTICIPATION

Total number of all children enrolled: _____ Total number of children in care who are subsidized by DES: _____

Name of Child Care Program: _____

Owner: _____

Director/Provider: _____ Contact Person: _____ Title: _____

Mailing Address (include city and zip code): _____

_____ Cross Streets: _____

Site Address (if different from mailing address): _____

Phone: _____ Fax: _____

E-mail Address: _____

Date Program Established: _____ Hours of Operation: _____

Months of Operation (√ all that apply):

- January February March April May June
- July August September October November December

Check Which Apply: Full Day (6 or more hours) Part Day (less than 6 hours) 24 hours

Days of Operation: Mon Tues Wed Thurs Fri Sat Sun

Type of Program (√ all that apply): License # _____ OR Certificate # _____

- DHS Licensed Center
- DHS Certified Child Care Group Home
- DES Certified Child Care Home
- School-Age Program
- School District Operated

Number of Classrooms (if applicable): _____ Total number of children served each day: _____

Specify the number of children in each age group:

_____ Infants _____ 2 year olds _____ 4 year olds _____ School-age
 _____ 1 year olds _____ 3 year olds _____ 5 year olds

Number of enrolled children with special needs: _____ (developmental delays, hearing impairments, vision impairments, social/emotional problems, physical disabilities, medical conditions, speech/language delays, other disabilities).

Number of staff with training or experience in special needs: _____
Please describe this training or experience:

List all languages spoken by the children and families:

List all languages spoken by the staff:

Do you have a written mission and/or philosophy that you distribute to families?
 Yes (if yes, please attach to application) No

Do you participate in the Child and Adult Care Food Program (CACFP)? Yes No

Have you participated in ASSP before? No Yes I don't know
If yes, when? _____

Are you currently accredited? No Yes If yes, by whom? _____

Why would you like to be part of the Arizona Self-Study Project? (attach additional page, if necessary)

Did you include the following?

- Copy of Statement of Services**
- Completed Application**
- Owner's Signature**
- Director/Provider's Signature**
- Contact Person's Signature**
- License or Certificate Number**

Owner's Signature (if applicable)

Date

Director/Provider's Signature

Date

Contact Person's Signature

Date

If you have any questions please contact 480-829-0500 ext. 131 or 1-800-535-4599 ext.131.

Please mail completed application with attached paperwork to:
Association for Supportive Child Care
Arizona Self-Study Project
3910 South Rural Road, Suite E
Tempe, AZ 85282

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Child Care Administration by the Federal Child Care Development Fund
and
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