



a partner in the
Smart Start network 

2020-21 Preventing Obesity by Design (POD) Application
(For centers having 4-5 Stars)

Please print clearly.

Only complete applications will be considered for participation.

General Information:

Facility name _____

Mailing address _____

City, St., Zip _____

Physical location if different from mailing address _____

Facility phone # _____ Facility fax # _____

Director's name _____ Director's email _____

Program Information:

1. Facility's licensed capacity _____ (**attach a copy of the facility's license**)

Total number of children **enrolled** birth to five _____

Total number of classrooms for children birth to five _____

of infant rooms _____ # of toddler rooms _____ # of two rooms _____ # of preschool rooms _____

2. Does the facility accept subsidy? ___ Yes ___ No

Total number of subsidized children birth to five _____

(Attach most recent DSS subsidy reimbursement sheets)

3. Does the facility participate in child and adult food program (CACFP)? ___ Yes ___ No

If yes, which one?

If no, are you willing to apply for one

4. Does the facility use the Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) tool to assess and improve the health of the young children? ___ Yes ___ No

Total number of subsidized children birth to five _____

(Attach most recent DSS subsidy reimbursement sheets)

License Information:

1. License level 1 Star 2 Stars 3 Stars 4 Stars

2. Director's NC Early Childhood Administrative Credential Level

Currently Obtaining Level I Level II Level III

3. Date license issued _____ Licensing Consultant _____

4. Number of years the facility has been licensed _____

5. Is any action pending against the facility that could lead to a change in the status of your license (such as a stop action or notice of administrative action)? ___ Yes ___ No

6. If yes, yes please explain _____

7. How might participation in POD activity positively impact your childcare facility?

8. How might you be able to maximize the strengths of the families enrolled in your childcare facility to improve children's outcomes

9. Give example of racial equity activity that your childcare facility engages in:

Please check any program(s) that you are currently working with:

- WCSS - Improving and Sustaining Quality Child Care
- CCHC - Child Care Health Consultant Quality Improvement Program
- CCSA - Infant Toddler Quality Enhancement Initiative
- CCSA - Quality Improvement Initiative
- CCSA - Child Care Services Association
- CCSA - Healthy Social Behaviors Initiative
- CCSA - Accreditation Technical Assistance

I have completed this application to the best of my knowledge. I understand that if any information is found to be false, the applicant will be ineligible to receive services.

_____ Signature

_____ Title

_____ Date

**Mail completed application to:
Wake County Smart Start, Attn. ECI Dept
4901 Waters Edge, Suite 101
Raleigh, NC 27606
*Please be sure to attach a copy of the facility's license and subsidy verification.**