



## Notification of Rating Readiness

When your program is ready to begin the rating process, please complete the following form and e-mail to Andrea Breitwieser at: [Andrea.Breitwieser@dhs.state.nj.us](mailto:Andrea.Breitwieser@dhs.state.nj.us)

**When mailing USB, please send to: Attn: NJCQR, William Paterson University (Valley Road Campus), 1600 Valley Road, Room 3016, Wayne, NJ 07470**

*(please provide certified mail tracking number in appropriate space below)*

**\*Please note: USB with documentation must be received by the NJCQR within 1 week from receiving the Grow NJ Kids Notification of Rating Readiness.**

Date: \_\_\_\_\_

Center/School Name: \_\_\_\_\_

Center/School Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Please indicate the following: Head Start  NAEYC Accredited  Child Care  Family Child Care

Number of Classrooms: \_\_\_\_\_ Age Range: \_\_\_\_\_

Requested Two-Month Rating Window: \_\_\_\_\_

Exclusion dates within your requested Two-Month Rating Window (No more than 10): \_\_\_\_\_

School Closing notification hotline and/or website must be provided: \_\_\_\_\_

Applying for star rating of: 3  4  5  Re-Rating  Date last star rating received: \_\_\_\_\_

Star rating received: 3  4  5  Extension: \_\_\_\_\_

Quality Improvement Specialist (QIS)/Technical Assistant Specialist (TAS) Name: \_\_\_\_\_

QIS/TAS Primary Contact #: \_\_\_\_\_ QIS/TAS Primary Contact Email: \_\_\_\_\_

Certified Mail Tracking # for USB: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

Date received by Grow NJ Kids Office: \_\_\_\_\_

Date contacted QIS/TAS to confirm program readiness: \_\_\_\_\_

Rating Readiness Confirmed? Y  N  GNJK Staff Initials: \_\_\_\_\_

Comments:

Date emailed to New Jersey Center for Quality Ratings: \_\_\_\_\_ GNJK Staff Initials: \_\_\_\_\_