



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

ANNA CARTER
DIRECTOR

TO: Family Child Care Home Operators

FROM: Division of Child Development and Early Education

Thank you for the service you have been providing to the children and families of your community. It has been almost three years since a full assessment was completed and your license was issued. Now it is time to prepare for the reassessment that must be conducted every three years [rule .2830(c)].

To help you prepare for this reassessment, the Division will be providing technical assistance. This process will include an APPLICATION FOR ASSESSMENT FOR A TWO COMPONENT STAR RATED LICENSE completed by you, as well as an official monitoring visit by a child care consultant to reassess your rated license. Enclosed with this notice are several documents to help you prepare for the reassessment. Please complete the application and return it to your child care consultant **within 30 days** of your receipt of this notice. Once your consultant receives it, he/she will visit your home to review your program. If you are applying for three or more points in the program standards component, the request for the Family Day Care Rating Scale assessment will be submitted by the consultant following their visit.

PLEASE DO NOT WAIT FOR CONTACT FROM THE DIVISION TO COMPLETE AND MAIL THESE FORMS. RETURN THEM TO YOUR CONSULTANT WITHIN 30 DAYS.

If you do not know the name or address for your consultant, please contact the Division at 800/859-0829.

We appreciate your cooperation and are available to help you in any way that we can. Please do not hesitate to contact your child care consultant for additional information or assistance. If you are unable to reach your consultant, you can call the Raleigh office at 1-800-859-0829 or by email at webmasterdcd@dhhs.nc.gov.

WWW.NCDHHS.GOV

Tel 919-527-6335 • Fax 919-715-1013

LOCATION: 820 SOUTH BOYLAN AVENUE • MCBRYDE BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2201 MAIL SERVICE CENTER • RALEIGH, NC 27699-2200

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



APPLICATION FOR ASSESSMENT FOR A TWO COMPONENT STAR RATED LICENSE

Name of Family Child Care Home: _____

Facility Id # _____

PART I Education Standards (Rule .2827):

Education Standards

Please indicate the total number of points earned in this component on your current license: _____

Fill in all information that applies to you:

Number of years/months of full-time Early Childhood Work Experience (in a licensed child care center or licensed home)	Indicate # of Years: _____ Months: _____
Number of Training Hours taken in the last 12 months (workshops, community college classes or conferences)	Indicate # of clock hours: _____
Has NC Family Child Care Credential or equivalency (submit copies of certificates)	<input type="checkbox"/> YES Indicate date completed: _____
Has completed semester hours in Early Childhood Education/Child Development	Indicate # of semester hours: _____
Date my ORIGINAL College Transcripts were mailed to the Workforce Education Unit at DCDEE	Date: _____

To have your education documentation evaluated by the Workforce Education Unit, you will need to apply and/or upload education documentation, except for official transcripts, through your Workforce Online Reporting and Knowledge System (WORKS) account. Official transcripts will be mailed to the Workforce Education Unit within the Division of Child Development and Early Education. For more information about WORKS, visit the DCDEE WORKS tab http://ncchildcare.nc.gov/general/mb_dcdeeworks.asp on the DCDEE website www.ncchildcare.nc.gov.

PART II Program Standards (Rule .2828):

Please indicate the number of points earned in this component on your current license: _____

Check all that apply to your Family Child Care Home:

- I have enclosed a copy of my Operational Policies (If you previously earned 2 or more points in program standards, have you made any changes to your policies since your last rated license assessment? If yes, please enclose a copy of your current policies. You do not need to submit if already reviewed for your current star license and no changes have been made)
- I would like to have the Family Child Care Environment Rating Scale (FCCERS-R) completed
- I enroll no more than 4 children under age one
- I enroll no more than 3 children under age one

PART III Quality Point (Rule .2829):

Indicate all quality point option(s) your facility meets:

Education Options:

- ____ Has obtained an Infant/Toddler Care Certificate
- ____ Has a BS/BA or higher in Early Childhood/Child Development
- ____ Has completed 20 in-service training hours in addition to required annual hours

Program Options:

- ____ Uses an age/developmentally appropriate Curriculum (Curriculum Name: _____)
- ____ Has completed a Business training course (Name/Date of course: _____)

____ Reduced enrollment to no more than four preschool age children
____ Serves no more than two infants under age one

Name of Facility: _____ Facility Id# _____

Preparing for the Technical Assistance Visit - Things to Review before Visit

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have a copy of the most current "NC Child Care Requirements? If not, please visit, http://ncchildcare.nc.gov/PDF_forms/DCDEE_Rulebook.pdf to access a copy. Do you have a copy of the most current "NC General Statutes (law)? If not, please visit, http://ncchildcare.nc.gov/PDF_forms/Chapter_110_General_Statutes_Child_Care_Facilities_01-16-Eng.pdf to access a copy.
------------------------------	-----------------------------	---

During the visit with your child care licensing consultant you will have the opportunity to discuss things to assist you in maintaining and improving your compliance with the requirements and to improve the quality of care at your home. There are many small changes that could have an impact on your rating. Please list below any specific areas that you would like to have your consultant discuss with you.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I certify that I have given true, accurate and complete information on this form, and all accompanying documents, to the best of my knowledge.

Operator Signature

Date Completed

Name of Facility: _____ Facility Id# _____

Environment Rating Scale Improvement Plan

Use this form to review scores from previous rating scale assessments or practice ratings conducted by you. Complete prior to visit from consultant and make a copy to review during the visit.

ASSESSMENT INFORMATION

List below item numbers from the scale that scored below 5.

Item # from Scale	Score	Summary of concerns and assessor remarks

IMPROVEMENTS MADE

Item # from Above	Changes made

Name of Facility: _____ Facility Id# _____

SUGGESTIONS FOR IMPROVEMENT

Item # from Above	Changes to be made	Responsible Party/Agency	Estimated Time Frame to Complete

--	--	--	--

Name of Facility: _____ **ID#** _____

Completed By: Operator's Name _____ Date _____

Reviewed By: Consultant's Name _____ Date _____

Name of Family Child Care Home: _____

Facility Id # _____

Rated License Reassessment Self-Study

Program Standards

Please indicate the number of points earned in this component on your license: 1 2 3 4 5 6 7

Are you meeting [check all that apply]: Enhanced Ratios

Operational and Personnel Policies

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have written operational and personnel policies?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you do not have policies, would you like assistance on developing them?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have your policies been reviewed and approved by a DCDEE child care consultant?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If you previously earned 2 or more points, have you made any changes to your policies since your last rated license application? *If yes, please attach a copy of your current policies.

Activities for Children

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have activity areas available daily for each group of children over 2 years of age? If so, which ones? <input type="checkbox"/> Art <input type="checkbox"/> Dramatic Play <input type="checkbox"/> Blocks <input type="checkbox"/> Manipulatives <input type="checkbox"/> Language Development
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any supplemental activity areas available? If so, which ones? <input type="checkbox"/> Music & Movement: <input type="checkbox"/> available daily <input type="checkbox"/> available weekly <input type="checkbox"/> available monthly <input type="checkbox"/> Science & Nature: <input type="checkbox"/> available daily <input type="checkbox"/> available weekly <input type="checkbox"/> available monthly <input type="checkbox"/> Sand & Water: <input type="checkbox"/> available daily <input type="checkbox"/> available weekly <input type="checkbox"/> available monthly

Environment Rating Scale Assessments

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did you have Environment Rating Scales done for your previous rated license application? If yes, what were your scores? <input type="checkbox"/> ITERS-R: _____ <input type="checkbox"/> ECERS-R: _____ <input type="checkbox"/> SACERS-R: _____ <input type="checkbox"/> FCCERS-R: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you implemented any changes as a result of your previous rating scale assessment? If yes, please describe on the enclosed "Rating Scale Improvement Plan"
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you conducted a practice self-assessment with the scales recently? Date: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you implemented any changes as a result of the practice assessment? If yes, please describe on the enclosed "Rating Scale Improvement Plan"
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Would you like technical assistance on making changes at your Center/FCCH based on a rating scale assessment prior to your rated license reassessment?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have current versions of the scales?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you know how to access "Additional Notes for Clarification" for the scales? *If no, go to www.ncrlap.org and look for the link to the Environment Rating Scales.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will you be requesting an Environment Rating Scale assessment to be conducted as a part of your rated license reassessment?

Education Standards

Please indicate the total number of points earned in this component on your license: 1 2 3 4 5 6 7

Individual Staff Category Points from Current License

Operator: 1 2 3 4 5 6 7

Other: _____ 1 2 3 4 5 6 7

General Staff Information

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any <u>new</u> caregivers since your last rated license assessment? *If yes, please notify your Licensing Consultant
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any additional caregivers/teachers, caring for school-age children, who were not evaluated as part of your previous rated license assessment?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any new or existing caregivers/teachers who have taken coursework that should be sent to the Workforce Education Unit for evaluation? *If yes, please talk to your Licensing Consultant.

Name of Family Child Care Home: _____ **Facility Id #** _____

Once the *Application for Assessment for a Two Component Star Rated License* is complete, mail it to your Child Care Licensing Consultant along with the Self-Study checklist. During the technical assistance visit, he/she will provide you with the results from the preliminary review of your points earned for the education component.

Compliance History

Complaints and violations cited during a visit can affect your compliance history score. Your consultant will provide you with an up-to-date compliance history during their visit.