



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

Thank you for your interest in participating in North Carolina's Star Rated License System. This information includes an *Initial Application for Assessment for a Two Component Star Rated License* and instructions to get the rated license assessment process started. First, complete the *Initial Application for Assessment for a Two Component Star Rated License*. This completed application, along with other supporting documentation, should be submitted directly to your child care licensing consultant. Please follow the instructions below when completing the application.

Part I Education Standards

Use the Education Standards section to record all your experience and education. 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

Check all boxes that apply to your family child care home. You must develop written Operational Policies to qualify for more than one point in program standards. If you are applying for three through seven points, a Family Child Care Environment Rating Scale-Revised (FCCERS-R) will be conducted. Your score on the FCCERS-R assessment will influence the point level you receive.

Part III Quality Point

You may choose to earn one quality point towards the total points earned on your rated license assessment. In this section, you will indicate all the quality point options your program meets. During your rated license assessment, your child care licensing consultant will verify your program meets at least one option.

Part IV Required Signature

Sign and date the Application and send the application directly to your child care licensing consultant. In addition, send a copy of your in-service training log and operational policies, if applicable. Remember to mail your original transcript to the Education Workforce Unit. For rated license requirements refer to the Voluntary Enhanced Requirements in Section .2800. Contact your child care licensing consultant, if you have any questions. Your child care licensing consultant will schedule a visit to review all requirements after receiving your Application and other supporting documentation. After the visit your child care licensing consultant will request for the FCCERS-R assessment, if needed.

WWW.NCDHHS.GOV

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Staff Information Sheet for Rated License

MAIL FORM TO CHILD CARE CONSULTANT (Do not mail directly to Workforce Education Unit)	(Consultant Use Only)	
Facility Name:		Date Rating Scale Scheduled:
Facility ID#:	Date received rated license application:	Date of Rated License Visit:
Consultant Name:	Date requested additional supporting documentation: Date received all required information to begin process:	Date 3 Year Assessment Due:

	Legal FIRST Name (No Nicknames)	Legal LAST Name	Last 4 digits Social Security # (Required)	Check position for which evaluation is requested*						Date Of Hire at this Facility	(Consultant Use Only)			
				A	L T	T	P C	G L	F C H		Proposed Point Level (Verify all required paperwork is attached or already mailed to Workforce)	Information reviewed in WORKS (Write Date Reviewed)	Need Workforce Evaluation (If yes, write name on Expedite Request form sent to Workforce)	Comments
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

PRINT CLEARLY

***Positions**

A: Administrator
LT: Lead Teacher
T: Teacher

PC: Program Coordinator
GL: Group Leader
FCCH: Family Child Care Home Provider

3/2013
Regulatory Services Section
DCDEE.0116

INITIAL APPLICATION FOR ASSESSMENT FOR A TWO COMPONENT STAR RATED LICENSE

Facility Name

Facility Id#

PART I Education Standards (Rule .2817)

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)	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: _____

Part II Program Standards (Rule .2828):

Check all that apply to your Family Child Care Home:

- I have enclosed a copy of my Operational Policies
- I would like to have the Family Child Care Environment Rating Scale – Revised (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 the 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

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

DCDEE USE ONLY

Date Received _____ **Consultant Signature** _____

Current Compliance History score from _____ **to** _____ **is** _____ **%**