

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: Child Care Center 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, and it is time to prepare for the reassessment. A full reassessment must be conducted every three years [Rule .2830(c)].

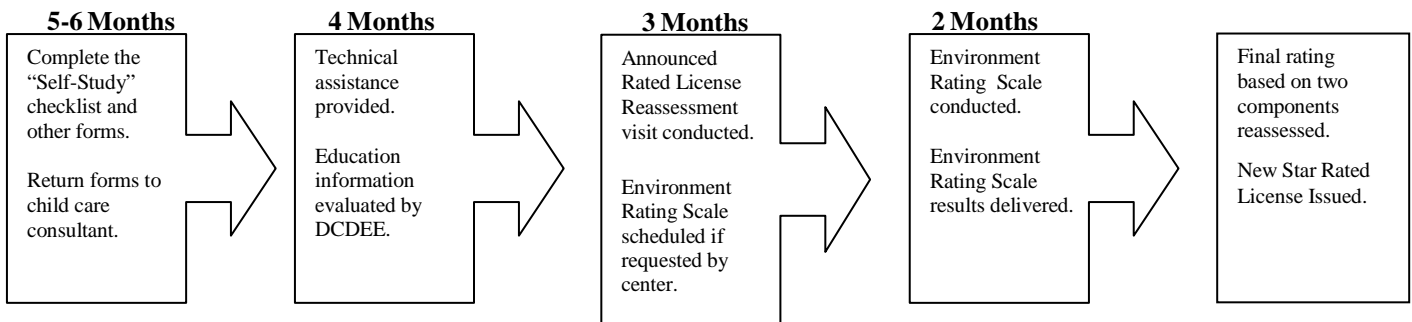
To help you prepare for this re-assessment, the Division will be providing technical assistance (outlined in the chart below). This process will include technical assistance provided by your child care consultant and an official monitoring visit to reassess your program. Enclosed with this notice are an **APPLICATION FOR ASSESSMENT FOR A TWO COMPONENT STAR RATED LICENSE**, and several other documents to help you prepare. Please complete this form and return it to your child care consultant **within 30 days** of your receipt of this notice. Your consultant will contact you about technical assistance options that are available for you to help you prepare for the reassessment visit and identify areas of weakness or substantial changes to your program that could impact your rating.

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.

Rated License Re-Assessment Process

Dates below refer to length of time prior to the issuance of your new Star Rated License.



APPLICATION FOR ASSESSMENT FOR A TWO COMPONENT STAR RATED LICENSE

Name of Facility: _____ **Facility Id#** _____

I am applying for a voluntary star rated license for the above-named facility.

Part I Education Standards (Rule .2819 and/or .2820):

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

I understand that the education levels of staff will be verified by the Division’s Workforce Education Unit. Do you have any new or existing staff members who have taken coursework that should be sent to DCDEE Workforce Education Unit for evaluation? If yes, 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 .2817):

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

The facility meets Enhanced Space Requirements: YES ___ or NO ___

The facility meets Enhanced Staff/Child Ratio Requirements: YES ___ or NO ___

The written operational policies have been submitted for review: Select YES or NO (If you previously earned 2 or more points in this component, have you made any changes to your policies since your last rated license application? If yes, please attach a copy of your current policies.)

The facility requests an Environment Rating Scale Assessment. YES ___ or NO ___

The facility had an Environment Rating Scale Assessment (for a rated license) completed on _____ (date)

Part III Quality Point (Rule .2829):

Refer to Rule .2829 to help you list the quality point option(s) you think your program meets.

List option(s) here:

Name of Facility: _____

Facility Id# _____

Things to Review before the Visit

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>Do you have a copy of the most updated version of the “NC Child Care Requirements?” If not, please visit http://ncchildcare.nc.gov/PDF_forms/DCDEE_Rulebook.pdf, to access a copy.</p> <p>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.</p>
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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 center. There are many small changes that could have a large 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) _____

Part IV Required Signature:

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/Administrator Signature

Date Completed

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@ddhs.nc.gov

Name of Facility: _____

Facility ID# _____

Environment Rating Scale Improvement Plan

Use this form to review center scores from previous rating scale assessments or practice ratings conducted by center personnel. Complete **prior to visit** from consultant and make a copy to review during the visit. Copies of this form can be made so that you can use one form per classroom assessed.

CENTER INFORMATION

Classroom Assessed	Scale Used	Staff in classroom during observation
	<input type="checkbox"/> ITERS-R <input type="checkbox"/> ECERS-R <input type="checkbox"/> SACERS <input type="checkbox"/> FCCERS-R	

ASSESSMENT INFORMATION

Type of Assessment: Practice; date _____ For most recent Rated License; date _____

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

Completed By:

Center Staff Member's Name _____

Title _____

Date _____

Reviewed By:

Consultant's Name _____

Date _____