

**Children and Youth Partnership for Dare County
Child Care Resource and Referral
2007-2008 Quality Enhancement Project
Application for Family Child Care Home**

Please fill out the following application to apply for the 2007-2008 Quality Enhancement Project. Be sure to make a copy for yourself and mail or deliver original to Dare County Child Care Resource and Referral. If you have any questions or need assistance, please call Janet Terry at 441-4737.

Dare County CCR&R
Attention: Janet Terry
Over Seas Professional Centre, MP 5.9
2400 N. Croatan Highway, Suite D
P.O. Box 2539
Kill Devil Hills, NC 27948

*There is no deadline to apply for this program. Applications are received and reviewed on an on-going basis.

Date of application _____

Program Information

Name of family child care home _____

Operator's name _____

Mailing address _____

Physical address _____

Phone number _____ Fax number _____

E-mail _____ Facility ID number _____

How long has your licensed Family Child Care Home been in operation? _____

How long do you plan to operate your Family Child Care Home? _____

Licensed capacity of FCCH Preschool (B-K) _____ School-age (5-12) _____

Number of children currently enrolled Infants/Toddlers(B-30 months) _____
Preschool (2½-5 years) _____
School-age _____

Current licensing status (Circle 1)

1-Star 2-Stars 3-Stars 4-Stars 5-Stars Temporary

If higher than 1-star, how many points has your program earned in each area?

Program Standards ____ points

Education Standards ____ points

Compliance History ____ points (if currently on a 3-component star rated license)

Quality Point ____ yes ____ no (if currently on a 2-component star rated license)

How did you earn your quality point?

If you do not have a degree, have you successfully completed the North Carolina Early Childhood Credentials I and II (NCECC I and II)? ____ Yes ____ No

Or Introduction to Early Childhood Education (EDU 119) ____ Yes ____ No

If yes, please give date of completion _____

If no, are you willing to enroll in and successfully complete EDU 119? ____ Yes ____ No

If you have completed EDU 119 and do **not** have a degree in ECE or a related field, are you willing to enroll in and complete additional ECE coursework? ____ Yes ____ No

For office use only: Date application received _____ Application complete: ____yes ____no

Request for Technical Assistance Agreement for Family Child Care Home

Agreement to Participate in Quality Enhancement Program

In order to participate in the Quality Enhancement Program, I agree to the following:

1. Attend training on the Family Child Care Environment Rating Scale.
2. Complete a self-assessment using the Family Child Care Environment Rating Scale.
3. Allow the Quality Enhancement Specialist (QES) to complete a pre-assessment using the Family Child Care Environment Rating Scale.
4. Meet with the QES to review pre-evaluation scores and to discuss individual needs in order to create a 6-month action plan for training and technical assistance.
5. Attend local training related to action plan.
6. Allow the QES to provide on-site technical assistance.
7. Be willing to make changes to the learning environment in order to complete action plan.
8. Allow the QES to complete a post-assessment using the Family Child Care Environment Rating Scale.
9. Apply for 3 stars or higher within 3 months after action plan is completed.
(1-Star Family Child Care Home)
10. Maintain or apply for 3-stars or higher within 3 months after action plan is completed.
(2-5 Star Family Child Care Home)
11. Request and participate in the Family Child Care Home Environment Rating Scale assessment from the NC Rated License Project.

I have read the Quality Enhancement Project Information sheet and Application and will be able to meet all of the requirements in order to fully participate in this project.

Signature of FCCH Operator

Date

Signature of Quality Enhancement Specialist

Date

Signature of C&YP Executive Director

Date

