



North Carolina Department of Health and Human Services

DIVISION OF CHILD DEVELOPMENT

19 Chapanoke Road • 2201 Mail Service Center • Raleigh, NC 27699-2201

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Michael F. Easley, Governor • Dempsey Benton, Secretary • Cynthia L. Bennett, Director

TO: Family Child Care Home Provider

According to our records, your program is currently operating with a Three Component Star Rated License. In order to complete the transition to the Two Component Star Rated License you must complete the enclosed documents. It is very important that these forms be completed and returned to your consultant by October 22, 2007 in order to ensure a complete assessment of your program for the issuance of the two component license. This packet includes an *Application for Assessment for a Two Component Star Rated License*, a *NC Education and Equivalency Form for FCCH Providers* (DCD 0119), and the applicable rated license rules for a two component family child care home license. (Section .2800).

If you have already submitted an application for a Two Component Star Rated License to your consultant, you do not need to resubmit this form.

DEADLINE: If you want to have an environment rating scale done as part of your transition to the two component system, you must indicate the request on the Application form. Once received, your assessment(s) will be scheduled and the scores received will be used to determine the points you have earned in the program standards component.

If you request an environment rating scale after October 22, 2007, your two component license will be determined without the extra program standards points. Once your assessment is completed, your points will be recalculated and a new license issued, if applicable.

Please follow the instructions below when completing the forms.

Part I Education Standards

Use the Education Standards section to record all your experience and education. Complete the *NC Education and Equivalency Form for FCCH Providers* (DCD 0119) and submit this form to the Workforce Section within the Division of Child Development along with original college transcripts. Send copies of this information to your child care consultant to document your education. Include on the copy that you submit to your child care consultant if you are currently taking college coursework. Please indicate the course(s) title and the completion date. Official transcripts would need to be received by your child care consultant no later than January 15, 2008 in order for that coursework to be used in your education standards point calculation.

Part II Program Standards

Check all boxes that apply to your family child care home. You must develop and submit written Operational Policies in order to qualify for more than one point, unless you have previously earned two or more points in program standards and your policies have already been approved. If you are applying for three through seven points, a FDCRS will be conducted. Your score on the FDCRS assessment will have an effect on the point level you receive. If you are requesting a FDCRS, please review, sign and submit the first two pages of the *Rated License Assessment Request Review* form to your child care consultant.

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 consultant will verify your program meets at least one option.

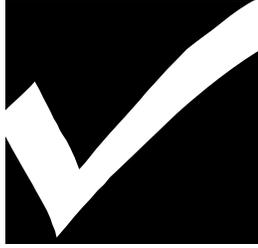
Part IV Required Signature

Sign and date the *Application* form and send the first two pages of the application to your child care consultant. In addition, send a copy of your in-service training log, operational policies, and copy of college transcripts, if applicable. Remember to mail your original transcript and the *Education and Equivalency* form to the Workforce Section. Use the attached checklist to make sure you include all items.

Compliance Percentage

While your program will no longer receive points based on your compliance percentage, you must have a percentage of 75% or higher, over the prior 18 months, in order to receive a Two Component Star Rated License. Your compliance percentage will be determined as of January 2008 in order to confirm that you remain eligible for a two to five star license.

For rated license requirements review the enclosed copy of the applicable rated license rules (Section .2800). Contact your child care consultant or a customer service representative in the Division office at 800/859-0829, if you have any questions.



Check to make sure you send all the required items:

*Send this information to your **CHILD CARE CONSULTANT:***

- Application for Assessment for a Two Component Star Rated License

Education Standards:

- COPY** of your in-service training log
- COPY** of NC Family Child Care Credential or equivalency
- COPY** of transcripts for college courses
- COPY** of college or university diploma

Program Standards:

- If you are requesting a FDCRS, the signed *Rated License Assessment Request Review* form.
- COPY** of your operational policies (if applying for 2 through 7 points) You do not need to submit if you have already had your policies approved by your child care consultant.

*Send this information to the **WORKFORCE SECTION:***

- NC Education & Equivalency Form for FCCH Providers - (DCD 0119)
- ORIGINAL** college transcripts

WORKFORCE SECTION
Division of Child Development
2201 Mail Service Center
Raleigh, NC 27699-2201

NORTH CAROLINA EDUCATION AND EQUIVALENCY FORM FOR FAMILY CHILD CARE HOME PROVIDERS
This form only needs to be completed and submitted to the Division of Child Development** ONCE.
Changes to any of the applicant or facility information should be submitted on a DCD.0120 Change of Information form, NOT a new DCD.0119 Family Child Care Home Provider form.

A) Applicant Information			Social Security # _____		
Legal Name _____		Legal Maiden Name _____			
Last	First	Middle			
Home Mailing Address _____		City _____	State _____	Zip _____	
Date of Birth _____	Home Telephone # (____) _____		County of Residence _____		

B) Facility Information Date of Employment as Family Child Care Home Provider in This Facility _____ / _____ / _____					
Name of Facility _____			County _____		
Mailing Address _____		City _____	State _____	Zip _____	
Facility License # _____		Facility Telephone # (____) _____		FAX # (____) _____	

Minimum Requirements Required for Family Child Care Home Providers by N.C. General Statute 110-91(8) and 10 NCAC 3U.1700:

- Must be at least 21 years old (exempt if operating or employed at this facility prior to January 1, 1998),
- Must have a high school diploma or equivalent (exempt if operating or employed at this facility prior to January 1, 1998) and
- Must take 12 hours of annual in-service training (eight hours if 10 years of experience or more).

C) Educational Background (check ALL that have been completed)					
Attach official transcripts (NOT photocopies, student copies, or grade reports) for ALL completed college coursework, certificates, diplomas, and/or degrees.					
_____ GED	_____ High School Diploma	_____ AA/AAS	_____ BA/BS	_____ MA/MS	_____ Ed.D./Ph.D.
Program Major(s) _____					
School(s) _____					

D) N.C. Family Child Care Credential Information (EDU 111 & 113 or EDU 119 & 113)					
N.C. Family Child Care Credential (NCFCCC) course I: Completed _____		Currently Enrolled _____		Plan to Enroll _____	
		Date _____ / _____ / _____			
N.C. Family Child Care Credential (NCFCCC) course II: Completed _____		Currently Enrolled _____		Plan to Enroll _____	
		Date _____ / _____ / _____			
Received NCFCCC certificate issued jointly by the Division of Child Development and the N.C. Community College System _____ (Attach copy of NCFCCC certificate)					

E) Additional Early Childhood/Child Development Coursework (OPTIONAL)	
Additional Early Childhood/Child Development (EC/CD) related coursework: * <input type="checkbox"/> Completed _____ Semester Credit Hours in EC/CD coursework	
If you have completed any of the following, please check ALL options that apply.	
<input type="checkbox"/> Received N.C. Early Childhood Credential (NCECC) certificate issued jointly by the Division of Child Development and the North Carolina Community College System (Attach copy of NCECC certificate).	
<input type="checkbox"/> Received N.C. Early Childhood Credential equivalency letter issued by the Division of Child Development.	
<input type="checkbox"/> Received N.C. Early Childhood Administration Credential (NCECAC) certificate issued jointly by the Division of Child Development and the North Carolina Community College System (Attach copy of NCECAC certificate).	
<input type="checkbox"/> Received N.C. Early Childhood Administration Credential equivalency letter issued by the Division of Child Development.	
*Attach official transcripts (not photocopies, student copies, or grade reports) for ALL completed college coursework, certificates, diplomas, and/or degrees. For all coursework over 10 years old to be eligible, it must be from a completed certificate, diploma, and/or degree, or you must be currently enrolled in a degree program (Attach proof).	
High School Diplomas are <u>not</u> required to be submitted, unless specifically requested by the Division.	

F) This statement must be signed and dated by the applicant and/or the legal representative of this family child care home. Both parties attest to the accuracy of the above information.			
Applicant _____		Date _____	
Legal operator and/or legal representative _____		Date _____	

NOTE: FAMILY CHILD CARE HOME PROVIDER SHOULD RETAIN A COPY OF THIS FORM FOR HIS/HER FILE. APPLICANT SHOULD ALSO RETAIN A COPY OF THIS FORM FOR HIS/HER PERSONAL FILE.

INSTRUCTIONS

North Carolina Education and Equivalency Form For Family Child Care Home Providers

Purpose:

The *North Carolina Education and Equivalency Form For Family Child Care Home Providers* is used for documenting Family Child Care Home Provider qualifications and for making an application for the equivalency options. **All** Family Child Care Home Providers are required to submit this completed form plus attachments to the Division of Child Development** no later than six months after the date of hire in the Family Child Care Home Provider position.

General Instructions:

The form should be completed accurately, legibly, and in ink. It should be completed and signed by the applicant. This form must be reviewed for accuracy and signed by the facility's legal operator or his/her designee. A copy of this form and all attachments (if applicable) must be maintained in each Family Child Care Home Provider's file at the facility for review by representatives of the Division of Child Development. Please feel free to staple any additional comments or questions you have to the front of the form so our staff can respond to you quickly.

Specific Instructions:

- A) **All applicants must complete Section A. Please do not abbreviate street names, cities or counties, and include the person's maiden name (if applicable).**
- B) **All applicants must complete Section B. For facility license #, enter the license number of the facility in the space provided. The ID# can be found on the facility's license and on documentation forms completed during visits by your Division of Child Development representatives. For date of employment, enter the month, day, and year that the applicant assumed duties at this facility (if applicable).**
- C) **All applicants must complete Section C. Check ALL spaces which indicate certificates, diplomas, and/or degrees earned as of the date the form is submitted to the Division. Official transcripts (not photocopies, student copies or grade reports) must be attached for ALL completed college coursework, certificates, diplomas and degrees. Please do not attach copies of inservice training hour slips; these are not considered college coursework.**
- D) **Only complete Section D if you have earned the N.C. Family Child Care Credential (NCFCCC) (EDU 111 AND EDU 113 or EDU 119 AND EDU 113) or are currently enrolled in NCFCCC coursework or plan to enroll in NCFCCC coursework. Check ALL blank lines that apply to your NCFCCC history. Skip Section E and complete Section F. Include official proof of registration if you are currently enrolled or registered for the NCFCCC coursework, and make copies for your files.**
- E) **Only complete Section E if you are submitting college coursework that may be counted toward extra education points on the Rated License. Attach official transcripts (not photocopies, student copies or grade reports) for ALL completed college coursework, certificates, diplomas and/or degrees. Please do not attach copies of inservice training hour slips; these are not considered college coursework.**
- F) **All applicants must complete Section F. This form must be signed and dated by both the individual applicant and/or the facility's legal representative.**

This form only needs to be completed and submitted to the Division of Child Development** ONCE. Changes to any of the applicant or facility information should be submitted on a DCD.0120 Change of Information form, NOT a new DCD.0119 Family Child Care Home Provider form.

Attach official transcripts (not photocopies, student copies or grade reports) for ALL completed coursework, certificates, diplomas and/or degrees. For all coursework over 10 years old to be eligible, it must be from a completed certificate, diploma and/or degree, or you must be currently enrolled in a degree program (attach proof).

High School Diplomas do not need to be submitted, unless specifically requested by the Division.

**** Mail to: Workforce Education Unit.Division of Child Development
 2201 Mail Service Center
 Raleigh, NC 27699-2201**

Questions: Please call the Workforce Education Unit at 1-800-859-0829, or your Division of Child Development representative.

Rated License Assessment Request Review

You have indicated that you want an environment rating scale assessment completed for your program. Your initials below indicate that you understand and agree to the following:

_____ Your program is prepared **now** for an assessment. Assessments are completed as quickly as possible based on the next available date that is open for an assessor to visit your program. ****In very limited circumstances (e.g. temporary license) a consultant will specify a certain date range for which assessments must be completed and the earliest available dates may not be used in this case****

_____ At certain times there may be a wait time before your assessment is completed because of the number of other assessment requests that are pending; however should an opening become available sooner than your initial scheduled date, your assessment date may be moved earlier.

_____ Staffing and daily activities that occur during an assessment should reflect a typical day in your program. Only teachers who work with the children daily should be present during the observation(s) and they should be present during their typical work hours only.

Additional adults such as various program staff (e.g., floaters, administrators, and teachers from other classrooms) as well as any other adults (e.g., interns, therapists, volunteers, or family members) should spend time with the group being observed **ONLY** if this is a typical behavior.

<p>Please note: If false information regarding staffing (e.g., additional or different staff in room) is given to assessors, the assessment will be redone and a \$300 fee applied to each rescheduled assessment.</p>

Regarding postponed assessments: In the past many providers have decided to delay the date of their assessment and the postponing of assessments has created major scheduling difficulties as well as a backlog of requests. Therefore, the Division's new policy is as follows:

_____ If you postpone your assessment date, your rated license packet may be processed without environment rating scores. Once the assessment is completed it will be reevaluated to determine if a new license should be issued.

_____ If you change your assessment date for any reason, the rescheduled assessment will be completed as a time slot becomes available. You will receive 48 hours notice before the rescheduled assessment will be done.

_____ If you postpone less than 2 weeks prior to the initial scheduled date for any reason other than a documented medical emergency you will have to pay the \$300 per assessment fee. Other unusual emergency situations will be considered on a case by case basis.

APPLICATION FOR ASSESSMENT FOR A TWO COMPONENT STAR RATED LICENSE

Name of Family Child Care Home: _____

ID # _____

Date Licensed: _____

PART I Education Standards (Rule .2822):

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 Section at DCD (attach to NC Education & Equivalency Form for FCCH providers)	Date: _____

PART II Program Standards (Rule .2821):

Check all that apply to your Family Child Care Home:

- I have enclosed a copy of my Operational Policies - (If previously submitted and approved, you did not need to resubmit)
- I would like to have the Family Day Care Rating Scale (FDCRS) 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 .2823):

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

FOR DCD STAFF USE ONLY:

Date Received: _____ **Consultant Signature:** _____

Current 18 month Compliance History score from _____ to _____ is _____%.