



**NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES**
Division of Child Development and Early
Education

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
ARIEL FORD • Director

TO: Child Care Center 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 Through Five Star Rated License* and instructions to get the rated license assessment process started.

After a licensed child care center has been in operation for a minimum of six consecutive months, the operator may apply for an initial two through five star rated license. Complete the *Initial Application for Assessment for a Two Through Five Star Rated License*. This completed application, along with other supporting documentation, should be submitted directly to your child care consultant. Please follow the instructions below when completing the application packet.

Part I Education Standards

Included in this packet is a *Staff Information Sheet*. Please complete and mail it to your child care consultant. Do **not** submit this form directly to the Workforce Education Unit at the Division. Your child care consultant will use this information for an initial evaluation of the education levels of you and your staff. Make sure you have submitted official transcripts or other supporting documents for credit for coursework that has not been submitted to have the education level evaluated by the Workforce Education Unit, you and your staff members need to create an account with Workforce Online Reporting and Knowledge System (WORKS). For more information about WORKS, visit the DCDEE WORKS <https://ncchildcare.ncdhhs.gov/Services/DCDEE-WORKS> on the DCDEE <https://ncchildcare.ncdhhs.gov/>.

Part II Program Standards

This section is used to notify your child care consultant of the program requirements your center is meeting or plans to meet. Complete this section by circling yes or no for each item.

If you have met all applicable requirements in Rule .2817, and you are applying for three or more points in Program Standards, an environment rating scale will be completed. The scores on the scales that are achieved by your center will have an impact on the point level you attain.

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 that your program meets at least one option.

Part IV Required Signature

Sign and date the *Application* and send it directly to your child care consultant. In addition, send your *Staff Information Sheet* and any other supporting documentation you would like your consultant to review.

For rated license requirements, refer to the Two through Five Star Rated Licenses, Section .2800. Contact your child care consultant, if you have any questions. Your child care consultant will schedule a visit to review all requirements after receiving your *Application* and other supporting documentation. After the visit, your child care consultant will request appropriate environment rating scale assessment(s), if applicable.

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

LOCATION: 333 East Six Forks Rd • Raleigh, NC 27609
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www.ncdhhs.gov • TEL: 919-814-6300 • Fax: 919-715- 1013

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Staff Information Sheet for Rated License

MAIL FORM TO CHILD CARECONSULTANT (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 #	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	<u>Proposed PointLevel</u> (Verify all required paperwork is attached or already mailed to Workforce)		Information reviewed in WORKS (Write Date Reviewed)	Need Workforce <u>Evaluation</u> (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
Teacher

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

8/2019
Regulatory Services Section

INITIAL APPLICATION FOR ASSESSMENT FOR A TWO THROUGH FIVE STAR RATED LICENSE

Name of Facility: _____ Facility ID#: _____

I am applying for an initial two through five star rated license for the above named facility.

Part I Education Standards (Rule .2819- .2825):

I understand that the education levels of staff will be verified by the Division's Workforce Education Unit. The appropriate education information for Administrators and Child Care Providers have been entered and/or uploaded using the Workforce Online Reporting and Knowledge System (WORKS) Account. For more information about WORKS, visit the DCDEE WORKS_ <https://ncchildcare.ncdhhs.gov/Services/DCDEE-WORKS>.

Part II Program Standards (Rule .2817):

The facility meets Enhanced Space Requirements: ☐ YES or ☐ NO (check one)

The facility meets Enhanced Staff/Child Ratio Requirements: ☐ YES or ☐ NO (check one)

The facility requests an Environment Rating Scale Assessment: ☐ YES or ☐ NO (check one)

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:

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

DCDEE USE ONLY

Consultant _____ **Date received** _____

Current Compliance History score from	to	is	%
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