



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 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. It is time to prepare for the reassessment. A full reassessment must be conducted every three years Rule .2830(d).

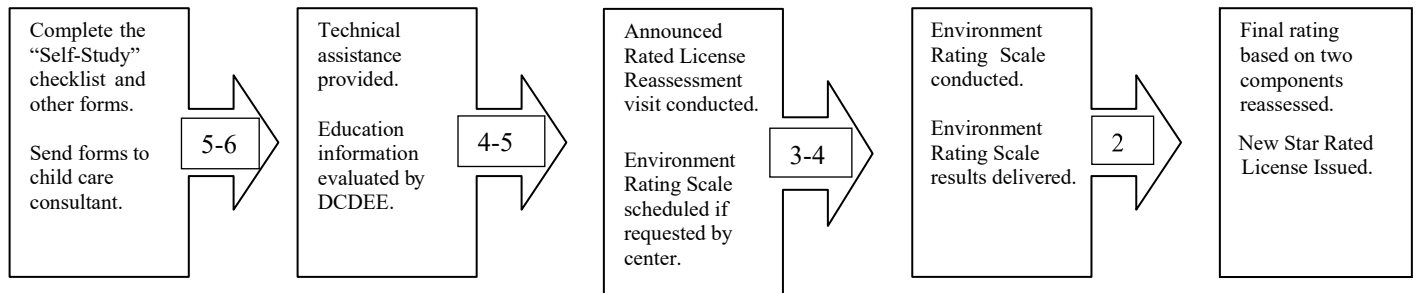
To help you prepare for this reassessment, the Division will be providing technical assistance (outlined in the chart below). This process will include technical assistance provided by your child care consultant and an official monitoring visit to reassess your program.

Enclosed is an **APPLICATION FOR ASSESSMENT FOR A TWO THROUGH FIVE STAR RATED LICENSE**, and other documents to help you prepare. Please complete and submit these forms to your child care consultant five to six months prior to the rated license reassessment. 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. SEND THEM TO YOUR CONSULTANT.**

*If you do not know the name or address for your consultant, please contact the Division at 800-859-0829 or 919-814-6300.*

**Rated License Re-Assessment Timeline:** numbers in arrows indicate months



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

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

Name of Facility: \_\_\_\_\_ Facility Id#: \_\_\_\_\_

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

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

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. If any new or existing staff members have taken coursework, it should be submitted through the Workforce Online Reporting and Knowledge System (WORKS) account in a timely manner. For more information about WORKS, visit the DCDEE WORKS tab <https://ncchildcare.ncdhhs.gov/Services/DCDEE-WORKS> on the DCDEE website <https://ncchildcare.ncdhhs.gov/>.

### Part II Program Standards (Rule .2809, .2817, .2818):

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 facility requests an Environment Rating Scale Assessment: YES ☐ or NO ☐

The facility had the last 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:*

**Items to Review before the Visit**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have a copy of the most current "Chapter 9- NC Child Care <a href="https://ncchildcare.ncdhhs.gov/">Rules</a> "? If not, please visit the DCDEE website <a href="https://ncchildcare.ncdhhs.gov/">https://ncchildcare.ncdhhs.gov/</a> to access a copy.  Do you have a copy of the most current "Chapter 110 <a href="https://ncchildcare.ncdhhs.gov/">NC General Statutes Child Care Facilities</a> "? If not, please visit the DCDEE website at <a href="https://ncchildcare.ncdhhs.gov/">https://ncchildcare.ncdhhs.gov/</a> , access a copy.
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During the visit with your child care consultant, you will have the opportunity to discuss items of interest to assist you in maintaining and improving your compliance with the requirements and to improve the quality of care at your center. There have been many 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

## 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 may be made so that you can use one form per classroom assessed.

### CENTER INFORMATION

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

### ASSESSMENT INFORMATION

List below item numbers from the scale that scored below 5.0.

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