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| Name of Family or Large Family Childcare Provider  ***(as listed with the Office of Child Care Licensing)***  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Street) (City) (State) (Zip) (County)**  **Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Type of Program: \_\_\_\_\_\_ Full Year \_\_\_\_\_ Part Year  \_\_\_\_\_\_ Family Child Care (FCC) \_\_\_\_\_ Large Family Child Care (LFCC)  Enrollment for each category:  Infants:\_\_\_\_\_\_\_\_\_\_ Toddlers: \_\_\_\_\_\_\_\_ Preschool:\_\_\_\_\_\_\_\_ School-Aged:\_\_\_\_\_\_\_\_\_\_  Current Star level? \_\_\_\_\_\_\_\_\_\_\_ When does your current Star level expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please tell us about your program leadership:**

1. FCC Provider Name and Qualifications (Administrator Credential, AA, BA, MA and field): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How much time per week do you spend, on average, planning for your program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Did you receive funding from the Curriculum Incentive Fund? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tell us why you are interested in applying for the Foundations of Curriculum Series:**

(Please submit additional pages if needed)

How do you expect this professional development experience to impact what you do with children?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_

What is your primary reason for attending, or having your staff attend, professional development? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tell us about your teachers and assistant teachers:**

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| Name | Role  (Teacher/Assistant Teacher etc) | Age Group Served | POP\* | PTL\* | TSG\* | Curriculum Used in Classroom | Classroom Assessment Used | # of Minutes of Planning Time Weekly/  Monthly | Highest Level of Education/Credentials |
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POP\*- Attended Child Assessment for Teachers: The Power of Practice

PTL\*- Attended Child Assessment for Administrators Polishing the Lens

TSG\*- Attended Implementing Teaching Strategies GOLD

**By signing below, I, the family child care provider understand that if my program is selected, I am committed to participating in the entire five month Curriculum Foundation Series process:**

• I, the family child care provider, will attend all 4 professional development monthly workshops.

|  |  |
| --- | --- |
| **NCC Series: Hudson State Service Center** | **Kent/Sussex Series: Blue Hen Training Center** |
| Session 1: Feb 7th, 6:30-9:30  Session 2: Mar 9th, 6:30-9:30  Session 3: April 4th, 6:30-9:30  Session 4: May 2nd, 6:30-9:30 | Session 1: Feb 14th, 6:30-9:30  Session 2: Mar 14th, 6:30-9:30  Session 3: April 11th, 6:30-9:30  Session 4: May 9th, 6:30-9:30 |

**\*\*Dates and locations subject to having enough participants eligible to run a FCC cohort**

• **ALL** of my teachers and assistant teachers will attend all 4 professional development monthly workshops.

• Ensure time to meet with Instructional Coach monthly.

• I will include the DE Stars standards relevant to curriculum on my program’s Quality Improvement Plan (QIP).

* Follow up assignments will be completed in assigned timeframe.

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Signature of FCC or LFCC Licensee Date

Submit completed applications to:

111 Allison Hall West

University of Delaware

Attn: Susan Lewis DIEEC Professional Development Department

Newark, DE 19716

OR Fax completed application to: DIEEC PD Department (302) 831-4223 Attn: Susan Lewis

OR Email to Susan Lewis: lewiss@udel.edu