



Family Child Care Partnerships

AU EHS-CCP Office
215 M. W. Smith Hall
Auburn, AL 36849

Phone 334.844.3257
Fax: 334-844-3734
www.familychildcarepartnerships.org

AUBURN UNIVERSITY'S EARLY HEAD START FAMILY CHILD CARE PARTNER APPLICATION

Thank you for your interest in becoming a Family Child Care Partner with Auburn University's Early Head Start - Child Care Partnership program serving eligible children in your area. Please complete the attached application in its entirety. Failure to fully complete the application and/or provide all required documentation may delay the process of partnership or even disqualify the applicant from consideration.

If you have any questions or concerns, please feel free to contact our office by calling 334-844-3208.

Once completed, sign the application and return it along with copies of supporting documentation via Email: (pdf) to Dr. Kimberly Burgess-Neloms aeuhs@auburn.edu,

Mail:

AU EHS-CCP Program
ATTN: Provider Application
109 M. W. Smith Hall
Auburn, AL 36849

Applications are accepted continuously and will be reviewed as they are received. A confirmation of receipt of application and whether additional information is needed will be mailed or emailed to you. If accepted, an AU EHS-CCP program specialist or mentor will contact you to set up an appointment to review your child care program and discuss the partnering procedure.

Provider Information

Provider's Name: _____ Date: __-__-__

Business Name: _____

Street Address: _____

City: _____, AL Zip: _____ County: _____

Phone Number: (____) ____-____ Email Address: _____

Which is your preferred method of contact? Phone Email

When are the best times of day to call (if needed)? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Between 7:00 and 9:00 AM | <input type="checkbox"/> Between 9:00 AM and noon |
| <input type="checkbox"/> Between noon and 2:30 PM | <input type="checkbox"/> Between 2:30 and 4:30 PM |
| <input type="checkbox"/> Between 4:30 and 6:30 PM | <input type="checkbox"/> Between 6:30 and 8:30 PM |

I would prefer materials in.... English Spanish

Education (Check all that apply): Less than High School High School Diploma GED

Some College I have a CURRENT Family Child Care CDA

Associate Degree _____ Year Obtained _____

Bachelors Degree _____ Year Obtained _____

Masters Degree _____ Year Obtained _____

Doctorate Degree _____ Year Obtained _____

Have you had any specialized training in infant or toddler care? Yes No

If yes, please attach training certificates, agenda, syllabi, or other descriptive information that shows information about the content of these trainings.

For which areas or practices do you feel like you need more support/training? Please explain.

Are you a member of any family child care association? Yes No

If yes, which association(s) do you belong to as a member? Check all that apply:

NAFCC ALFCCA Other _____

Local Association (Please identify): _____

Enrollment Information

How many children are enrolled in your program? _____

How many of those children live with you in your home? _____ Ages _____

Do you have any openings to accept more children? _____

If you answered yes to the previous question, how many openings are available to accept more children? _____

Complete enrollment information below: (Attach additional sheet if needed.)

Child's First Initial, Last Name	Birth Date	Weekly Schedule						Subsidy Status			
		M	T	W	Th	F	Hours	On CMA Parent Fee Amt	Applied but on waiting list	Has not applied	Not eligible for CMA
<i>Example J. Smith</i>	<i>2/26/13</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>7 AM - 5:30 PM</i>	<i>\$8.00</i>			
1.											
2.											
3.											
4.											
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6.											
7.											
8.											
9.											
10.											
11.											
12.											

Program Information

Have you ever had any formal complaints or areas of non-compliance against your family child care home? Yes No

If you answered yes to the previous question, please explain.

My program operates 12 months/year

My program operates less than 12 months/year -- Program Begin Date _____ End _____

Hours of Operation :

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Opening	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm
Closing	___ am/pm	___ am/pm	___ am/pm	___ am/pm	___ am/pm

Please list any regularly scheduled outings _____

Do you have assistants? Yes No

If yes, list their names below and complete assistant schedule:

NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Ex. <i>Jan Smith</i>	<u>7</u> am/pm - <u>1</u> am/pm	__ am/pm - __ am/pm	<u>7</u> am/pm - <u>1</u> am/pm	__ am/pm - __ am/pm	<u>7</u> am/pm - <u>5</u> am/pm
	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm
	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm
	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm	___ am/pm - ___ am/pm

Are others regularly in the family child care home, i.e. your own family members, volunteers, parents, program specialists, mentors, children not enrolled in program, etc.?

Yes No

If yes, please list who, when, and what their role is:

Name	Role	Schedule
<i>Ex. Thelma Singer</i>	<i>Speech Therapist</i>	<i>T/H 2:30 - 3:00 PM</i>

Do you currently participate in a USDA Child and Adult Care Food Program? Yes No

If yes, which program: _____

CACFP contact information: _____

Are you currently able to accommodate children with special needs? Yes No

If yes, which types of special needs (check all that apply):

- Learning Disabilities Speech/Hearing/Language
 Physical Social/Emotional Other _____

If no, please explain: _____

Other Information About the Home/Program

In what year was the home built? _____

Are there any other people over age 18 living in the FCC home? Yes No

If yes, list their names below and submit ABI and FBI Background Check Suitability Letters (dated within 3 years of this application):

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Are others regularly in the family child care home, i.e. your family, parents, volunteers, program specialists, children that are not enrolled in the program? If yes, please explain below:

Is there anything else that AU EHS-CCP and the pre-screening observation staff person should know in preparation for determining partnership status? For example do you need to give better descriptions of other adults' participation in the program, is there another program in your home that is separate from the traditional licensed day (eg., night time care; home schooling), where should staff park when coming to visit your program, how should they enter your home, etc.?

Conditions of Partnership and Affirmative Statement

If granted an opportunity to partner with Auburn University's EHS-CCP program, providers must agree to the following requirements:

1. The child care program must operate for a minimum of 10 hours each day and work with participating families to accommodate hours of care needed within the bounds of the hours posted on the license.
2. The Creative Curriculum for Family Child Care must be implemented for AU EHS-CCP program children including completion of Teaching Strategies GOLD assessments on a schedule to be provided.
3. The program must be enrolled in a USDA food program.
4. Providers will not care for more than two children under the age of 24 months (No more than 4 under 24 months in group homes) regardless of whether children are enrolled in the AU EHS-CCP program.
5. Providers will participate in specialized training throughout the year.
6. Providers will establish and make progress on a professional development plan.
7. Providers will encourage parental support of the program and the continuation of learning activities at home, and when appropriate will allow additional services for identified children needing special assistance.
8. Providers will allow a minimum of two program visits by the sponsoring agency each month; one visit per month will be unannounced.
9. Providers will conduct a minimum of two home visits and parent conferences with participating families each contract year and will support parents in meeting any medical/dental or special needs and/or services of the children in care.

I, (please print name) _____, agree to the preceding conditions, and I understand that this application will be used to determine my eligibility to participate in Auburn University's Early Head Start-Child Care Partnership program. I affirm that all information provided in this application is accurate, and agree to notify the AU EHS-CCP office if I later notice any errors or discrepancies in my application.

(signature)

(date)

Name of person assisting you in completing your application (if applicable):

SUPPORTING DOCUMENTS CHECKLIST

Use this checklist to ensure all required documentation is included with your application.

GENERAL DOCUMENTATION

- Color copy of Driver's license
- Copy of license to provide childcare
- Copy of any and all current and valid licenses, zoning permits, or other permissions to operate a family child care home.
- State and Federal Background Check for ALL persons 18 or over living in the home (within 3 years or copy of letter requesting the Office of Criminal History Checks send AU EHS-CCP current documentation)
- Copy of current child care liability insurance
- Copy of current internet bill
- Daily schedule of activities
- Copy of current parent contract
- Copy of current parent handbook/program policies

PROVIDER/ASSISTANT DOCUMENTATION

Include copies of the following documents for yourself and for EACH assistant on record. If you have no assistants, only documentation for yourself is required:

- Copy of current First Aid and Pediatric CPR
- Copy of Health Screening (within 2 years or verification that appointment with health care provider has been scheduled and when)
- Copy of TB Screening (within 2 years or verification that appointment with health care provider has been scheduled and when)
- Copy of State and Federal Background Check Clearance/Suitability Letter (within 3 years or copy of letter requesting the Office of Criminal History Checks send AU EHS-CCP current documentation)
- Copy of **transcript** from institution where highest level of education was attained (unless high school/GED – then submit copy of diploma)
- Copy of CDA credential (if applicable)
- Copy of membership verification in any professional organizations (if applicable)
- Copy of Accreditation certificate (if applicable)
- Copy of CAN (Child Abuse/Neglect) Central Registry Clearance (within 5 years or a completed CAN application)
- Completed Professional Development Plan Form (attached)

You do not need to include this checklist in your application packet.

Family Child Care Partnerships
Auburn University Early Head Start
PROFESSIONAL DEVELOPMENT PLAN

Provider Information

Date: _____

First name _____ Last name _____

Child Care Program _____

Job Title/Position _____

Hire Date _____ Are you Accredited: Yes _____ No _____

Current Credential/Degree (Check all that apply)

- High School Diploma
- CDA
- Associate
- Bachelor
- Master
- Other

Date Highest Credential Received

Goal/Objective:

(What do you want to change/improve? Is your goal measurable and realistic?)

Attainment Time Frame:

(When do you expect to reach the goal? Is the time frame specific and realistic?)

Apply for school by _____ for: (Select Credential type)

*CDA _____

Bachelor Degree _____

Associate Degree _____

Other _____

TEACH Scholarship application submitted by _____

*(Note: The CDA is a requirement of anyone not having a credential. The time line for this is within 18 months of the hire date. All other credentials are suggested, but not required. The goal dates for these degrees are just a suggestion.)

(If Obtaining a CDA)

Portfolio Completion by _____

120 Training Hours Requirement by _____

CDA Observation by _____

CDA Test by _____

CDA Obtained by _____

(If Obtaining a Higher Degree)

Associate Degree by _____

Bachelor Degree by _____

Other _____

What do you need to help you reach your goal? Check all that apply.

- Financial Support
- Tech Assistance/Mentoring
- Aid With Application(s)
- Other _____

Activity/Action:

(What specific activities will you complete to help reach your goal?)

I participated in the development of my professional development plan. I understand and agree with the plan.

Provider signature _____

Professional Development Coordinator signature _____

Outcome:

(Was your goal attained? How has success been demonstrated?)