

**TO: Child Care 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 *Staff Information Sheet*, and the applicable rated license rules for a two component child care center 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**

Included in this packet is a *Staff Information Sheet*. Please indicate the names, social security numbers, positions and dates of employment of all staff on this worksheet, and mail to your child care consultant. Do **not** submit this form directly to the Workforce Section at the Division. Your child care consultant will submit this worksheet to the central office for an initial evaluation of the education levels of you and your staff. Following that evaluation you may need to submit official transcripts or other supporting documents for credit for coursework that has not been submitted previously. If any staff is currently taking college coursework that will be completed by December 31, 2007, please indicate their name, the course(s) title and the completion date on the *Staff Information Sheet*. 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**

This section is used to notify your consultant of the program requirements your center is meeting, or plans to meet. Complete this section by circling “yes” or “no” for each item. Please note that you must submit a copy of your operational and personnel policies as required by Rules .2804 - .2805 and .2807 in order to meet the two through seven point levels, unless you have previously earned two or more points in program standards and your policies have been approved. If you are requesting an Environment Rating Scale, please review, sign and submit the *Rated License Assessment Request Review* form to your child care consultant.

## **Part III Quality Point**

You may choose to earn one educational or programmatic quality point towards the total points earned on your rated license assessment. In this section, indicate the quality point option(s) 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* form and mail the first two pages of the application to your child care consultant along with your *Staff Information Sheet*, and, if applicable, copies of your operational and personnel policies.

## **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 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.

**APPLICATION FOR ASSESSMENT FOR A TWO COMPONENT STAR RATED LICENSE**

Name of Facility: \_\_\_\_\_ ID# \_\_\_\_\_

I am applying for a voluntary star rated license for the above named facility.

**Part I Education Standards (Rule .2819 and/or .2820):**

I understand that the education levels of staff will be verified by the Division’s Workforce Section. The Educational Equivalency and official transcripts for each eligible staff member, with the Education/Equivalency form attached, have been submitted to the Workforce Section.

**Part II Program Standards (Rule .2817):**

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

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

The written operational policies have been submitted for review: YES or NO (circle one)  
(If previously submitted, and approved, you did not need to resubmit)

**The facility requests an Environment Rating Scale Assessment. YES or NO (circle one)**  
If yes, *Rated License Assessment Request Review* form has been signed and submitted

The facility had an Environment Rating Scale Assessment (for a rated license) completed on \_\_\_\_\_ (date)

**Part III Quality Point (Rule .2823):**

Refer to Rule .2823 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

**DCD USE ONLY**

**Consultant** \_\_\_\_\_ **Date received** \_\_\_\_\_

**Current 18 month Compliance History score from** \_\_\_\_\_ **to** \_\_\_\_\_ **is** \_\_\_\_\_

## 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.

**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.

**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.

## Staff Information Sheet for Rated License

**(Mail to Child Care Consultant)**

Facility Name:	<b>Consultant Use Only:</b> Date Sent to Workforce:	Date of Rated License Visit:
Facility ID#:	Rating Scale Scheduled:	Date 3 Year Assessment Due:
Consultant Name:	Date received rated license application: Date requested additional supporting documentation: Date received all required information to begin process:	

	Legal Last Name	Legal First Name (NO NICKNAMES)	Social Security # (Required)	Point Level	Proposed Point Level (Attach OT)	A	L	T	P	G	C	H	Date Employed in This Position at This Facility	Info Confirmed in Database (Consultant Use Only)	Need Workforce Evaluation (Y/N)	Info Requested & Date Requested
1																
2																
3																
4																
5																
6																
7																
8																
9																

**Position's** (ONLY USE THESE & INDICATE ONLY 1 PER LINE)

- |                  |                                       |
|------------------|---------------------------------------|
| A: Administrator | PC: Program Coordinator               |
| LT: Lead Teacher | GL: Group Leader                      |
| T: Teacher       | FCCH: Family Child Care Home Provider |