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## Caswell County Partnership for Children

2023-2024 Smart Start

Professional Development Incentive

Program Application

***Thank you for your interest in the Professional Development Incentive (PDI) program. Make sure to fill out all parts of the application AND give us all REQUIRED documentation.* Turn in your complete, signed, original application between April 1 and May 17, 2024.**

**A. Early Childhood Professional: Tell Us About Yourself**

|  |
| --- |
| 1. ***Contact Information:***   *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Name Phone number Email*    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Mailing Address City Zip*   1. ***Demographic Information:***   ***We are requesting this information to help us better understand the recipients of our funding. Individual responses will not be shared. Your response is optional and will not impact the approval of your application. If you prefer not to provide a response, check “Prefer not to give.”***   1. **What is your age:**   🞎 15 - 19 years 🞎 50 - 59 years  🞎 20 – 29 years 🞎 60+ years  🞎 30 - 39 years 🞎 Prefer not to give  🞎 40 - 49 years   1. **Are you:**   🞎 Hispanic or Latino 🞎 Non- Hispanic or Latino 🞎 Prefer not to give   1. **Are you (you can check more than one):**   🞎 African American/Black 🞎 Multi-Racial  🞎 American Indian/Alaska Native 🞎 Native Hawaiian/Other Pacific Islander  🞎 Asian 🞎 Other Race  🞎 Caucasian/White 🞎 Prefer not to give   1. **Are you:**   🞎 Female 🞎 Male 🞎 Prefer not to give   1. **Employment Information:** 2. ***What is your Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***   *\*Attach your job description if your job title is not Lead Teacher, Teacher, Teacher Assistant, Director or Family Child Care Home Provider. Refer to the PDI Guidelines on our website for more information.*   1. ***Name of the Early Childhood Facility where you work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** 2. **Do you work with children ages:** 🞎 Birth-35 months 🞎 36 months-5 years   (*this should be the age of the children at the start of the school year*)   1. **Program Enrollment:**   If you are a teacher, how many children are in your classroom: *\_\_\_\_\_\_\_\_*\_\_\_\_  If you are a director or family child care home operator, how many children (ages birth – 5 years) are in your center/home: \_\_\_\_\_\_\_     1. **When were you hired at this facility:** \_\_\_\_\_\_\_\_\_\_\_\_   *Which of the following do you have that will prove this?*  🞎 *CCPFC already has it (I have received the incentive in the past)*  🞎 *Employment/Hire Letter*  🞎 *Paystub or Payroll Report*  🞎 *Signed CCPFC Exception Form*   1. **How many hours do you work each week:** *\_\_\_\_\_\_\_\_\_\_\_\_*   *Which of the following do you have that will prove this for the timeframe of* ***October 2, 2023 – March 31, 2024****:*  🞎 *Paystubs or Payroll Reports*  🞎 *Timesheet*  🞎 *Signed CCPFC Exception Form (for any week you did not work the required minimum 20 hours)*   1. **What is your hourly pay rate: \_\_\_\_\_\_\_\_\_\_\_\_**   *Which of the following will prove this:*  🞎 *Paystubs or Payroll Reports*  🞎 *Personnel Form or Letter*  🞎 *If not paid hourly, give us a statement from your Supervisor or Human Resources office that shows your*  *annual salary and # of hours/months worked*  🞎 *Signed CCPFC Exception Form* |

**B. Your Education:**

Check your education **completed and list the NC Early Educator Certification (EEC) Level. Attach copies of documentation,** if not on file or for any changes that have been made **(new degrees earned, changes to EEC level, etc.)**, for each requirement:

🞎 **High School Diploma** *OR* 🞎 **GED** *OR* 🞎***Signed CCPFC Exception Form***

🞎 **Associate Degree in Early Childhood Education &/OR**

🞎 **Bachelor’s Degree &/OR** 🞎 **Master’s Degree in Early Childhood Education/Child Development or equivalent**

**Have you completed your NC Early Childhood Credentials? (Circle one) Yes No**

**Which one: (check)** 🞎 **(EDU 111 & EDU 112)** *OR* 🞎 **EDU 119** *OR* 🞎***Signed CCPFC Exception Form***

**What is your NC Early Educator Certification Level (you must apply for this certificate through NC Institute for Child Development Professionals):** \_\_\_\_\_\_\_\_\_\_\_

**C. Professional Development Plan: What is your Plan to Finish Your College Degree?**

**If you have your Associate’s Degree in ECE, Skip.**

If you do NOT have at least an **Associate’s in Early Childhood Education,** you need to have a plan for completing your degree. Refer to the PDI Guidelines on our website for a list of all of the requirements. Check the box below if you will be submitting a plan.

🞎 **I have my Professional Development Plan**

1. **College Credits Earned: Have you taken any College Courses? If not, Skip.**

**Complete this part if you took college courses between May 14, 2023 & May 17, 2024:**

**1. What is the full name of the Early Childhood Education (or related field) certificate, diploma or degree you are working on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. List college courses you completed towards your certificate, diploma, or degree. Do not list courses that you have already received an incentive for completing.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Code** | | **Class Name** | **Semester** | **Credits** | **Grade** |
| ex | **EDU119** | **NC Early Childhood Credentials** | **Spring 23** | **4** | **B-** |
| *1* |  |  |  |  |  |
| *2* |  |  |  |  |  |
| *3* |  |  |  |  |  |
| *4* |  |  |  |  |  |
| *5* |  |  |  |  |  |
| *6* |  |  |  |  |  |

**Make sure you give us a copy of your grades (or transcript) from your college/ university** that contains:

1) Your name

2) Your College/ University name

3) Certificate, Diploma or Degree you are working to complete

4) Class name(s)

5) Grade(s)

6) END date for EACH class

**\*Note: If your grades or transcript does not include all of the information listed above, you will have to provide other documentation with the missing information, such as proof of registration for the class.**

**E. OPTIONAL-Are you a Family Child Care Provider AND/OR Center Director? If not SKIP.**

I have earned a: 🞎 Certificate 🞎 Diploma 🞎 Associate Degree 🞎 Bachelor’s Degree in Business Administration

OR

🞎I am working towards a certificate, diploma or degree in Business Administration

**Attach a copy of grades or transcript from college/ university** that contains:

1) Your name

2) Your College/University name

3) Certificate, Diploma or Degree you are working to complete

4) Class name(s)

5) Grade(s)

6) END date for EACH class

**F. For New Applicants Only:**

Complete & attach the following form:

🞎W-9 Form (This is a form we need in order to collect information for tax reporting requirements)

**G. Request for Exception(s): Are You Missing Anything? If not SKIP.**

If you are missing anything asked for in this application, you can request an exception. Refer to the PDI Guidelines on our website for more information.

🞎 **Check here if you need to submit a** Request forException (and fill out the form which is the last page of this application). All requests should be included on one form.

**H. Early Childhood Professional: Your Signature**

***“I understand that in addition to the above, other information may be required by the* Caswell County Partnership for Children (*CCPFC). I will complete and submit all requested information by the established due date in order for my application to be processed.”* “My signature below verifies the following:**

* All of the information provided in this application & supporting documentation is complete & accurate;
* CCPFC will report receipt of the Professional Development Incentive (PDI) to the IRS as required by law and I understand that I will be responsible for payment of any taxes;
* I have read and agree to abide by the criteria and policies for award of the PDI as included in the Guidelines;
* I am committed to remaining in the field of early education and plan to continue to build my knowledge of the early childhood field in order to provide the highest quality care possible to the children I serve;” and
* I understand that if it is found that this information is falsified, I will be required to return the funds awarded to the Caswell County Partnership for Children.

**Early Childhood Professional Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**I. Director/Owner: Your Early Childhood Facility Director or Owner/Operator Signature**

# To be completed by Early Childhood Facility Director or Owner/Operator

*This form should be signed by the Director or Owner/Operator AFTER the Employee has completed and signed the application. The Director or Owner/Operator should verify that the application is complete and accurate according to the facility’s records.*

*I certify that the information provided in this application, including any request for an exception(s), by the early childhood professional is accurate. I certify that the provider is currently employed in my early childhood program. I understand that the recipient of the Smart Start Professional Development Incentive must be working in a Caswell County regulated early childhood facility, working with children birth to 5 years of age and employed a minimum of 20 hours per week.*

***Printed name of Facility Director or Owner/Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Facility Director or Owner/Operator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_***

***Questions?*** Call, email or visit **Caswell County Partnership for Children**

336-694-1538, [ccp4child@esinc.net](mailto:ccp4child@esinc.net), [1084 NC Hwy 86 North in Yanceyville](http://www.caswellchildren.org/contact-us.html)

**Caswell County Partnership for Children**

PO Box 664, Yanceyville, NC  27379 - 336-694-1538 - fax:  336-694-7666

[www.caswellchildren.org](http://www.caswellchildren.org) www.facebook.com[/CaswellPartnershipForChildren](http://www.facebook.com/CaswellPartnershipForChildren)

https://www.lgpfc.org/wp-content/themes/partnership/images/logo2-partner.jpg

**Caswell County Partnership for Children**

**2023-2024 Professional Development Incentive Program**

**Request for Exception Form**

*Complete this form if you did not meet all of the requirements and would like to ask for an exception(s).*

* **My** paystubs or employment letter do not have my **hire date**. Please tell us what is going on and provide another form of documentation:

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

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* During any week I did **not** work the **minimum of 20 hours**:

“*I am still employed but could not work the required hours for that period because:”*

* Ran out of leave/paid time off
* Facility does not offer paid vacation or sick leave or holiday pay

***Attach a copy*** *of the policy from facility personnel handbook that describes the employee benefits OR attach employer statement*

* Explain other reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **My** paystubs, payroll reports or personnel form do not have my **pay rate**. Tell us what the situation is and give us another form of documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **I don’t have my High School Diploma/GED**: *(include reason, the date you completed your diploma/GED & school name):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **I don’t have my NC Early Childhood Credentials**: *(include alternate course name, school, date completed & provide copy of course grade or transcript):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Course(s) completed that is NOT an approved course:**  Name of College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us how this course information will be used in the early childhood setting and explain how the course aligns with the PDI goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Other** exception: *(Please describe in detail.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Please sign to request the above exception(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Provider’s Signature, Date***