



**Caswell County Partnership for Children  
Professional Development  
Incentive Program:  
Application FY 2017-18**

**CCPFC Staff Use Only:**

Date Application received: \_\_\_\_\_

Application approved by ED:  Yes  No

ED Signature, Date: \_\_\_\_\_

You **MUST** fill in **ALL blanks & check off boxes** below or application will be **denied** - not accepted incomplete!

**A. Child Care Provider Information**



\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
*Child Care Provider Name Home or Cell number Email*

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
*Mailing Address City Zip*

Work with which Age Group(s):  Birth-35 months  36 months-5 years # children in class: \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  Hire Date: \_\_\_\_\_  
*Job Title Child Care Facility Name*

Hours worked per week recently: \_\_\_\_\_ & current hourly rate of pay: \_\_\_\_\_

**B. Current Educational Status**

1. Please enter **Month/Year** completed or awarded; attach copies of documentation, if not on file, for each requirement:

\_\_\_\_/\_\_\_\_  High School Diploma OR  GED  
 \_\_\_\_/\_\_\_\_  NC Early Childhood Credentials (EDU 111 & EDU 112) OR  EDU 119 (completed as of May 19, 2018)  
 \_\_\_\_/\_\_\_\_ NC Early Educator Certification Level: \_\_\_\_\_ (expired still accepted!! This captures ECE degrees & coursework.)

**C. College Credits Earned** (courses completed between May 13, 2017 & May 19, 2018. May include Summer '17, Fall '17, Winter '18 &/or Spring '18.)

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

2. List eligible college courses **completed** towards your certificate, diploma, or degree, not previously reimbursed:

Required for Degree?	Code	Class Name	Semester	Credits	Grade
ex Yes, for AAS in ECE	EDU259	Curriculum Planning	Spring 18	3	B-
1					
2					
3					
4					
5					
6					
7					
8					

You must attach a copy of **grades/ transcript** from college/ university; must include 1) college/ university name, 2) Certificate, Diploma or Degree pursuing 3) class, 4) grade and 5) END dates for EACH class. **If not approved course, must complete a CCPFC Exception Form.**

**Optional For FCCH Owners/Center Directors ONLY**, please complete and provide supporting documentation for **Business Admin** or related required coursework achieved or working on.

Full name of Business Administration or related Degree you are working towards: \_\_\_\_\_

I have already earned a:  Certificate  Diploma  Associate Degree  Bachelor's Degree

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### D. Professional Development Challenges

Please **RATE** each challenge you may face enrolling in college courses, where 0 =not an issue ... 3 =keeps me from enrolling:

Possible Challenge:	☺			☹
Cost of classes	0	1	2	3
Not enough time to study	0	1	2	3
Fear of schoolwork	0	1	2	3
Not sure what classes I <b>need</b> to take	0	1	2	3
Transportation issues	0	1	2	3

Possible Challenge:	☺			☹
Location of class I want/need to take	0	1	2	3
Lack of a computer for assignments	0	1	2	3
Lack of child care during class	0	1	2	3
Trouble finding online courses	0	1	2	3
Other:	0	1	2	3

OR  Already achieved desired higher education level: (list degree) \_\_\_\_\_

### E. Professional Development Plan Required for EEC Levels 1-4, Optional for Levels 5 -12.

Please attach your **professional development plan** from your college or university. **Date of plan:** \_\_\_\_\_

### F. Checklist & Application Signatures You MUST check off boxes & attach all REQUIRED

*documentation or application will be **denied** - not accepted incomplete!*

1. **Schedule an appointment** to submit all required items between **April 9 and May 21, 2018.**

2. **For ALL Applicants: (New & Previous)**

- Completed **signed original** Application
- Verification of **pay rate:**  paystubs  payroll report  personnel form  Director Signed CCPFC Exception Form
- Verification of **number of hours per week** worked from Oct 2, 2017 – March 30, 2018.  paystubs  timesheet  
 payroll report  FCCH calendar (use CCPFC calendar form below)  Director Signed CCPFC Exception Form (if did **not** work the required **minimum 20 hours** in any week)
- Copy of College Professional Development Plan (**Required for EEC Levels 1-4, Optional for EEC Levels 5 -12**)
- Copies transcripts/grades (**Required for EEC Levels 1-4, Opt. 5-12**)

3. **For New Applicants, or if changes/updates, please include:**

- W-9 Form
- Verification of **Hire Date** for this facility
- Copies of **EEC Level** Certificate, any Early Childhood Education related degrees &/or Business Administration degrees and/or credentials, if applicable.
- Completed CCPFC Exception Form needed for any requirement not otherwise met

4. **"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 for award of the PDI as included in the Guidelines; and
- I am committed to remaining in the field of child care and plan to continue to build my knowledge of the Early Childhood field profession in order to provide the highest quality care possible to the children I serve."

**Child Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### To be completed by Child Care Facility Director or Owner/Operator - REQUIRED

*I certify that the information provided in this application by the child care provider is accurate. I certify that the provider is currently employed in my child care program. I understand that the recipient of the Smart Start Professional Development Incentive must be working in a Caswell County regulated child care facility, working with children birth to 5 years of age and employed a minimum of 20 hours per week. I understand that if it is found that this information is falsified, the provider will be required to return the funds awarded to the Caswell County Partnership for Children.*

\_\_\_\_\_  
**Signature of Facility Director/Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of Facility Director/Owner**

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G: CCPFC Exception Form (Only one form needed per application & only if exception needed)

i. High School Diploma/GED exception requested: (include reason for exception, date achieved & school name, if applic.)

ii. NC Early Childhood Credentials exception requested: (include alternate course name, code, school, date, if applicable)

iii. Pay Rate not verifiable by paystubs, payroll report or personnel form. Attaching other supporting documentation:

iv. Hire date not verifiable by paystubs or hire letter. Attaching other supporting documentation:

"This employee was hired to work at the above named child care site on (enter official hire date)"

v. During any week if this employee did not work the required minimum of 20 hours:

"This employee is 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.
Attach a copy of the policy from facility personnel handbook that describes the benefits that are provided to employees.
Facility is closed during the summer months, but staff still technically employed.
Attach a copy of the operating schedule or program information from the program operation manual.
Explain other reason:

vi. Course(s) completed that is NOT an approved course. College/University:

Course Name: Semester/Year completed:

Please describe how this course information will be used in the child care setting and explain why the course does not align with the PDI requirements:

vii. NC DCDEE Documentation for any exceptions to education requirements attached

viii. Other exception: (Please describe in detail.)

Please sign below to officially request the above exception(s):

Provider's Signature, Date

Director's Signature, Date (REQUIRED for iii, iv, & v. above)

Question or clarifications?

Caswell County Partnership for Children

Visit: 1084 NC Hwy 86 North, Yanceyville Mail: PO Box 664, Yanceyville, NC 27379

phone: 336-694-1538 fax: 336-694-7666 email: ccp4child@esinc.net

www.caswellchildren.org

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**H: Family Child Care Home Calendar (Only required for FCCHs)**

Regular Hours of Operation:

Please enter the **actual total hours** worked (home was open) below for Oct. 2, 2017 through March 30, 2018 & include with your PDI application.

(Each week must include at minimum 20 hours; if closed, please note that.)

	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F		
<b>Oct '17</b>	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
<b>Nov '17</b>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30			
<b>Dec '17</b>					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
<b>Jan '18</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
<b>Feb '18</b>				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
<b>Mar '18</b>				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

***"I certify that this is an accurate account of the hours of operation."***

Printed name of FCCH Provider

Signature of Family Child Care Home Provider

Date