



a partner  
in the  
Smart Start  
network™

**Caswell County Partnership for Children  
Professional Development  
Incentive Program:  
Application FY 2018-19**

**CCPFC Staff Use Only:**  
Application approved by ED:  
 Yes  No  
ED Signature, Date: \_\_\_\_\_

**A. Child Care Provider Information**

Please complete this section with your contact and classroom information:

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\*:  \*If not paid hourly, please provide annual salary and supporting documentation.

**B. Current Educational Status**

Please check and/or complete the education **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 17, 2019)  
 Associate Degree in Early Childhood Education/Child Development  
 Degree in Early Childhood Education/Child Development or equivalent:  Bachelor's Degree  Master's Degree  
 NC Early Educator Certification Level:

**C. College Credits Earned** (courses completed between May 20, 2018 & May 17, 2019)

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 19	3	B
1					
2					
3					
4					
5					
6					

Attach a copy of **grades/ transcript from college/ university** that includes 1) college/ university name, 2) Certificate, Diploma or Degree pursuing 3) class name, 4) grade and 5) END date for EACH class.

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**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

### D. Professional Development Plan (Required for providers without at least an Associate Degree in ECE/CD)

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

### E. Checklist & Application Signatures (You **MUST attach all REQUIRED** documentation or application will be **denied - not accepted incomplete!** Schedule an **appointment** to submit all required items **between April 8 and May 22, 2019.**)

#### 1. 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 October 2, 2018 – March 30, 2019.
  - paystubs  timesheet  payroll report  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 providers without at least an Associate Degree in ECE/CD**)
- Copies transcripts/grades

#### 2. 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/Child Development or related degrees &/or Business Administration degrees and/or credentials, if applicable.
- Completed CCPFC Exception Form, if needed for any requirement not otherwise met

#### 3. "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

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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F: 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 applicable)
\*Not required if you requested and received an exception in FY 2017-18:

□ ii. NC Early Childhood Credentials exception requested: (include alternate course name, code, school, date, if applicable)
\*Not required if you requested and received an exception in FY 2017-18:

□ iii. Hire date not verifiable by paystubs or hire letter. Attaching other supporting documentation:
\*Not required if you requested and received an exception in FY 2017-18:

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

□ 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

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