

Region 2 Educator and Provider Support Partnership (Center for Childcare Careers)
PROVIDER/PROGRAM PROFESSIONAL DEVELOPMENT PLAN (July 1, 2018 – June 30, 2019)

Provider (Program) Information

Program Name	Provider/Contact Name	Program Number
Street Address	City/Town	State/Zip
Phone	Email	Website

Program Goal

Earn/Maintain Accreditation

- NAEYC
- NAFCC
- COA

Upward Movement on QRIS

Not applicable

Goal: QRIS Level 1 2 3 4

Program History

Accreditation Status (Check as many as apply)

- Accredited
Expiration Date: _____
- In process
- Previously accredited
- Never accredited

QRIS

- Applied for QRIS Program Quality Improvement Grant. Date: _____
- Awarded QRIS Program Quality Improvement Grant. Date: _____

Current QRIS level (if applicable):

1 2 3 4

Program Description

Population Served
 (Check as many as apply):

Income Eligible Contract Supportive DCF Contract Teen Parent contract Voucher

Private Pay Only Other (describe: _____)

GCC - Number of Classrooms:

Infant # _____ Toddler # _____ Infant/Toddler # _____

Preschool # _____ Kindergarten # _____ Other # _____

FCC – Age Group Served (check all that apply):

___ Under 15 months ___ 15 months – 2 years ___ 2-5yrs ___ 6 + years

Number of children currently in care: _____ Family Child Care System Name: _____

Action Plan: Indicate the level or focus area the provider/program is working towards this year for the appropriate accrediting body (Year is July 1, 2018 – June 30, 2019).

NAEYC Accreditation

- Step 1 - Enrollment/Self-Study
- Step 2 - Application/Self-Assessment
- Step 3 – Candidacy/Site Visit
- Step 4 - Meeting Program Standards
- Step 5 – Accreditation/Reaccreditation

NAFCC Accreditation

- Step 1 - Self-Study Enrollment
- Step 2 - Application
- Step 3 - Observation
- Step 4 - Decision
- Step 5 - Re-accreditation/Annual Updates

COA Accreditation

- Step 1 - Application /Financial Agreement
- Step 2 - Intake
- Step 3 - Self-Study
- Step 4 - Site Visit
- Step 5 - Pre-Commission Review
- Step 6 - Accreditation Commission
- Step 7 - Final Accreditation Report
- Step 8 - Renewal

EEC Licensing License Exp: _____

- Licensing Renewal within one year
- Program Addressing Non-Compliances

QRIS

- Level 1
- Level 2
- Level 3
- Level 4

Below this line, please fill out the remainder of the form with your Quality Support Program (Regional EPS program or designee).

Quality Attainment Goal Activities:

Please provide detail on activities the provider/program will participate in to meet goals selected above:

Activity 1:

Activity 2:

Activity 3:

Signature of Provider/Program Representative: _____ Date: _____

TO BE COMPLETED BY PROFESSIONAL DEVELOPMENT ENTITY

Signature of EPS Representative: _____ Date: _____

Month/Year Program Goal Achieved: _____