



Center for Childcare Careers
2018-2019 "Program-Focused" Application – Family Child Care

Date: _____

Program Name: _____ EEC Program #: _____

Contact Name: _____ EEC Professional Qualifications Registry #: _____

Street Address: _____ City: _____ Zip Code: _____

Phone #: _____ Email: _____

Name of Assistant: _____ PQR #: _____

Name of Assistant: _____ PQR #: _____

Is your program part of a family child care system? Yes No

If yes, name of system: _____

What ages do you accept (Check all that apply):

Under 15 months 15 mons – 2 years 2-4 yrs 5 yrs 6 – 8 yrs 9+ yrs

Is your program NAFCC Accredited: Yes No

Does your program participate in the MA state Quality Rating Improvement System?

Yes No I don't Know If Yes, what is your EEC granted level: _____

Do you have an up to date:

Continuous Quality Improvement Plan Program Professional Development Plan

Do you have an updated Individual Professional Development Plan? Yes No

Are you currently receiving Coaching/Mentoring Services? Yes No

If yes please explain: _____

If your primary language is not English please list: _____

Please tell us the area(s) you are seeking support/training:

_____ Quality Rating Improvement System _____ NAFCC Accreditation

QRIS Measurement Tools: _____ FCCERS _____ BAS _____ Strengthening Families

_____ Arnett _____ CLASS

_____ EEC Licensing Assistance _____ EEC Certifications _____ Professional Qualifications Registry

_____ Behavior Management _____ Child Assessment Training

_____ Curriculum _____ State Learning Standards

_____ Career Advising _____ Academic (College) Advising

_____ Child Development Associate (CDA) Advising

_____ Individual Professional Development Plan

_____ Program Professional Development Plan _____ Continuous Quality Improvement Plan (QRIS)

Other: _____

Tell us why you are interested in coaching:

Thank you for applying for our Program Focused Services. You will be contacted by an EPS Representative to discuss your program needs further.

Best days & times to contact you: _____

Contact phone number: _____

If you have questions please contact Shannon Castillo, Coaching Coordinator at scastillo@cccfscm.org.

This area for use by Region 2 EPS Staff Only:

Application Approval Date: _____

Reason: _____