

**Please return this form
by Nov. 12, 2008 to:**

CCR&R
Attn: Holly Nett
715 11th St N Suite 402
Moorhead MN 56560

**Right From the Start
ND Application Form- 2009**



Fax: 218-299-7547

Applicant Name: _____ Date _____

Address: _____
Street City County Zip

Phone: Day _____ Phone: Eve _____

E-mail: _____ Date of initial licensing _____

License Type _____ Licensor Name _____

Number of Children Currently Enrolled					
Birth to 6 months	6-12months	12-24 months	24-36 months	3yrs-5yrs	6yrs and older

How do you determine how many infants and toddlers you enroll in your program?

Do your infant/toddler numbers change over the summer months? If so, please explain:

Work Experience		
How long have you done licensed child care? _____yrs. _____ months		
Please list past experience.		
<i>Job Title</i>	<i>Employer & Address</i>	<i>Dates</i>

Education		
List your educational accomplishments (high school diploma, CDA, degrees, certifications, etc.).		
<i>Degree/Certification</i>	<i>Granting Institution/Agency</i>	<i>Date Completed</i>

Professional Development and Related Activities

List your professional development and related activities of the past two years (training, conferences).
Please attach additional paper as necessary.

<i>Name of Class</i>	<i>Institution/Agency</i>	<i>Date</i>	<i># hours or CEU's</i>

Associations and Professional Groups

List the associations, community and/or professional groups you currently belong to.

<i>Name of Association or Group</i>	<i># of years</i>	<i>Leadership position? Yes/No</i>

- List the beliefs you see as most important to child care.

2. Describe how you are responsive to children, parents, and other professionals.

3. Why do you want to be a Right From the Start provider?

4. What would you like to strengthen in your child care program?

Please return this 3-page application to CCR&R prior to November 12, 2008. Note: The following reference form will need to be sent to your licensor. Please allow them time to complete and return the form prior to November 12th.

CCR&R- Attn: Holly Nett
715 11th St N Suite 402
Moorhead MN 56560
holly@lakesandprairies.net
Fax: 218-299-7547



APPLICANT: Please send this reference form to your licensor as soon as possible. Your licensor will return it to CCR&R.

RFS Reference Form

The applicant listed below is in the process of applying for the 2009 round of Right From the Start. Right From the Start is a combination of a self-study process, home visit consultations, observation by a trained observer, and documented training participation.

Provider applying for *Right From the Start*:

Applicant Name: _____

Address: _____
Street City County Zip

Licensor reference:

Licensor Name: _____ County: _____

1. Has applicant been licensed longer than 12 months? Yes No
If not, how long have they been licensed? _____

2. Has applicant ever been out of compliance with licensing rules? Yes No
If yes, when and what was the nature of the rule violation?

3. Do you believe this person would be a good candidate for the *Right From the Start* program? Why or why not? (Keep in mind that provider must have self-initiative to complete self study and be willing to accept suggestions for program improvements.)

4. In your opinion, what areas of the child care provider's program do you feel could use improvements?

5. In your opinion, explain how you feel this provider relates to children under the age of three?

Other Comments:

Note: CCR&R will inform you who has been accepted into the Right From the Start Program. Please let CCR&R know of any licensing concerns regarding participating providers that arise during the course of this project.

Signature: _____ Date: _____

Licensors:

Please return this form to CCR&R prior to **November 12, 2008**. If you have any questions, please contact Holly Nett at 800-452-3646 ext. 7627 or holly@lakesandprairies.net.

**Mail: Lakes & Prairies CCR&R
Attn: Holly Nett
715 11th St N Suite 402
Moorhead MN 56560**

**E-mail: holly@lakesandprairies.net
Fax: 218-299-7547**