

Date Submitted: _____



FAMILY CHILD CARE HOME – INTENT TO APPLY

This form should be submitted to BetterBeginnings@AState.edu 12 months before the application is due/submitted

1. FCCH Information

Home Descriptive Information			
Facility Name:		License Number:	County:
Physical Address:		City:	Zip code:
Contact Name:		Phone Number:	
Email:		Alternate phone number:	
Primary language spoken at facility:		Number of children who do not speak primary language:	
Licensed Capacity:	Do any children attend less than 5 days a week?	If yes, how many?	
Type of License (pick the one that is specified on your license)			
Child Care Center	Out of School Time	Family Child Care Home	
How many children are enrolled			
Part day (2-4 hours)	Full day (over 8 hours)	Ext./evening care	Overnight
Hours of operation:		ABC Hours of operation (if ABC funded):	
Type of funding (select all that apply)			
Private pay	CCDF vouchers	CACFP food program	EIDT
*Head Start	*Early Head Start	*ABC	other _____
Accreditation (Attach accreditation certificate or notification from agency)			
*Are you nationally accredited?	By what agency?		Renewal Date:

*Please check reciprocation details for this designation



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2. Application Information

Better Beginnings				
Current Level:	Level requested:	Initial Application	Recertifying	Leveling Up
When is your BB renewal date?			I'm not sure.	
FCCERS assessment				
Number of classrooms per age group				
	Classroom Name or #	# of children enrolled	Ages: (Infant, Toddler, Preschool, School age)	Funding (ABC, CCDF, EHS, HS, Private Pay, School District)
1				
2				
3				
4				
Earliest date you would be ready for a FCCERS assessment:				
You will be contacted by an assessor when your 60-day window for FCCERS assessment is open.				
Program (BAS) assessment needed				
I would like to request: Face-to-face BAS assessment OR Virtual BAS assessment				
Earliest date you would be ready for a BAS assessment:				
You will be contacted by an assessor to schedule your BAS assessment.				
Provider as employer				
<p>A provider is an employer if he or she pays an individual to preform child care services and directs that individual in the details of how the child care work is to be performed.</p> <ul style="list-style-type: none"> An assistant works under the supervision of the provider and is not left in charge of children unless he or she meets all the qualifications of a substitute. A substitute is a person who is left in charge when the provider is absent and meets licensing requirements. A substitute only works when the provider is absent. If that person works when the provider is present and when the provider is absent, he or she is considered an assistant. 				
Using the definitions above, how many employees are currently working in your FCCH?				
	Full-time (35+ hours/week)	Part-time 20-34 hours/week)	Less than 20 hours/month	
Assistants:				
Substitutes:				