

ALL OUR KIN - EARLY HEAD START PROVIDER APPLICATION 2017

In order to qualify, you must already meet the following requirements:

- You need to have a Child Development Associate credential CDA (in Family Child Care or Infant/Toddler) or an Associate's Degree (Please attach a copy of your CDA credential or higher to this application).
- You need to have completed an educational consulting program with All Our Kin.
- Your childcare program needs to have been actively open during the past year.

Please attach and submit your CV/resume along with this completed application.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked in Early Head Start or Head Start before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when/where?
Have you ever been cited for an OEC or DPH violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain

EDUCATION AND SPECIAL CERTIFICATIONS			
High School Diploma	Date Received		From where:
College Diploma	Date Received		From where:
CDA	Date Received		From where:
Other training and certifications	Date Received		From where:
Other training and certifications	Date Received		From where:
Other training and certifications	Date Received		From where:

PARENT/GUARDIAN REFERENCES	
<i>Please list information for three parents/guardians, whose children you currently care for or have cared for in the past year:</i>	
Full Name:	Dates child cared for:
Relationship to child:	Phone ()
Address:	
Full Name:	Dates child cared for:
Relationship to child:	Phone ()
Address:	
Full Name:	Dates child cared for:
Relationship to child:	Phone ()
Address:	

CURRENT PROGRAM INFORMATION

Please tell us more about the program you currently run.

What are the ages of the children in your program?	Child 1	
Child 2	Child 4	
Child 3	Child 5	
Child 6		

How many children under your care are residents of New Haven, West Haven or Hamden?

How many children under your care receive Care4Kids?

How long have you been licensed? Program License #

If different from your home address, what is the address of your program?

Street: City: Zip: Phone #:

What hours does your program currently operate?

When do you close your program (e.g. during the summer, holidays)?

Do you have any assistants?

Do you have any substitutes?

Do your substitutes and assistants have a current and valid license from CT OEC?

Do you have a curriculum? If yes, please describe or give name. Are you familiar with Teaching Strategies GOLD? If yes, how so?

Are you willing to welcome weekly visits from program consultants, including some unannounced visits? YES NO Are you willing to welcome monthly visits from a nurse consultant and other health specialists, as necessary, for children's support and wellbeing? YES NO

Are you willing to conduct two yearly home visits with each family and hold individual meetings as necessary, working in partnership to meet their and their children's needs? YES NO Are you willing to meet national, quality standards and use an approved curriculum for lesson planning? YES NO

Are you willing to keep records on attendance, children's growth and progress, etc.? YES NO Are you willing to attend quarterly provider training days and participate in ongoing professional development? YES NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my discontinuing in participating in the Early Head Start program at All Our Kin.

Signature Date

**Please mail or hand deliver this application – with your CV/resume and copy of your CDA credential or higher attached - to All Our Kin, 414A Chapel Street, New Haven, CT 06511 or email these documents to kara@allourkin.org.*

Short Essays: Please answer the following questions as completely as you can. Also, feel free to include more sheets of paper if you run out of writing space. Lastly, if you choose, you may include extra materials that you feel will help support your application.

1. Why do you want to participate in the Early Head Start program through All Our Kin?

2. What do you enjoy most about being a professional child care provider? Why do you do what you do?

3. Please describe how you would partner with an All Our Kin educational consultant to support children's growth & development. For which aspects of your program do you think an educational consultant's feedback and support would be most helpful?

4. Please describe the current recordkeeping methods (attendance, child medical information, activity/curriculum planning, etc.) that you use in your child care program.

5. What do you believe are the current strengths of your child care program?

6. What do you think will be the biggest challenge(s) for you if you participate in Early Head Start?