

# ALL OUR KIN

## Early Head Start Provider Application

### 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 to this application).
- You need to have completed an educational coaching program with All Our Kin.
- Your childcare program needs to have been actively open during the past year.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
	Social Security No.		
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, 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 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 coaches, including some unannounced visits? YES  NO  Would you open your programs to monthly visits from a nurse or other health specialists, as necessary, for children's support and wellbeing? YES  NO

Are you willing to conduct two visits to each family's home and hold individual meetings 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 Team Learning 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, email, or hand deliver this application to All Our Kin, 414A Chapel Street, New Haven, CT 06511. Please include a copy of your CDA or higher credential with this application.***

**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? What do you think the greatest benefits will be?

2. How do you feel about working with an All Our Kin Educational Coach to meet the Head Start Program Performance Standards and improve your program's quality? How will you partner with that person to support children's growth and development?

3. Family engagement and support is an important part of Early Head Start. Please describe your relationship with the parents in your program and how you share child-related information with them?

4. Please tell us what current record-keeping methods you use for attendance, day-to-day activities with the children, program-related purchases, meetings with families, etc.?

5. What do you think will be the biggest challenges for you if you participate in Early Head Start?