Self-Study Verification Form: Child Care Centers

As part of the NC Rated License process for the Program Assessment Pathway, providers complete a reflective self-study before completing the assessment(s). To get started with your self-study visit www.ncrlap.org for information about the required steps and other resources. To complete the process, the program administrator should use this form to confirm that the 4-step process has been completed with each lead teacher and highlight key insights. It will be collected by your DCDEE Child Care Consultant.

Facility Name: _____ Program ID: _____

Administrator Name: _____ Date Self-Study started: _____ Completed: _____

Summary:

1. Were there any classrooms that did not complete self-study? ☐ Yes ☐ No If yes, please explain why and the future plans for this: _____
2. Briefly describe how staff reviewed their self-assessment and identified areas of strength and growth:
3. Were team discussions or staff meetings held to introduce the process, discuss reflections, plans and/or actions? ☐ Yes ☐ No If yes, please describe: _____

Documentation Checklist:

- ☐ Copy of Self-Assessment: ***Using Outreach Assessment Report*** or completed ***Thinking More About*** worksheets completed by the lead teacher in each classroom.
- ☐ Individual classroom documentation filled out for each classroom (form is on page 2).

Administrator Verification:

I certify that all lead teachers engaged in a self-study process and reflected on current practices, identified areas for improvement, and began implementing changes aligned with the Environment Rating Scales and program goals.

Administrator Signature: _____ Date: _____

Thank you for your leadership and commitment to providing high-quality care and learning environments for young children across North Carolina.

Self-Study Verification: Individual Classroom Documentation for program ID _____

In this section, briefly identify what each individual classroom determined to be a strength, an area for growth, and any resources the classroom needs to continue making appropriate changes to the current practices:

Classroom Name – Ages – Teacher(s)	Area(s) identified as strength	Area(s) identified for growth	Identified SMART goal and action outcome

**Please print a second page if there are more than 5 classrooms to ensure documentation for each classroom is included.