Self-Study Verification Form: Family Child Care Homes and Centers Licensed in a Residence



As part of the NC Rated License process for the Program Assessment Pathway, providers must participate in a self-study process using the FCCERS-3. This form provides documentation that the 4-step process has taken place and identifies key insights gained. Visit www.ncrlap.org for information and resources about the process.

acility Name:		License Number:			
Provider Name:		Date Self-Study started:	Completed:		
Summary:					
1. Which Self-Assess	sment tool was use	d?			
☐ Thinkin	ng More About Lang ng More About Activ sessment: Using an				
☐ I have a copy	of the self-assessm	ent tool available for review.			
2. What areas were	identified to be stre	engths for your program?			
3. What aspects of t	he program did you	u identify as areas for growth?			
4. Describe your SM	ART goal and outco	omes from the self-study cycle:			
Provider Verificatio	n:				
certify that I have compl	eted the self-study		ent practices, identified areas for nent Rating Scales and program g	goals.	
Providor Cignoturo			Dato	•	

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