## 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 <a href="https://www.ncrlap.org">www.ncrlap.org</a> for information and resources about the process.

Facility Name:		License Number:		
Provid	ler Name	e:	Date Self-Study started:	Completed:
Sumi	mary:			
1.	Which	Self-Assessment tool was	used?	
		☐ Thinking More About L☐ Thinking More About A☐ Self-Assessment: Using		
	□ Iha	ave a copy of the self-asses	ssment tool available for review.	
2.	What a	areas were identified to be	strengths for your program?	
3.	What a		you identify as areas for growth?	
4.	Descri		utcomes from the self-study cycle:	
Provi	ider Ve	erification:		
I certif	fy that I h	have completed the self-st	udy process and reflected on current pr	
Provider Signature:			changes angited with the Environment	Date:

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