



**CENTER BASED  
SPRING 2018**  
Application for Foundation  
of Curriculum Series

Delaware Institute for Excellence in Early Childhood  
111 Alison Hall West  
University of Delaware  
ATT: Susan Lewis DIEEC Professional Development Department  
Newark, DE 19716 (302)-831-4814  
FAX (302) 831-4223

Name of ECE Center Based Program \_\_\_\_\_  
*(as listed with the Office of Child Care Licensing)*

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip) (County)

Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Program: \_\_\_\_\_ Full Year \_\_\_\_\_ Part Year  
 \_\_\_\_\_ ECE Center with School-Age Component  
 \_\_\_\_\_ ECE Center without School-Age Component

Enrollment for each category:  
 Infants: \_\_\_\_\_ Toddlers: \_\_\_\_\_ Preschool: \_\_\_\_\_ School-Aged: \_\_\_\_\_

Current Star level? \_\_\_\_\_ When does your current Star level expire? \_\_\_\_\_

**Please tell us about your program leadership:**

1. Director Provider Name and Qualifications (Administrator Credential, AA, BA, MA and field):  
\_\_\_\_\_
2. Curriculum Coordinator Name and Qualifications (Curriculum Coordinator Credential, AA, BA, MA and field):  
\_\_\_\_\_
3. Did you receive funding from the Curriculum Incentive Fund? \_\_\_\_\_ Date: \_\_\_\_\_

**Please tell us why you are interested in applying for the Foundations of Curriculum Series:**

(Please submit additional pages if needed)

How do you expect this professional development experience to impact what you do with children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your primary reason for attending, or having your staff attend, professional development?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



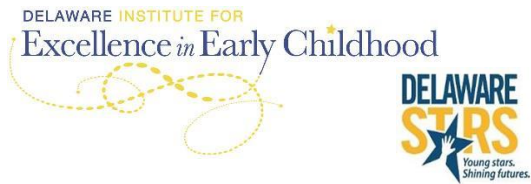
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**Please tell us about your teachers and assistant teachers:**

Name	Role (Teacher/Assistant Teacher etc)	Age Group Served	POP*	PTL*	TSG*	Curriculum Used in Classroom	Classroom Assessment Used	# of Minutes of Planning Time Weekly/ Monthly	Highest Level of Education/Credentials

POP\*- Attended Child Assessment for Teachers: The Power of Practice  
 PTL\*- Attended Child Assessment for Administrators Polishing the Lens  
 TSG\*- Attended Implementing Teaching Strategies GOLD



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**By signing below, I, the program director/administrator, understand that if my program is selected, I am committed to participating in the entire five month Curriculum Foundation Series process:**

- **I (program director/administrator) will attend all 3 pre-series Director sessions prior to the FOC series begins.**

New Castle County	Kent and Sussex County
Session 1: Jan 17 <sup>th</sup> , 9:30-11:30	Session 1: Jan 18 <sup>th</sup> , 9:30-11:30
Session 2: Jan 24 <sup>th</sup> , 9:30-11:30	Session 2: Jan 25 <sup>th</sup> , 9:30-11:30
Session 3: Jan 31 <sup>st</sup> , 9:30-11:30	Session 3: Feb 1 <sup>st</sup> , 9:30-11:30

- I (program director/administrator) will attend all 4 professional development monthly workshops (scheduled if accepted into the series).
- **ALL** of my teachers and assistant teachers will attend all 4 professional development monthly workshops.
- Ensure time for teachers and directors to meet with Instructional Coach monthly.
- I will include the DE Stars standards relevant to curriculum on my program’s Quality Improvement Plan (QIP).
- Follow up assignments will be completed in assigned timeframe.

\_\_\_\_\_  
 Signature of Center Administrator/FCC or LFCC Licensee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Curriculum Coordinator (if applicable)

\_\_\_\_\_  
 Date

Submit completed applications to:

111 Allison Hall West  
 University of Delaware  
 Attn: Susan Lewis DIEEC Professional Development Department  
 Newark, DE 19716  
 OR Fax completed application to: DIEEC PD Department (302) 831-4223 Attn: Susan Lewis  
 OR Email to Susan Lewis: lewiss@udel.edu