



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)
Name of Family or Large Family Childcare Provider (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
Family Child Care (FCC) Large Family Child Care (LFCC)
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/FCC 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. If you are an FCC/LFCC provider, how much time per week do you spend, on average, planning for your program?
4. 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?

Three horizontal lines for text input.

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

Four horizontal lines for text input.



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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 family child care provider/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 (the family child care provider/program director/administrator) will attend all 4 professional development monthly workshops.
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