



## BEST IN CLASS APPLICATION FOR JULY 2025-JUNE 2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EARLY CHILDHOOD

SFN 575 (1-2025)

Read the current Best in Class Program Description before completing the application.

### PROGRAM INFORMATION

Program Name		Program Telephone Number	
Program Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
Applicant Name	Title		
Email Address		County	
Point of Contact for the Best in Class Program (if not applicant)	Point of Contact Title	Point of Contact Email Address	
Business Manager Name		Business Manager Email Address	
Site Classification (check all that apply)			
<input type="checkbox"/> Public School/Non-Public			
<input type="checkbox"/> Current Four-Year Old Program Approval (renewal is every two years) - State School Site ID Number: _____			
<input type="checkbox"/> Licensed Child Care			
Bright and Early of ND Quality Rating Step		Bright and Early Expiration Date	
NAEYC Accreditation Expiration Date		License Number	
<input type="checkbox"/> Head Start - Head Start State ID Number: _____			
Have you previously participated in Best in Class?			
<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, answer below:			
Number of Sections		Group Size	Year Funded
Have you discussed your intentions to apply for Best in Class with others (teacher(s) of Four-Year old sections, board of directors/school board, special education unit, etc.)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List Who:			

### CURRENT PROGRAMMING FOR FOUR-YEAR OLD CHILDREN

Number of children served in each Four-Year-Old classroom/section	
Are you a licensed child care serving any families receiving child care assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration of Program/Schedule (hours, days)

### Curriculum

Are you currently using a curriculum(s) to support <b>all areas</b> of development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your curriculum aligned with the ND Early Learning Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the Curriculum	

### Family Engagement

Are you offering family engagement opportunities? ☐ Yes ☐ No

List Family Engagement Opportunities

### Inclusive Environment

How do you offer an inclusive environment (include resources for children with special needs)?

### Tuition

Do you rely on the revenue from family fees to operate your current four-year old program?

☐ Yes ☐ No

At what level?

☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Describe other funds used to cover operating cost

Will you charge tuition if you receive the Best in Class award?

☐ Yes ☐ No

If charging tuition are you willing to charge based on the Best in Class Sliding Fee Scale or less?  
(Best in Class programs that charge tuition must use the approved sliding fee scale.)

☐ Yes ☐ No

### Transportation (For head start programs and schools only)

Do you offer transportation for children attending the Four-Year old program?

☐ Currently Offer ☐ Do Not Offer ☐ Plan to Offer

### Additional Care (For head start programs and schools only)

Do you provide before and after care for four-year old children?

☐ Before ☐ After ☐ Both Before and After

☐ No - If No, how do you support working families needing child care? (Explain below):

### Initiatives

Are you currently participating or do you anticipate participating in any other initiatives/grants that impact your four year old program?

☐ Yes ☐ No

If Yes, List Initiatives/Grants

### How do you anticipate operating a Best in Class section (2025-2026)?

Number of Four-Year Old sections requesting Best in Class funding in 2025-2026?

Small Group (8-10); 1 Staff: Number of Section(s): \_\_\_\_\_

Large Group (11-20); 2 Staff: Number of Section(s): \_\_\_\_\_

Specify the number of hours you will operate each section of Best in Class if funded

Number of Hours per Day/Single Section

X

Number of Operating Days per Year

=

TOTAL HOURS

Provide your four-year-old schedule of operation (Example: M-F 8:30-3:00)

Start Date

End Date (if applicable)

## Enrollment

How will you ensure children enrolled into the Best in Class program are four years old before August 1, 2025?

What is your marketing and recruitment plan to enroll 50% of children whose household income is 60% or less than the state median income or children who have an identified development delay or disability?

Are you willing to hold set aside slots as described in the program description?

☐ Yes ☐ No

## Screenings

Best in Class requires all participating children to be provided health screenings (dental, vision, hearing, physical and developmental) to be completed no sooner than six months prior to the first day of attendance and no later than the last business day of November.

Identify the person to coordinate scheduling the screenings

Email Address

Specify the developmental screening tools you have access to

- ☐ Ages & Stages Questionnaire Third Edition (ASQ-3) ☐ Brigance Early Childhood Screen II or III  
☐ Developmental Indicators for the Assessment of Learning, Third or Fourth Edition (DIAL-3 or 4)  
☐ Other (specify): \_\_\_\_\_

## Assessment and Curriculum

Participating in Best in Class requires a commitment to using the Teaching Strategies *GOLD*™ assessment.

If not already certified, will you ensure that your teacher(s) has time to become certified in *GOLD*™ Interrater Reliability?

☐ Yes ☐ No

Teaching Strategies: Creative Curriculum is made available to Best in Class programs. If your program isn't currently using this whole child curriculum would your four-year-old program be willing to implement it along with the help of a coach?

☐ Yes ☐ No

**PROFESSIONAL QUALIFICATIONS**

Best in Class requires a minimum of 1 staff to every 10 children. (ex. 11 children requires 1 teacher and 1 para/asst. teacher)

**2025-2026 Lead Teacher(s)**

First, Last and Maiden Name	Child Development Associate (CDA) (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Teaching Credential (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Years of Early Childhood Experience

First, Last and Maiden Name	Child Development Associate (CDA) (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	Teaching Credential (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Email Address		Years of Early Childhood Experience

☐ Best in Class teacher has not been identified.

**2025-2026 Para/Assistant Teacher(s)**

Name (First and Last)	Email Address	Years of Early Childhood Experience
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Name (First and Last)	Email Address	Years of Early Childhood Experience
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Name (First and Last)	Email Address	Years of Early Childhood Experience
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Name (First and Last)	Email Address	Years of Early Childhood Experience
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☐ Best in Class para/assistant teacher has not been identified.

**Professional Development and Contracted Time**

Best in Class requires lead teachers to complete a minimum of 15 hours of early childhood specific professional development.

Will you provide your lead teacher with time to complete this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the contract for your teacher allow time for documentation and assessing the child through Teaching Strategies <i>GOLD</i> ™? <input type="checkbox"/> Yes <input type="checkbox"/> No

This application is complete and all information is accurate to the best of my knowledge.

Signature	Date
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Submit completed application to  
[dhsec@nd.gov](mailto:dhsec@nd.gov)