

REGION 5 TECHNICAL ASSISTANCE APPLICATION – FY 19/20

Serving Anson, Cumberland, Hoke, Montgomery, Moore, Richmond, Robeson, and Scotland Counties

Legal Name of Child Care Program: _____

Child Care License #: _____ County of Program: _____

Email Address: _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ Zip Code: _____

Mailing Address (if different): _____

Telephone Number: _____ Fax: _____

1. Current Status (check all that apply):

- ☐ Unlicensed (part day or half)
 ☐ 1 Star
 ☐ 2 Star
 ☐ 3 Star
 ☐ 4 Star
 ☐ 5 Star
☐ Probationary License
 ☐ GS 110
 ☐ Provisional License
 ☐ Temporary License
☐ Start-up

2. How long has this facility been open? _____ Total Capacity: _____

3. Type of Program (check all that apply):

- ☐ Family Child Care Home (capacity of 8)
 ☐ Center in a residence (capacity of 12)
☐ Child Care Center
 ☐ Nationally Accredited (NAFCC/NAEYC)
 ☐ Head Start
☐ Public School Pre-K
 ☐ NC Pre-K
 ☐ School Age
 ☐ Early Head Start

4. Numbers of classrooms in child care center only:

_____ Infant/Toddler classrooms (birth through 30 months)

_____ Preschool classrooms (3 through 5 years)

_____ School-Age (5-12years)

5. Is this facility currently under investigation or active Administrative Action? Yes ☐ No ☐

6. In what areas do you need TA? (check all that apply):

- ☐ Outdoor Learning Environment ☐ Lesson Planning/Curriculum ☐ Higher Education Support
☐ Staff Development/Training ☐ NAEYC/NAFCC Standards ☐ Diapering & Sanitation
☐ Developmentally Appropriate Practice ☐ Health & Safety ☐ Special Needs
☐ Environment Rating Scale (ERS) Support ☐ Classroom Set-up/Management/Indoor
☐ Business Administration scale (BAS) – FCCH ☐ Program Administration Scale (PAS) – **centers**
☐ Preschool ☐ School-Age ☐ Healthy Social Behavior ☐ Infant Toddler ☐ NC Pre-K
☐ Other: _____

7. Do you currently have a contract to serve children receiving subsidized care? Yes ☐ No ☐

8. How many children in your program:

receive child care subsidy? _____ have disability/educational need? _____

9. Do you need assistance in a language other than English? Yes ☐ No ☐

If yes, what language: _____

10. Is an Environment Rating Scale Assessment scheduled? Yes ☐ No ☐

If yes, when (mm/dd/yyyy): _____

11. Are you currently receiving technical assistance from another agency? Yes ☐ No ☐

If yes, please list the agency: _____

Director/Owner Signature: _____ Date: _____

Thank you for completing this application.

If you have questions, please email us at TAServices@ccpfc.org

*** For CCR&R Internal Use Only:**

Date Received: _____ Date Referred: _____

Assigned to: ☐ Infant Toddler ☐ Healthy Behavior ☐ Preschool ☐ School-Age
☐ Regional Preschool/School-Age ☐ Professional Development