



351 Wagoner Drive, Suite 200, Fayetteville, NC 28303
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OF CUMBERLAND COUNTY

REGION 5 TECHNICAL ASSISTANCE APPLICATION – FY 20/21

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

PLEASE PRINT LEGIBLY

Legal Name of Child Care Program: _____

Child Care License #: _____ County of Program: _____

Email Address (**Required**): _____

Contact Person: _____ Title: _____

Street Address: _____

City: _____ Zip Code: _____

Mailing Address (if different): _____

Telephone Number (**Required**): _____ Fax _____

1. Current Status:

☐ 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 (5-12 years)

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

PFC is a 501(c)(3) non-profit organization supported by public and private funds through Smart Start, NC Pre-K, tax-deductible donations, and grants.



Be the Driving Force.

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

- ☐ Outdoor Learning Environment ☐ Lesson Planning/Curriculum ☐ Professional Dev. Advising and/or Planning
☐ 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

☐ Implementing Training Knowledge: Instructor Name: _____

Training Title: _____

☐ 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 a 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: _____

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.

Please click here to submit application to:
Partnership for Children of Cumberland County

Or Mail/Fax To:

Attn: Tamiko Colvin, Program Coordinator - 351 Wagoner Drive, Suite 200 - Fayetteville, NC, 28303
Fax: 910-860-2217 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