

REGION 5 TECHNICAL ASSISTANCE APPLICATION – FY 22/23

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 (5-12years)

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 Professional Dev. Advising and/or Planning

Staff Development/Training NAEYC/NAFCC Standards Diapering & Sanitation

Preschool Outdoor Environment Measurement Scale (P.O.E.M.S.)

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 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: _____

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.

Mail/Fax To:

**Partnership for Children of Cumberland County
Attn: Julanda Jett, Division Administrator for Provider Services
351 Wagoner Drive, Suite 200, Fayetteville NC, 28303**

Fax: 910-860-2217 | If you have questions, please email us at TAServices@ccpfc.org

For Internal Use Only:

Date Received: _____ Date Referred: _____

Assigned to: Infant Toddler Healthy Behavior Preschool School-Age

Regional Preschool/School-Age Professional Development