

REGION 5 TECHNICAL ASSISTANCE APPLICATION – FY 23/24

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 Private Site☐ School Age ☐ Early Head Start4. Numbers of classrooms (**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):

☐ Indoor/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 Management

☐ 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.

Please email application at TAservices@ccpfc.org

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

For Internal Use Only:

Date Received: _____ Date Referred: _____

Assigned to: ☐ B3QI ☐ Healthy Behavior ☐ NC Pre-K ☐ School-Age

☐ Regional Preschool/School-Age ☐ Professional Development