

REGION 5 TECHNICAL ASSISTANCE APPLICATION – FY 24/25

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 Start

4. Numbers of classrooms (**child care center only**)

_____ Infant/Toddler classrooms (birth through 30 months)
 _____ Preschool classrooms (3 through 5 years) _____ School-Age classrooms (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: Tamiko Colvin, Programs Executive Specialist

351 Wagoner Drive, Suite 200 Fayetteville NC, 28303

Fax: 910-867-7772

For Internal Use Only:

Date Received: _____ Date Referred: _____

Assigned to: B3QI Healthy Behavior NC Pre-K School-Age Family Childcare Consultant

Regional Preschool/School-Age Professional Development