

Child Care Services Association **Technical Assistance Services**
2016 - 2017
Wake County



APPLICATION FORM

Please complete all sections

SECTION 1: PROGRAM AND UPGRADE INFORMATION

Name of Child Care Program: _____

Child Care License #: _____ Date Current License Issued: _____

Email Address: _____

Contact Person: _____ Title: _____

Street Address: _____ City: _____ Zip Code: _____

Mailing Address (if different): _____

Telephone Number: _____ Fax: _____

- Type of Program (check one) Family Child Care Home Small Center (29 children or less)
 Medium Center (30-80 children) Large Center (81 or more children)
- Centers (check one) For profit Not for profit Head Start Public School
 Church/Faith-based other (describe) _____

1. Estimated time frame for upcoming Environment Rating Scale Assessment:

- July-Sept 2016 Oct-Dec 2016 Jan-Mar 2017 Apr-June 2017 Unknown

If the date of the assessment is known, please indicate _____

2. Enrollment information:

Number of infants now enrolled	Number of 1-year-olds now enrolled	Number of 2-year-olds now enrolled	Number of 3-year-olds now enrolled	Number of 4-year-olds now enrolled	Number of 5-year-olds now enrolled	Number of school-age children (Kindergarten & up) now enrolled

3. Classroom information: (Centers only) Where distinct groups share space, each group should be counted as one classroom. Where age groups are mixed, count the classroom based on age of the majority of the children.

Number of infant classrooms	Number of 1-year-old classrooms	Number of 2-year-old classrooms	Number of 3-year-old classrooms	Number of 4-year-old classrooms	Number of 5-year-old classrooms	Number of school-age classrooms (Kindergarten & up)	Total number of classrooms

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 For internal use only. To be completed by CCSA.

Date Received by CCSA: _____ Name of TA Assigned: _____

Date Assigned: _____ Referral to Specialist: ___ School-Age ___ Infant-Toddler ___ Behavior

Eligibility Documentation Available Yes No Basic Contract Only Yes No

4. Current status: (check all that apply)

- Church Exempt GS 110
 1 Star
 2 Star
 3 Star
 4 Star
 5 Star
 Not yet licensed
 NAEYC Accredited
 NAFCC Accredited
 NC Pre-K Classroom
 Temporary License
 Provisional License

5. Type of upgrade or technical assistance help desired: (check all that apply)

- 2 Star
 3 Star
 4 Star
 5 Star
 5 Star Maintenance
 Star License Reassessment
 NAEYC Accreditation
 NAEYC Re-accreditation
 NAFCC Accreditation
 NAFCC Re-accreditation
 Meeting NC Pre-K Criteria
 Licensure: open w/Temp License or at 2 Stars or Higher
 Infant/Toddler
 School-Age
 Behavior

6. Are you currently participating in any other type of quality improvement/program enrichment activities? (outside consultant, nutrition services, mentoring, etc) yes no

If yes, please list _____

7. Do you participate in the Child and Adult Care Food Program (CACFP)? yes no
If yes, who is your sponsor? _____

8. Do you use a meal service? yes no

SECTION 2: CHILDREN INFORMATION

9. Are you currently serving children receiving subsidy? yes no If yes, how many? _____

10. Are you currently serving children with special needs/disabilities? yes no If yes, how many? _____

11. Have any children been excluded from your program for behavior issues in the last year? yes no
If yes, how many? _____

Please indicate the number of children enrolled in each age group who have an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP), who are in a referral or evaluation process for special needs, or who have special health care needs but do not have an IFSP or IEP (eg., asthma, diabetes):

Age Group	IFSP #	IEP #	# in referral/evaluation	# Special health care needs (describe)
Less than 1 yr.		N/A		
1 year		N/A		
2 years		N/A		
3 years	N/A			
4 years	N/A			
5 years	N/A			
School-age	N/A			

12. Are you receiving any services to help with your special needs children? yes no
If yes, who is providing the services _____

13. How many children do you have enrolled whose parents work at Duke? _____ IBM? _____

14. Do you have staff participating in the T.E.A.C.H. Early Childhood® Scholarship Program? yes no

SECTION 3: STAFF INFORMATION

- 15.** Is your program receiving partial reimbursements for health insurance costs through the T.E.A.C.H. Early Childhood® Health Insurance Program? yes no If no, are you interested in receiving information? yes no
- 16.** Does your program offer any type of paid sick leave for permanent staff (for self if family child care provider)?
 yes no If yes, how many days a year does your program offer to permanent teaching staff? _____
- 17.** What is your starting salary for teachers who have earned their 2 year degree in ECE or its equivalent? \$ _____
- 18.** What is your starting salary for teachers who have earned their 4 year degree in ECE or its equivalent? \$ _____
- 19.** How many of your staff members are not fluent in English? _____
What language(s) do they speak? _____

SECTION 4: PROGRAM GOALS

20. Please indicate two to three goals you have for your program:

1.

2.

3.

Thank you for taking the time to complete this application. Please be sure to attach the completed Interest Application Demographics Form. The answers to your questions will help us provide you with personalized technical assistance, uniquely designed to meet your program goals.

Please return to:

Child Care Services Association
Attention: Technical Assistance Department
1201 South Briggs Ave., Suite 200
Durham, NC 27703

or fax to: (919) 403-6959

For more information, please call
(919) 403-6950

www.childcareservices.org

Wake County is supported by:

