



Child Care Services Association  
**Durham PreK**  
**2018-2019**

**TA Services**



**APPLICATION FORM**

*Please complete all sections and return by October 19, 2018*

**SECTION 1: PROGRAM 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)  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) \_\_\_\_\_

Date of your last ECERS assessment: \_\_\_\_\_

Please list ECERS assessment score: \_\_\_\_\_ Pre K classroom 1 \_\_\_\_\_ Pre K classroom 2

**Classroom information:** 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 3-year-old classrooms	Number of 4-year-old classrooms	Number of 5-year-old classrooms	Total number of classrooms

How many classrooms are you interested in converting to Durham PreK? \_\_\_\_\_

Are these existing classrooms or new classrooms?  Existing  New

For internal use only. To be completed by CCSA.

Date Received by CCSA: \_\_\_\_\_ Name of TA Assigned: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

**1. Current status:** (check all that apply)

- 3 Star  4 Star  5 Star  NAEYC  NC Pre-K

(Additional TA services are available for the following programs: Unlicensed, GS110, Half-Day, Temporary License, 1 Star License, and 2 Star License)

2. 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 \_\_\_\_\_
3. Do you participate in the Child and Adult Care Food Program (CACFP)?  yes  no  
If yes, who is your sponsor? \_\_\_\_\_
4. Do you use a meal service?  yes  no If yes, who services your meals? \_\_\_\_\_
5. Does your program provide transportation?  yes  no
6. What curriculum is your program currently using in your preschool classrooms? \_\_\_\_\_
7. What on-going assessment tool is your program using to track progress of children? \_\_\_\_\_

**SECTION 2: CHILDREN INFORMATION**

8. Are you currently serving children receiving subsidy?  yes  no If yes, how many? \_\_\_\_\_
9. Are you currently serving children with special needs/disabilities?  yes  no If yes, how many? \_\_\_\_\_
10. Are you receiving any services to help with the children with special needs?  yes  no  
If yes, who is providing the services? \_\_\_\_\_
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)
3 years	N/A			
4 years	N/A			
5 years	N/A			

12. Are you currently serving families of dual language learners in your program?  yes  no
13. What forms of communication are used to share information with families in the program? \_\_\_\_\_  
\_\_\_\_\_
14. Do you currently have communications translated for families speaking another language other than English?  yes  no If yes, what translations/languages does the program provide? \_\_\_\_\_
15. Do you currently provide family engagement activities at the program?  yes  no  
If yes, what types of family engagement opportunities does your program offer and how often are these opportunities available?  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: STAFF INFORMATION**

16. Do you have staff participating in the T.E.A.C.H. Early Childhood® Scholarship Program?  yes  no  
If yes, how many? \_\_\_\_\_  
If no, do you agree to support and sponsor your teachers enrollment in the T.E.A.C.H. Early Childhood® Scholarship Program?  yes  no
17. Do you have staff participating in the Child Care WAGE\$® Program?  yes  no
18. Do you currently have a Pre-K teacher with a B-K license? If not are you willing to hire a B-K teacher?  yes  no  
Do current staff have ability to enroll in coursework to earn B-K?  yes  no
19. What benefits does your program currently offer to your teachers?  
\_\_\_\_\_  
\_\_\_\_\_

20. Does your program offer any type of paid sick leave for permanent staff ?  
 yes  no If yes, how many days a year does your program offer to permanent teaching staff? \_\_\_\_\_
21. What is your starting salary for teachers who have earned their 2 year degree in ECE or its equivalent? \$ \_\_\_\_\_
22. What is your starting salary for teachers who have earned their 4 year degree in ECE or its equivalent? \$ \_\_\_\_\_
23. Tell us what you are most proud about in your preschool (3-5 ages) program?  
\_\_\_\_\_  
\_\_\_\_\_

24. Tell us why your program has decided to complete this application and how you hope to benefit?  
\_\_\_\_\_  
\_\_\_\_\_

Disclaimer:

This is a multi-year project that will focus on improving teaching practices and interactions, strengthening leadership skills, and implementing NC Pre-K requirements and additional standards developed by the Durham PreK Advisory committee. Teachers and directors will be required to participate in on-site coaching along with professional development opportunities. Are you and your teachers able to make a long-term commitment to this project?

yes  no If no, what do you see as the barriers?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit the following documentation with your application:**

Staff Demographic form for Preschool classrooms (see attached)  
Two samples of translated text if you answered yes to question #14

Thank you for taking the time to complete this application.

**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](http://www.childcareservices.org)