

Child Care Services Association
Technical Assistance Services
2020 - 2021

Durham, Orange, Wake



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 2020 ☐ Oct-Dec 2020 ☐ Jan-Mar 2021 ☐ Apr-June 2021 ☐ 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

For internal use only. To be completed by CCSA.

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

Date Assigned: _____ Referral to Specialist _____ Infant-Toddler _____ Behavior _____

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

14. Do you have staff participating in the Child Care WAGE\$® Program? ☐ yes ☐ no

SECTION 3: STAFF INFORMATION

15. 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? _____
16. What is your starting salary for teachers who have earned their 2 year degree in ECE or its equivalent? \$ _____
17. What is your starting salary for teachers who have earned their 4 year degree in ECE or its equivalent? \$ _____
18. How many of your staff members are not fluent in English? _____
What language(s) do they speak? _____

SECTION 4: PROGRAM GOALS

19. 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 email to
tainfo@childcareservices.org

This project is funded by NC Division of Child Development and Early Education.

For more information, please call
(919) 403-6950
www.childcareservices.org



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development
and Early Education