

Child Care Services Association  
**Technical Assistance Services**  
**2018-2019**



**Orange 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 2018  Oct-Dec 2018  Jan-Mar 2019  Apr-June 2019  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.** 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

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

### SECTION 3: STAFF INFORMATION

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

### SECTION 4: PROGRAM GOALS

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