



Alamance Partnership for Children Child Care Resource & Referral Technical Assistance Request



General Information *Please fill out completely and print clearly.*

Facility Name _____ Facility ID # _____

Contact Person _____ Phone # _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address if different from Mailing Address _____

Email Address: _____

Program Information

Number of Years in Operation _____ Number of Years Licensed _____

Date Current Licensed Issued _____ Licensing Consultant _____

Current License **Circle One**

N/A GS-110-106 1 Star 2 Star 3 Star 4 Star 5 Star

| <u>Classroom name</u> | <u>Teacher Name</u> | <u>Number of Children</u> | <u>DOB youngest child</u> | <u>DOB oldest child</u> |
|-----------------------|---------------------|---------------------------|---------------------------|-------------------------|
| | | | | |
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Add other classrooms if needed

Number of Children ages 0-5 enrolled _____ Number of Children ages 0-5 enrolled receiving subsidy _____

Are you willing to serve subsidized children? _____

Number of Staff Full Time _____ Part Time _____

Type of Technical Assistance desired?

- _____ Start-up Assistance
- _____ Increase Star Licensure (One, Two and Three Star Facilities)
- _____ Maintain Star Licensure (Four and Five Star Facilities)
- _____ Professional Development

_____ Assistance with Classroom Behavior Issues
_____ Health and Safety
_____ School Age Classroom(s)
_____ Other - Please Specify: _____

If applicable, when do you expect to apply for initial or increased star licensure? _____

In the space below, please summarize your expectations in regards to receiving technical assistance through the Alamance Partnership for Children:

How did you learn about APC's Technical Assistance Services? _____

_____ *Name* _____ *Title* _____ *Date*