



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>

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
- _____ Incredible Years
- _____ Infant/Toddler Quality Care

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*