Rockingham County Partnership for Children, Inc.
Child Care Resource and Referral
Child Care Facility Request for Health & Safety Technical Assistance

Date of application: _____

Facility name: _____

Facility address: _____

Facility telephone number: _____

Facility type: ❑ Child care center ❑ Family child care home ❑ School age program

Number of classrooms/groups _____ **Ages of children served** _____

Facility license status: ❑ 5 star ❑ 4 star ❑ 3 star ❑ 2 star ❑ 1 star ❑ GS-110 ❑ Unregulated

Type of assistance requested:

- ❑ Sanitation
- ❑ Handwashing/Diapering
- ❑ Health & Safety Policies & Procedures
- ❑ Immunizations
- ❑ Infectious Disease Outbreak
- ❑ Children with special medical needs (ie. action plans, medications)
- ❑ Children's presentations (ie. handwashing, dental care)
- ❑ Other _____

Please explain your reasons for requesting technical assistance. What changes do you hope to see at your facility as a result of participating in technical assistance?

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Request submitted by: _____ **Position**: _____

For Office Use Only:
Request for Assistance: ❑ Accepted ❑ Denied by _____ TA staff person assigned: _____
TA staff will contact facility via ❑ email ❑ telephone by _____(date).