

# Rockingham County Partnership for Children, Inc.

## Child Care Resource and Referral

### Child Care Facility Request for 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:

- Start-up/initial licensure
- Rating scale assessment preparation
  - Anticipated timeframe of official assessment \_\_\_\_\_
- To maintain current license
- To increase license status
  - ↳ Desired license status:  5 star  4 star  3 star  2 star  1 star
- Curriculum
- Classroom Management/Behavior Support
- Health & Wellness
  - Outdoor Learning Environment
  - Physical Activity/Be Active Kids
  - Nutrition/NAPSACC (Nutrition and Physical Activity Self-Assessment for Child 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 \_\_\_\_\_ CCR&R staff assigned: \_\_\_\_\_  
Assigned CCR&R staff will contact facility via  email  telephone by \_\_\_\_\_ (date).