



Child Care Services Association
Durham PreK



TA Services

APPLICATION FORM
Capacity Building for Durham Pre K

SECTION 1: PROGRAM 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) 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) _____

Date of your last ECERS assessment: _____

Please list ECERS assessment score: _____ Pre K classroom 1 _____ Pre K classroom 2

Classroom information: 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 3-year old Classrooms	Number of 4-year-old classrooms	Number of 5-year-old classrooms	Total number of classrooms

How many classrooms are you interested in converting to Durham PreK? _____

For internal use only. To be completed by CCSA.

Date Received by CCSA: _____ Name of TA Assigned: _____

Date Assigned: _____

1. Current status: (check all that apply)

3 Star

4 Star

5 Star

NAEYC
Accredited

NC Pre-K
Classroom

2. 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 _____

3. Do you participate in the Child and Adult Care Food Program (CACFP)? yes no

If yes, who is your sponsor? _____

4. Do you use a meal service? yes no If yes, who services your meals? _____

5. Does your program provide transportation? yes no

6. What curriculum is your program currently using in your preschool classrooms? _____

7. What on-going assessment tool is your program using to track progress of children? _____

SECTION 2: CHILDREN INFORMATION

8. Are you currently serving children receiving subsidy? yes no If yes, how many? _____

9. Are you currently serving children with special needs/disabilities? yes no If yes, how many? _____

10. Are you receiving any services to help with the children with special needs? yes no

If yes, who is providing the services? _____

11. Have any children been excluded from your program for behavior issues in the last year? yes no If yes, how many? _____

12. Are you currently serving families of dual language learners in your program? yes no

13. What forms of communication are used to share information with families in the program? _____

14. Do you currently have communications translated for families speaking another language other than English?

yes no If yes, what translations/languages does the program provide? _____

15. Do you currently provide family engagement activities at the program? yes no

If yes, what types of family engagement opportunities does your program offer and how often are these opportunities available?

SECTION 3: STAFF INFORMATION

16. Do you have staff participating in the T.E.A.C.H. Early Childhood® Scholarship Program? yes no

If yes, how many? _____

If no, do you agree to support and sponsor your teachers enrollment in the T.E.A.C.H. Early Childhood® Scholarship Program? yes no

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

18. Do you currently have a Pre-K teacher with a B-K license? If not are you willing to hire a B-K teacher? yes no

Do current staff have ability to enroll in coursework to earn B-K? yes no

19. What benefits does your program currently offer to your teachers?

20. Does your program offer any type of paid sick leave for permanent staff ?

yes no If yes, how many days a year does your program offer to permanent teaching staff? _____

21. What is your starting salary for teachers who have earned their 2 year degree in ECE or its equivalent? \$ _____

22. What is your starting salary for teachers who have earned their 4 year degree in ECE or its equivalent? \$ _____

23. Tell us what you are most proud about in your preschool (3-5 ages) program?

24. Tell us why your program has decided to complete this application and how you hope to benefit?

Disclaimer:

This project will focus on improving teaching practices and interactions, strengthening leadership skills, and implementing NC Pre-K requirements and additional standards developed by the Durham PreK Governance committee. Teachers and directors will be required to participate in on-site coaching along with professional development opportunities. Are you and your teachers able to make a long-term commitment to this project?

yes no If no, what do you see as the barriers?

Technical assistance, coaching, support and training will be offered virtually on the ZOOM platform for the first few months of this project. The following questions are to assess the center's and teacher's technology needs.

1. Does your center have access to a computer or tablet? Yes No
 - a. Will this computer be available for the use by the teacher participating in the project? Yes No
 - b. Does this computer or tablet have access to the internet? Yes No
 - c. Does this computer have a camera? Yes No
 - d. Does this computer have a microphone? Yes No
2. If answered no to any of the above, what technology needs does your program need to access the virtual technical assistance and training?

Please return to:

Child Care Services Association
Attention: Technical Assistance Department 1201 South Briggs Ave., Suite 200
Durham, NC 27703
Or by email at beverlyw@childcareservices.org

For more information, please call (919) 403-6950
www.childcareservices.org

