CCSA Accreditation Technical Assistance

Application
Wake County
2020 - 2021

1. **Center Name (specific site applying for project)** _____

   License #:_____

2. **Center Address** _____

   _____**Zip Code**_____

3. **Center Director** _____ **Number of years as a Director** _____

4. **Center Phone** _____ **Center Fax** _____

5. **Center Email** _____

6. **Total number of Children currently enrolled:** _____ **Total number of children on subsidy:** _____

7. **Current Star Rating** _____

8. **Total Number of Education Points on Current License:** _____
   Program Standard Point on Current License: _____

9. **Total number of Classrooms:** _____

10. **When is your program due for an ERS reassessment:** _____

11. **Are you currently on a contract to improve or maintain your center's star rating with CCSA or WCSS technical assistance department?**
    ____YES with ___CCSA ___WCSS
    ____NO

12. **This is a long term process that helps child care program prepare for NAEYC Accreditation. Participants will receive on-site technical assistance, participate in Communities of Practice (support group), and work to complete the accreditation process. Financial support is available to help cover partial cost of each phase of the accreditation process.**
    Are you able to make a long-term commitment to this project? ____ Yes ____No

    Please list any possible barriers that may prevent you from completing the Accreditation process:

    _____

    _____

13. How would your center benefit from your participation in this Accreditation project?

_____

_____

14. Please indicate two or three goals you have for your program:

   1. _____
   2. _____
   3. _____

15. Please provide the name and contact information of the person who should be contacted about this application.

_____

_____

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?**

_____

_____

WAKE COUNTY

Smart Start

CHILD CARE
SERVICES

Association

These services are made possible by our funding partner, Wake County Smart Start, a Smart Start Initiative.