

Rockingham County Partnership for Children, Inc.
Early Education Services
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?

Request submitted by: _____ Position: _____

<p>For Office Use Only: Request for Assistance: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied by _____ TA staff person assigned: _____ TA staff will contact facility via <input type="checkbox"/> email <input type="checkbox"/> telephone by _____ (date).</p>
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