



GA Department of Early Care & Learning  
 CCS: Technical Assistance  
 Needs Assessment (Teacher Version)

<b>Staff/Classroom:</b>	<b>Provider Number:</b>	<b>Technical Assistance Consultant:</b>	<b>Date:</b>
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**Please fill in this form and bring it with you to the Action Planning meeting.**

The three things I feel most confident about:

- 1.
- 2.
- 3.

The area(s) where I have the most concerns with rule understanding and/or compliance are:

<b>Training</b>		<b>Kitchen Operations</b>		<b>Required Reporting</b>	
<b>First Aid &amp; CPR</b>		<b>Menus</b>		<b>Exclusion of Sick Children &amp; Parental Notification</b>	
<b>Child's Records</b>		<b>Parental Access</b>		<b>Criminal Background Checks</b>	
<b>Staff's Records</b>		<b>Discipline Practices</b>		<b>Immunizations</b>	
<b>Staff: Child Ratios</b>		<b>Equipment &amp; Toys</b>		<b>Arrival &amp; Departure Records</b>	
<b>Licensed Capacity</b>		<b>Evening Activities</b>		<b>Director/Lead Teacher Credentials</b>	
<b>Securing Tip Over Hazards</b>		<b>Emergency Drills</b>		<b>Food Service &amp; Nutrition</b>	
<b>Transportation</b>		<b>Playgrounds</b>		<b>Keeping center building clean and in good repair</b>	
<b>Field Trips</b>		<b>Staff with contagious diseases</b>		<b>Operational policies &amp; procedures</b>	
<b>Swimming</b>		<b>Modified Diets</b>		<b>Other:</b>	
<b>Medications</b>		<b>New Hire Orientation</b>		<b>Other:</b>	



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**The first three things I would like to work on are:**

**1.**

**2.**

**3.**