



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

Director/Admin (s):	Provider Number:	Technical Assistance Consultant:	Date:
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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 are:

- 1.

- 2.

- 3.

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

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

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

1.

2.

3.