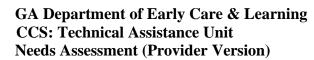
GA Department of Early Care & Learning CCS: Technical Assistance Unit Needs Assessment (Provider Version)



FCCLH Provider:	I	License Number:	Technical Assistance Consultant:	Date:
Please fill in this form and	d bring it with you to the A	Action Planning me	eting.	
The three things I feel most				
1.				
2.				
3.				
The area(s) where I have	the most concerns with ru	le understanding ar	nd/or compliance are:	
Training requirements	Fire	Required Rep	oorting	
	Extinguisher/Smoke			
	Detector			
First Aid & CPR	Menus	Handwashing		
Child's Records	Pets/Vaccinations	+ +	kground Checks	
Staff's Records	Discipline Practices	Immunization	**	
Staff: Child Ratios	Equipment & Toys	<u> </u>	parture Records	
Diapering Practices	Helpers	Education Cr		
Securing Tip Over	Emergency Drills	Food Service	& Nutrition	
Hazards				
Transportation	Playgrounds		pment/Barriers	
Field Trips	Infant Sleep Safety		policies & procedures	
Swimming	Modified Diets	Other:		
Medications	Infant Sleen Safety	Other:		





The first three things I would like to work on are: 1.		
2.		
3.		