

I/The, _____, agree(s)
(Provider/Program Name)

to receive technical assistance services through the *Arundel Child Care Connections*, a member agency of the Maryland Child Care Resource Network. I understand that technical assistance services are offered as a support and that it is my responsibility to ensure compliance with all regulatory requirements.

Provider/Director Signature

Licensing Specialist Name

Date

Licensing Specialist Signature

Site Name: _____

Address: _____

Phone: _____ Referral Date: _____

Email: _____

Licensing Specialist Phone: _____

Email: _____

Timeline (if applicable): _____

Reason for Referral (Specialist to list specific COMAR regulations of non-compliance)

Requested Technical Assistance Services (Specialist to indicate specific services required, if applicable)

Additional Comments (Specialist to provide any additional information relevant to this referral)

Check if additional documentation relevant to this referral attached

For Technical Assistance Specialist Use Only

Upon completion of technical assistance services, sign and date below. Return this signed form to the referring Licensing Specialist (indicated on front) with documentation indicating the scope of services provided.

Technical Assistance Specialist Name

Technical Assistance Specialist Signature

Date

Technical Assistance Specialist Phone

Documentation submitted to Licensing Specialist on: _____

Technical assistance services are provided for the benefit of and with funds from the Maryland State Department of Education in conjunction with Maryland Family Network.

