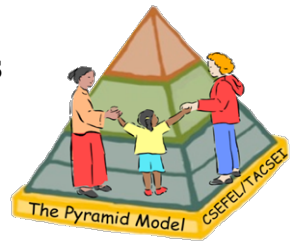


Promoting Healthy Social Behaviors (HSB) in Child Care Centers

REQUEST FOR TECHNICAL ASSISTANCE



Date of Request for Services _____

Name of Child Care Program _____

Child Care License # _____

Email Address _____

Contact Person _____

Title _____

Street Address _____

City _____

Zip Code _____

Mailing Address (if different) _____

Telephone Number _____

Fax Number _____

County of Program _____

Licensed Enrollment Capacity _____

Number of Classrooms (birth-5 years) in Program _____

1. Current Licensing Status: (check all that apply)

1 Star

Church Exempt GS 110

2 Star

Provisional License

3 Star

Probationary License

4 Star

Temporary License

5 Star

NAEYC Accredited

2. Type of Program _____

3. Program Size _____

4. Do you currently have a contract to serve children whose care is subsidized? _____

5. How many children in your program:

a. receive child care subsidy _____

b. are enrolled in Head Start _____

c. are enrolled in NCPK _____

d. have an IFSP or IEP _____

6. **In the past year**, have any children age 0-5 been suspended or expelled from your facility? _____

If yes, how many were suspended? _____ How many were expelled? _____

If yes, did any of these children have special needs/disabilities? (Check all that apply)

IFSP or IEP Health concerns In-referral/evaluation process

If yes, why were these children suspended or expelled in the past year? (Check all that apply)

Attention Problems Oppositional Behavior Lack of community resources to assist with problems

Emotional Coping Destructive Behavior Lack of cooperation from child's family

Disruptive Behavior Withdrawn Behavior Concerns of other families in program

Aggressive Behavior Concerns of program staff

Other (please describe) _____

7. Does your facility utilize Behavior Intervention Reports (BIR) for children using challenging behaviors? _____

8. Does your facility have written protocols for when BIR must be completed? _____

If yes, select all below that describe the protocol and attach a blank copy of the facility's BIR.

Attention Problems Oppositional Behavior Disruptive Behavior

Emotional Coping Destructive Behavior Issues involving bleeding

Withdrawn Behavior Aggressive Behavior Issues requiring professional medical attention

Biting Other (please describe) _____

9. Describe the classrooms that need HSB assistance:

Classroom # 1

*Classroom ID: _____

*Date of First Classroom TA: _____

Type of classroom: _____ NC Pre-K or Head Start: _____

Teacher One's name: _____ Job Title: _____

Education Level: _____ Experience Level: _____

Race: _____ Is teacher currently participating in higher education? _____

Teacher Two's name: _____ Job Title: _____

Education Level: _____ Experience Level: _____

Race: _____

Number of desired classroom enrollment: _____

Number of children w/ challenging behavior: _____

Number of children with an IFSP/IEP in classroom: _____

What are your concerns about this classroom? _____

Classroom # 2

*Classroom ID: _____

*Date of First Classroom TA: _____

Type of classroom: _____ NC Pre-K or Head Start: _____

Teacher One's name: _____ Job Title: _____

Education Level: _____ Experience Level: _____

Race: _____ Is teacher currently participating in higher education? _____

Teacher Two's name: _____ Job Title: _____

Education Level: _____ Experience Level: _____

Race: _____

Number of desired classroom enrollment: _____

Number of children w/ challenging behavior: _____

Number of children with an IFSP/IEP in classroom: _____

What are your concerns about this classroom? _____

9. Describe the classrooms that need HSB assistance (Duplicate page 3 for additional classrooms):

Classroom # _____

**Classroom ID:* _____

**Date of First Classroom TA:* _____

Type of classroom: _____ NC Pre-K or Head Start: _____

Teacher One's name: _____ Job Title: _____

Education Level: _____ Experience Level: _____

Race: _____ Is teacher currently participating in higher education? _____

Teacher Two's name: _____ Job Title: _____

Education Level: _____ Experience Level: _____

Race: _____

Number of desired classroom enrollment: _____

Number of children w/ challenging behavior: _____

Number of children with an IFSP/IEP in classroom: _____

What are your concerns about this classroom? _____

Classroom # _____

**Classroom ID:* _____

**Date of First Classroom TA:* _____

Type of classroom: _____ NC Pre-K or Head Start: _____

Teacher One's name: _____ Job Title: _____

Education Level: _____ Experience Level: _____

Race: _____ Is teacher currently participating in higher education? _____

Teacher Two's name: _____ Job Title: _____

Education Level: _____ Experience Level: _____

Race: _____

Number of desired classroom enrollment: _____

Number of children w/ challenging behavior: _____

Number of children with an IFSP/IEP in classroom: _____

What are your concerns about this classroom? _____