##### 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:

1. receive child care subsidy       b. are in enrolled in Head Start
2. 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 [ ]  Disruptive Behavior [ ]  Withdrawn Behavior [ ]  Concerns of other families in program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 [ ]  Withdrawn Behavior [ ]  Aggressive Behavior [ ]  Issues requiring professional medical attention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)

1. **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?

1. **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?