##### 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Disruptive Behavior  Withdrawn Behavior  Concerns of other families in program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Withdrawn Behavior  Aggressive Behavior  Issues requiring professional medical attention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?

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Teacher Two’s name:       Job Title:

Education Level: Experience Level:

Race:

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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?

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Teacher Two’s name:       Job Title:

Education Level: Experience Level:

Race:

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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?

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Teacher Two’s name:       Job Title:

Education Level: Experience Level:

Race:

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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?

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Teacher Two’s name:       Job Title:

Education Level: Experience Level:

Race:

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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?