

# 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)

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> 1 Star | <input type="checkbox"/> Church Exempt GS 110 |
| <input type="checkbox"/> 2 Star | <input type="checkbox"/> Provisional License  |
| <input type="checkbox"/> 3 Star | <input type="checkbox"/> Probationary License |
| <input type="checkbox"/> 4 Star | <input type="checkbox"/> Temporary License    |
| <input type="checkbox"/> 5 Star | <input type="checkbox"/> NAEYC Accredited     |

2. Type of Program

- Center in a residence  
 Child Care Center  
 Head Start  
 Public School Pre-K

3. Program Size

- Center in a residence  
 Small Center (29 children or less)  
 Medium Center (30-80 children)  
 Large Center (81 or more children)

3. Do you currently have a contract to serve children whose care is subsidized?  yes  no

4. 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 \_\_\_\_\_

5. **In the past year**, have any children age 0-5 been suspended or expelled from your facility?  yes  no

**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)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Attention Problems            | <input type="checkbox"/> Oppositional Behavior     | <input type="checkbox"/> Lack of community resources to assist with problems |
| <input type="checkbox"/> Emotional Coping              | <input type="checkbox"/> Destructive Behavior      | <input type="checkbox"/> Lack of cooperation from child's family             |
| <input type="checkbox"/> Disruptive Behavior           | <input type="checkbox"/> Withdrawn Behavior        | <input type="checkbox"/> Concerns of other families in program               |
| <input type="checkbox"/> Aggressive Behavior           | <input type="checkbox"/> Concerns of program staff |  |
| <input type="checkbox"/> Other (please describe) _____ |  |  |

6. Do your teachers use a Behavior Intervention Report (BIR) for a child using challenging behaviors?  yes  no

7. Does your facility have written protocols for when BIR must be completed?  yes  no

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Attention Problems | <input type="checkbox"/> Oppositional Behavior         | <input type="checkbox"/> Disruptive Behavior                             |
| <input type="checkbox"/> Emotional Coping   | <input type="checkbox"/> Destructive Behavior          | <input type="checkbox"/> Issues involving bleeding                       |
| <input type="checkbox"/> Withdrawn Behavior | <input type="checkbox"/> Aggressive Behavior           | <input type="checkbox"/> Issues requiring professional medical attention |
| <input type="checkbox"/> Biting             | <input type="checkbox"/> Other (please describe) _____ |  |

8. Describe the classrooms that need HSB assistance: (use page 3 for additional classrooms)

**Classroom 1** \*Date of First Classroom TA: \_\_\_\_\_

Teacher One's Name: \_\_\_\_\_ Race: \_\_\_\_\_

Job Title:  Director/Assistant Director  Program Coordinator  Lead Teacher  
 Assistant/Floater/Sub  Other \_\_\_\_\_

Education Level:  High School  NC EC Credentials  AA/AS  BA/BS  Other

Experience Level:  <1 year  1-5 years  6-10 years  >10 years

Is this teacher currently participating in higher education?  Yes  No

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Teacher Two's Name: \_\_\_\_\_ Race: \_\_\_\_\_

Job Title:  Director/Assistant Director  Program Coordinator  Lead Teacher  
 Assistant/Floater/Sub  Other \_\_\_\_\_

Education Level:  High School  NC EC Credentials  AA/AS  BA/BS  Other

Experience Level:  <1 year  1-5 years  6-10 years  >10 years

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Type of Classroom (**check all that apply**):  Infant  Toddler  Preschool  NC Pre-K  Head Start

Number of desired classroom enrollment: \_\_\_\_\_

Number of children with challenging behaviors: \_\_\_\_\_

Number of children with an IFSP/IEP in classroom: \_\_\_\_\_

What are your concerns about this classroom? (Staple additional pages if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Classroom 2** \*Date of First Classroom TA: \_\_\_\_\_

Teacher One's Name: \_\_\_\_\_ Race: \_\_\_\_\_

Job Title:  Director/Assistant Director  Program Coordinator  Lead Teacher  
 Assistant/Floater/Sub  Other \_\_\_\_\_

Education Level:  High School  NC EC Credentials  AA/AS  BA/BS  Other

Experience Level:  <1 year  1-5 years  6-10 years  >10 years

Is this teacher currently participating in higher education?  Yes  No

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Teacher Two's Name: \_\_\_\_\_ Race: \_\_\_\_\_

Job Title:  Director/Assistant Director  Program Coordinator  Lead Teacher  
 Assistant/Floater/Sub  Other \_\_\_\_\_

Education Level:  High School  NC EC Credentials  AA/AS  BA/BS  Other

Experience Level:  <1 year  1-5 years  6-10 years  >10 years

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Number of desired classroom enrollment: \_\_\_\_\_

Number of children with challenging behaviors: \_\_\_\_\_

Number of children with an IFSP/IEP in classroom: \_\_\_\_\_

What are your concerns about this classroom? (Staple additional pages if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach copies of this page to describe additional classrooms needing HSB assistance:**

**Classroom**  \*Date of First Classroom TA: \_\_\_\_\_

Teacher One's Name: \_\_\_\_\_ Race: \_\_\_\_\_

Job Title:  Director/Assistant  Program Coordinator  Lead Teacher  
 Assistant/Floater/Sub  Other \_\_\_\_\_

Education Level:  High School  NC EC Credentials  AA/AS  BA/BS  Other

Experience Level:  <1 year  1-5 years  6-10 years  >10 years

Is this teacher currently participating in higher education?  Yes or  No

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Teacher Two's Name: \_\_\_\_\_ Race: \_\_\_\_\_

Job Title:  Director/Assistant Director  Program Coordinator  Lead Teacher  
 Assistant/Floater/Sub  Other \_\_\_\_\_

Education Level:  High School  NC EC Credentials  AA/AS  BA/BS  Other

Experience Level:  <1 year  1-5 years  6-10 years  >10 years

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Number of children with challenging behaviors: \_\_\_\_\_

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What are your concerns about this classroom? (Staple additional pages if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Classroom**  \*Date of First Classroom TA: \_\_\_\_\_

Teacher One's Name: \_\_\_\_\_ Race: \_\_\_\_\_

Job Title:  Director/Assistant Director  Program Coordinator  Lead Teacher  
 Assistant/Floater/Sub  Other \_\_\_\_\_

Education Level:  High School  NC EC Credentials  AA/AS  BA/BS  Other

Experience Level:  <1 year  1-5 years  6-10 years  >10 years

Is this teacher currently participating in higher education?  Yes or  No

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Job Title:  Director/Assistant Director  Program Coordinator  Lead Teacher  
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What are your concerns about this classroom? (Staple additional pages if needed)

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\_\_\_\_\_

\_\_\_\_\_

