



a partner in the  
Smart Start network 

## FY 2020-21 Supporting Children's Emotional/Social Health in Early Care and Education

### Request for Coaching Support

Please print clearly. Only complete applications will be considered for participation.

#### General Information:

Facility name \_\_\_\_\_

Mailing address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Physical location if different from mailing address \_\_\_\_\_

Facility phone # \_\_\_\_\_ Facility fax # \_\_\_\_\_

Director's name \_\_\_\_\_ Director's email \_\_\_\_\_

#### Program Information:

1. Facility's licensed capacity \_\_\_\_\_ (**attach a copy of the facility's license**)

2. When will the site go through ERS, NAEYC etc. \_\_\_\_\_

3. Is the site participating in any other initiatives  Yes  No

If yes, please list the other initiatives: \_\_\_\_\_

\_\_\_\_\_

4. Does the facility accept subsidy? \_\_\_Yes \_\_\_ No

Total number of subsidized children birth to five \_\_\_\_\_ # enrolled in NCPK \_\_\_\_\_

**(Attach most recent DSS subsidy reimbursement sheets)**

5. Check the type of behavior you have observed most recently that is of concern to you

Attention Problems

Emotional Coping

Disruptive Behavior

Aggressive Behavior

Oppositional Behavior

Destructive Behavior

Withdrawn Behavior

Other (please describe)

6. What problems have you encountered in addressing this issue

- Lack of community resources to assist with problems (healthy social behaviors)
- Lack of cooperation from child's family
- Concerns of other families in program
- Concerns of program staff
- Other (please describe)

7. How have you addressed challenging behaviors in the past?

Please explain or describe strategies that you have in place.

8. Are there children in your program exhibiting challenging behaviors that the site will consider referring? \_\_\_\_\_

9. What resources do you have on site to support children's emotional/social health?

10. What type of support will be helpful to the site in supporting children/family experiencing challenging behavior?

11. How might you be able to maximize the strengths of the families enrolled in your program to improve children's outcomes

12. Give example of racial equity activity that your childcare facility engages in:

**I have completed this application to the best of my knowledge. I understand that if any information is found to be false, the applicant will be ineligible to receive services.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Mail completed application to:  
Wake County Smart Start, Attn. ECI Dept  
4901 Waters Edge, Suite 101  
Raleigh, NC 27606**

***\*Please be sure to attach a copy of the facility's license and subsidy verification.***