

Disciplinary Action/Expulsion Checklist

Date: _____

This checklist can be initiated by either the Coalition or Provider. Completion of section I. makes this form business confidential as it includes parent and child information.

I. Client/Program (Provider) Information.

Provider: _____

Parent/Guardian Name: _____

Child: _____ DOB: _____

Program (Provider): _____

Practitioner (Staff member(s)): _____

Parent Conference Date: _____

Notes:

Reason for dismissal/suspension:

II. Actions Taken/Documentation Checklist.

Incident Report(s) or other documented pattern of behavior

Authorized consent for child observation

Authorized consent for ASQ-SE 2 completed by child care practitioner

Completed ASQ-SE 2 by parent/guardian

Completed ASQ-SE 2 by practitioner

ASQ-SE 2 score: _____

Referral(s) date: _____

Positive Behavior Plan (attached) Date: _____

Behavior Plan reviewed by director & practitioner Date: _____

Behavior Plan reviewed & approved by parent/guardian Date: _____

Evaluate progress: Date: _____ (attach documentation)

Evaluate progress: Date: _____ (attach documentation)

Evaluate progress: Date: _____ (attach documentation)

III. Recommended Trainings to Director/Practitioner through DCF and/or DOE.

Yes	No	Code	Training	Agency	Cost
<input type="checkbox"/>	<input type="checkbox"/>	SCDD	Supporting Children with Developmental Disabilities	DCF	\$10.00
<input type="checkbox"/>	<input type="checkbox"/>	CBAP	Challenging Behaviors Awareness & Prevention	DCF	\$10.00
<input type="checkbox"/>	<input type="checkbox"/>	QCCS	Quality in Child Care Settings	DCF	\$10.00
<input type="checkbox"/>	<input type="checkbox"/>	ELSN	Early Learning Standards (Birth to Five) Novice Level	DOE	\$10.00
<input type="checkbox"/>	<input type="checkbox"/>	ELSC	Early Learning Standards (Birth to Five) Career Level	DOE	\$10.00
<input type="checkbox"/>	<input type="checkbox"/>	ELSD	Early Learning Standards (Birth to Five) Director Level	DOE	\$10.00
<input type="checkbox"/>	<input type="checkbox"/>	ECCC	Effective Communication for Child Care Professional	DCF	\$10.00

Other training(s) (Also include dates of all completed or planned training listed above):

IV. Provider Observations, Comments and/or Expected Child Outcomes: Date: _____

V. Inclusion Behavior Specialist Input: Date: _____
