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| CCA-1203A FORFF (3-16) | ARIZONA DEPARTMENT OF ECONOMIC SECURITY  Child Care Administration | **Date:** |  |

**REQUEST FOR CHILD CARE RESOURCES**

This form is designed to assist child care providers in requesting available resources when issues arise that may result in expulsion of a child from the child care setting.

Instructions: **Complete all sections of this form and forward the form to a DES Resource Specialist.** The DES Resource Specialist will provide resources within one business day of receipt of this request.

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| CHILD’S NAME (Last, First, MI) | | | | DATE OF BIRTH | DATE OF ENROLLMENT |
|  | | | |  |  |
| PARENT/GUARDIAN’S NAME | | | | PHONE NUMBER | |
|  | | | |  | |
| DOES THE CHILD ATTEND: | | DOES CHILD ATTEND REGULARLY? | URGENCY OF REQUEST: *Do you feel that expulsion of this child is:* | | |
| Full-Time  Part-Time | | Yes  No | Likely  Imminent | | |
| CENTER DIRECTOR OR PERSON COMPLETING THIS FORM: | | | | PHONE NUMBER | |
|  | | | |  | |
| PROVIDER/CENTER BUSINESS NAME: | | | | | |
|  | | | | | |
| **PREFERRED METHOD TO CONTACT** | | | | | |
| PHONE NUMBER | BEST TIME TO CALL | | EMAIL ADDRESS | | |
|  |  | |  | | |

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| Have you consulted the Best of Care form? Yes  No |
| What has been challenging about caring for this child and/or working with this family? |
| Have you discussed this issue with the parent/guardian? Yes  No  What was the outcome? |
| Have you discussed this issue with a supporting professional? *(For example: Mental Health Consultant, DCS Case Manager, Inclusion Specialist)* Yes  No |
| Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.  • Ayuda gratuita con traducciones relacionadas con los servicios del DES está disponible a solicitud del cliente. |