

## Behavior Support Plan

Data Element	Mandatory	Data Type	Code	Value	Description	Validation Rules / Notes
<b>Plan Implemented Date</b>	Mandatory	Char(10)	mm/dd/yyyy		The date that the Behavior Support Plan was implemented.	<ul style="list-style-type: none"> <li>•Must be before the Date Transition Recommended provided on the Behavior Support Plan.</li> <li>•Must be after the Enrollment Entry Date.</li> <li>•Must be before or equal to the Enrollment Exit Date.</li> </ul>
<b>Transition Recommended</b>	Mandatory	Char(2)			An indication of whether or not the child has been recommended for transition to another program.	
			01	Yes		
			02	No		
<b>Date Transition Recommended</b>	Mandatory if Transition Recommended is "Yes"	Char(10)	mm/dd/yyyy		The date the team has recommended a transition after all interventions have been exhausted.	<ul style="list-style-type: none"> <li>•Must be after the Plan Implemented Date provided on the Behavior Support Plan.</li> <li>•Must be after the latest Intervention Date provided on the Behavior Support Plan.</li> <li>•Must be after the Enrollment Entry Date.</li> <li>•Must be before or equal to the Enrollment Exit Date.</li> </ul>
<b>Program Staff Signature</b>	Mandatory	Char(2)			An indication of whether or not the Behavior Support Plan has been signed by a program staff member.	
			01	Yes		
			02	No		
<b>Program Administrator/Center Director Signature</b>	Mandatory	Char(2)			An indication of whether or not the Behavior Support Plan has been signed by the program administrator/center director.	
			01	Yes		
			02	No		
<b>Parent/Guardian Signature</b>	Mandatory	Char(2)			An indication of whether or not the Behavior Support Plan has been signed by the child's parent or guardian.	
			01	Yes		
			02	No		
<b>Qualified Professional Signature</b>	Mandatory	Char(2)			An indication of whether or not the Behavior Support Plan has been signed by the qualified	

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			01	Yes	professional who consulted with the program leaders, program staff and child's family.	
			02	No		
<b>Intervention Date</b>	Mandatory	Char(10)	mm/dd/yyyy		The date that an intervention occurred.	<ul style="list-style-type: none"> <li>•At least one date must be provided; multiple dates can be provided.</li> <li>•Must be after the Plan Implemented Date provided on the Behavior Support Plan and before the Plan Implemented Date provided on the Program Transition Plan.</li> <li>•Must be after the Enrollment Entry Date.</li> <li>•Must be before or equal to the Enrollment Exit Date.</li> </ul>
<b>Intervention Type</b>	Mandatory	Char(2)			The type of intervention that occurred.	
			01	Sent to another classroom		
			02	Sent to Administrator's office		
			03	Administrator was brought into classroom		
			04	Developmental Screening		
			05	Referrals to Community Resources		
			06	Referral to Mental Health Consultant		
			07	Referral to Child's Health Care Provider		
<b>Intervention Reason</b>	Mandatory	Char(2)			The reason for the intervention.	
			01	Serious safety threat		
			02	Challenging behavior		
<b>Qualified Professional Type</b>	Mandatory if Intervention Type is 04-07	Char(2)			The type of qualified professional who consulted with the child.	
			01	Mental Health Consultant		
			02	Licensed Clinical Social Worker		
			03	Speech Pathologist		
			04	Behavioral Therapist		
			05	Health Care Provider		

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<b>Qualified Professional First Name</b>	Mandatory if Intervention Type is 04-07	Char(30)			The first name of the qualified professional who consulted with the child.	
<b>Qualified Professional Last Name</b>	Mandatory if Intervention Type is 04-07	Char(30)			The last name of the qualified professional who consulted with the child.	
<b>Qualified Professional Hours with Program Leaders</b>	Mandatory if Intervention Type is 04-07	Numeric(3)			The number of hours of qualified professional contact with program leaders.	<ul style="list-style-type: none"> <li>•Can be zero.</li> <li>•Must be rounded to the nearest hour, up to 999.</li> </ul>
<b>Qualified Professional Hours with Program Staff</b>	Mandatory if Intervention Type is 04-07	Numeric(3)			The number of hours of qualified professional contact with program staff.	<ul style="list-style-type: none"> <li>•Can be zero.</li> <li>•Must be rounded to the nearest hour, up to 999.</li> </ul>
<b>Qualified Professional Hours with Family</b>	Mandatory if Intervention Type is 04-07	Numeric(3)			The number of hours of qualified professional contact with families.	<ul style="list-style-type: none"> <li>•Can be zero.</li> <li>•Must be rounded to the nearest hour, up to 999.</li> </ul>