



INSTRUCTIONS FOR COMPLETING BETTER BEGINNINGS FAMILY CHILD CARE APPLICATION

To apply for Better Beginnings, submit the following information. All forms listed are provided in the application packet. Refer to the Better Beginnings Rules and Regulations Book (Section 7.00) or the Better Beginnings Guide for additional information.

- Form A–Application:** Complete information about your facility, including the owner/primary caregiver's signature and date. Be sure to mark the level for which you are applying.
- Form B–Application Checklist:** Mark each requirement "Yes" or "No" according to whether the requirement has been met for each level for which you are applying. To be considered for a level all requirements must be met. To qualify for Level 2, all requirements for Levels 1 and 2 must be met and for Level 3 all requirements for Levels 1, 2, and 3 must be met.
- Form C–Annual Staff Record:** Include information for the primary caregiver and all secondary caregivers that work directly with children. Attach documentation for training not yet record in the PDR. Place the date completed (month/year) for each training listed on the form. Record the total number of training hours for the past 12 months for each caregiver.
- Form D–Written Daily Program Schedules and Plans:** Complete the form and attach a copy of a daily program schedule and written daily plans. The written daily plans are to include a recent two-week sample of plans from a lesson plan calendar or similar planning method.
- Form E–Facility Self-Evaluation:** Indicate how the FCCERS tool was used to complete the self-evaluation. Note: If your facility has had a recent FCCERS assessment, you may attach a copy of the cover sheet from the report to meet this requirement. *Do not send the entire report.*
- Form F–ARKids First, Child Health and Child Development:** Complete the form by listing ways your facility has distributed information to families. Also list examples of information that has been shared with families in the past 12 months as required for each level for which you are applying. *Do not send copies of the ARKIDS Brochure, Medical Home Brochure, Kindergarten Readiness Checklist, etc.*
- Form G–Medical & Educational Care plans:** Attach written policy/procedure describing the methods your family child care uses for obtaining copies of plans and carrying out responsibilities within children's special medical and/or educational care plans.
- Form H–Strengthening Families:** Required for Levels 2 and 3 only. After reviewing the Strengthening Families information on the Better Beginnings website, complete the form with the requested information.

Save a copy of all documents for your records. Submit the completed application to:

**DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION
ATTENTION: BETTER BEGINNINGS UNIT
PO BOX 1437, SLOT S-150
LITTLE ROCK AR 72203-1437**

Phone: 501.682.8590

Fax: 501.682.2317

Email: BetterBeginnings@dhs.arkansas.gov



FAMILY CHILD CARE APPLICATION

FORM A

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<input type="checkbox"/> NEW APPLICANT-APPLYING FOR LEVEL: <input type="checkbox"/> CHANGE IN LOCATION OR CHANGE IN TIN	<input type="checkbox"/> CERTIFIED-REQUESTING NEW LEVEL: 1 2 3 <input type="checkbox"/> CONTINUING CERTIFICATION-EXPIRATION DATE _____
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FACILITY INFORMATION

Family Child Care Name:			License Number:
Site Address:	City:	State:	Zip:
Mailing Address (if different than site):	City:	State:	Zip:
Phone:	Fax:	County:	
Owner/Primary Caregiver:		Owner/Primary Caregiver Email Address:	
Owner:		Owner/Alternate Email Address:	
Facility is open: <input type="checkbox"/> Year Round <input type="checkbox"/> Open Part Year from _____ to _____		Specify seasonal hour variations (summer hours, full days on holidays, etc.)	

FACILITY DEMOGRAPHICS

<input type="checkbox"/> Licensed Home <input type="checkbox"/> Registered Home	Capacity:	Number of Children Served:
Number of Full-Time Caregivers:		Number of Part-Time Caregivers:
National Accreditation (include copy of accreditation certificate): <input type="checkbox"/> NAFCC		
Facility Participates with (check all that apply): <input type="checkbox"/> Voucher <input type="checkbox"/> ABC <input type="checkbox"/> Head Start <input type="checkbox"/> Special Nutrition		
<input type="checkbox"/> Other (specify):		

AUTHORIZATION

On behalf of the Family Child Care, I hereby voluntarily apply for participation and certification with Better Beginnings, Arkansas' Quality Rating Improvement System.

I hereby understand and agree to the following:

- The FCC (physical space, records, etc.) must be accessible for on-site visits with or without notice.
- My FCC's licensing history and status with other DHS programs will be subject to review.
- The DCCECE Better Beginnings staff may access Professional Development Registry records for compliance.
- All information (as outlined in Section 7.00 of the Better Beginnings Rules and Regulations) must be submitted with this application.
- All information in this application is true and correct to the best of my knowledge.

Owner's Signature

Date

OFFICIAL USE ONLY

Visit Frequency: <input type="checkbox"/> Once Per Trimester <input type="checkbox"/> Two Trimesters Per Year <input type="checkbox"/> Once Per Year <input type="checkbox"/> Other (specify):	
Founded Complaints (within past 12 months): Corrective Action: YES or NO Exclusion: YES or NO	Application has been keyed, and Owner has been emailed a notice of receipt. Initials: _____ Date: _____
License Status: <input type="checkbox"/> REGULAR <input type="checkbox"/> NEW PROVISIONAL	
Total Licensed Capacity:	

Application and required documentation may be mailed, emailed or faxed to:
 Division of Child Care and Early Childhood Education
 Attn: Better Beginnings
 PO Box 1437, Slot S150
 Little Rock, AR 72203-1437



FAMILY CHILD CARE APPLICATION CHECKLIST

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Family Child Care Name: _____

License Number: _____

FORM B

Schedules, Daily Plans, Self-Evaluation(s), and Medical & Educational Care Plans must be included with application.

Level 1	ALL REQUIREMENTS MUST BE MET AT TIME OF APPLICATION	YES	NO
1.A.1	Primary caregiver attends "BAS (<i>Business Administration Scale</i>) Basics" training. <i>Training listed on Professional Development Registry (PDR) training transcript or copy of training certificate included.</i>		
1.B.1	Primary and secondary caregivers are members of the PDR (<i>Professional Development Registry</i>) and/or the ADE (<i>Arkansas Department of Education</i>) registry. <i>All caregivers have a PDR identification number and are listed on Form C.</i>		
1.B.2	Primary caregiver meets requirements for Foundation 2 (<i>completed 30 clock hours of registered training</i>) or higher.		
1.B.3	Primary caregiver completes an ERS (<i>Environment Rating Scales</i>) training. <i>Training is listed on PDR training transcript or copy of training certificate included.</i>		
1.B.4	Primary caregiver completes training on developmentally appropriate physical activities for children. <i>Training is listed on PDR training transcript or copy of training certificate included.</i>		
1.C.1	A developmentally appropriate daily program schedule is posted in each classroom/program area. <i>Copy of daily schedule is included.</i>		
1.C.2	Staff develop and implement written daily plans for each group. <i>Recent two-week sample of daily plans from a lesson plan calendar or similar planning method included.</i>		
1.D.1	Facility completes a self-evaluation using applicable approved environment rating tools (FCCERS-Family Child Care Environment Rating Scale). <i>Self-evaluation using appropriate assessment tool included.</i>		
1.E.1	Facility documents distribution of ARKids First information to families of uninsured children. <i>Information can be found on the Better Beginnings website www.arbetterbeginnings.com</i> Do not submit actual handouts/brochures.		
1.E.2	Facility shares with families information on child development and on children's health. <i>Titles of information shared in the past 12 months listed on Form F. Information can be found on the Better Beginnings website.</i> Do not submit actual handouts/brochures.		
1.E.3	Any medical and educational care plans involving a child are written and on file, and implementation is documented while maintaining confidentiality. <i>Written policies/procedures included (even if no children are currently enrolled requiring such plans).</i>		

Schedules, Daily Plans, Self-Evaluation(s), Medical & Educational Care Plans & Strengthening Families information must be included with application.

Level 2	ALL REQUIREMENTS FOR LEVELS 1 & 2 MUST BE MET AT TIME OF APPLICATION (except BAS & FCCERS review) Registered facilities must meet licensing ratios	YES	NO
2.A.1	A program review is completed by a certified BAS assessor. <input type="checkbox"/> <i>BAS review completed</i> <i>Portfolio is set up with required documentation.</i> Any requested technical assistance (TA) must be complete & program ready for review at time of application.		
2.A.2	Primary caregiver reviews the Strengthening Families webinar or receives training in the Strengthening Families initiative. <i>See Requirements & Information under Provider Tab on the Better Beginnings website.</i>		
2.B.1	All caregivers maintain membership in the PDR and/or the ADE Registry. <i>All secondary caregivers receive at least 15 hours of approved training annually, and all are listed on Form C.</i>		
2.B.2	Primary caregiver meets requirements for Foundation 3 (45 clock hours) or higher.		
2.B.3	Within the first year of employment at least 50% of secondary caregivers meet requirements for Foundation 1 (completed 15 clock hours of registered training) or higher.		
2.B.4	Primary caregiver participates annually in 20 clock hours of approved professional development.		
2.B.5	Primary caregiver completes “Early Learning Standards” training.		
2.B.6	Primary caregiver participates annually (within the past 12 months) in at least 2 clock hours of training on nutrition for children.		
2.C.1	Program spaces have a minimum of two (2) clearly defined interest centers. <i>Refer to ERS books or Better Beginnings Guide under Provider Tab on Better Beginnings website.</i>		
2.C.2	Written daily plans for each group include all areas of development as defined by the Arkansas Child Development and Early Learning Standards.		
2.C.3	Caregivers plan and implement daily developmentally appropriate physical activities for all children.		
2.D.1	Facility scores an average of 3.00 or higher on the FCCERS. <input type="checkbox"/> <i>FCCERS Review completed</i> Any requested TA must be complete & program ready for review at time of application.		
2.E.1	Facility shares with families information regarding medical homes for children. <i>Titles of information shared in the past 12 months listed on Form F. Information can be found on the Better Beginnings website.</i> Do not submit actual handouts/brochures.		
2.E.2	Facility shares with families information regarding stages of development for children. <i>Titles of information shared in the past 12 months listed on Form F. Information can be found on the Better Beginnings website.</i> Do not submit actual handouts/brochures.		

Schedules, Daily Plans, Self-Evaluation(s), Medical & Educational Care Plans & Strengthening Families information must be included with application.

Level 3	ALL REQUIREMENTS FOR LEVELS 1, 2 & 3 MUST BE MET AT TIME OF APPLICATION (except BAS & FCCERS review) Facility must be licensed	YES	NO
3.A.1	Facility scores an average of 4.00 or higher on BAS items 2-10 (item 2 is scored, but not included in average). Any requested TA must be complete & program ready for review at time of application. <input type="checkbox"/> BAS Review Completed		
3.A.2	Primary caregiver completes the Strengthening Families online self-assessment tool. <i>See Requirements & Information under Provider Tab on the Better Beginnings website.</i>		
3.A.3	Primary caregiver develops a Strengthening Families action plan and implements an action step. <i>See Requirements & Information Under Provider Tab on the Better Beginnings website.</i>		
3.B.1	Primary caregiver meets requirements for Foundation 3 or higher and has an additional 15 clock hours.		
3.B.2	Within the first year of employment all secondary caregivers meet requirements for Foundation 1 or higher and at least 50% of secondary caregivers are at Foundation 2 (30 clock hours) or higher.		
3.B.3	Primary caregiver participates annually in 25 clock hours of approved professional development.		
3.C.1	Program spaces have a minimum of three (3) clearly defined interest centers. <i>Refer to ERS books or Better Beginnings Guide under Provider Tab on Better Beginnings website.</i>		
3.C.2	Caregivers maintain a portfolio for each child (Birth to 60 months). <i>Refer to Better Beginnings Guide under Provider Tab on Better Beginnings website.</i>		
3.C.3	Facility develops a current written curriculum plan and daily plans that include learning goals for children. <i>Refer to Better Beginnings Guide under Provider Tab on Better Beginnings website.</i>		
3.D.1	Facility scores an average of 4.00 or higher on the FCCERS. Any requested TA must be complete & program is ready for review(s) at time of application. <input type="checkbox"/> FCCERS review completed		
3.E.1	Facility shares with families information on nutrition and physical activity for children. <i>Titles of information shared in the past 12 months listed on Form F. Information can be found on the Better Beginnings website.</i> Do not submit actual handouts/brochures.		

COMMENTS:



FAMILY CHILD CARE APPLICATION RECORD TRAINING FORM

FORM C

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Family Child Care Name: _____

License Number: _____

LIST ALL PRIMARY AND SECONDARY CAREGIVERS				DATE TRAINING COMPLETED (Month & Year)					TOTAL Annual Training Hours
Name	Position	Date of Hire	PDR#	BAS Basics	Physical Activity	Nutrition (Required Annually)	ERS	Early Learning Standards (CDELS)	

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FAMILY CHILD CARE APPLICATION **FORM D** WRITTEN DAILY PROGRAM SCHEDULE & PLANS

Family Child Care Name: _____ License Number: _____

Developmentally appropriate* Daily Schedule posted and submitted

Copy of Two-Week Daily Plans** (for each age group) included

*Developmentally appropriate: (1) no more than 3 hours between breakfast & lunch (2) one hour of outdoor play for preschool children/some outdoor play for infants & toddlers (4) screen time limited to 1 hour daily for preschool children and not used for children under 24 months. Refer to minimum licensing requirements for child care centers (sections 400 & 700) for additional information.

**The written daily plans are to include a recent two-week sample of plans from a lesson plan calendar or similar planning method.

The Division of Child Care has curriculum available for FREE on the Better Beginnings website.
Connecting with Infants - birth to 18 months
Adventures for Toddlers - 18 to 36 months
Adventures in Learning - from 3 to 5 years

<http://www.arbetterbeginnings.com/providers-teachers/curriculum-supplements>

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FAMILY CHILD CARE APPLICATION SELF-EVALUATION

FORM E

Family Child Care Name: _____ License Number: _____

Identify the self-assessment method being submitted:

- Family Child Care Environment Rating Scale Self-Assessment tool (FCCERS)
(Available upon request from the Better Beginnings Unit)

- Cover Sheet from FCCERS Summary Report
(Official ERS assessment completed within the past 12 months)

- Copy of the score sheets from FCCERS book with each subscale marked
(Score sheets are in the back of the ERS books)

- Technical Assistance visit (conducted by an official ERS consultant) using the FCCERS
(completed within the past 12 months)

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FAMILY CHILD CARE APPLICATION
ARKIDS FIRST, CHILD HEALTH AND CHILD DEVELOPMENT

FORM F

Family Child Care Name: _____ License Number: _____

List examples of information that you have shared with families in the past 12 months and indicate the way(s) shared.

Do not send copies of brochures, pamphlets, etc.

		WAYS INFORMATION SHARED				
DESCRIPTION OF INFORMATION (LIST EXAMPLES)	DATE SHARED	BULLETIN BOARD	HANDOUT	NEWSLETTER	HANDBOOK	OTHER (SPECIFY)
<i>ARKids First – Level 1</i>						
<i>Child Development – Level 1</i>						
<i>Children’s Health – Level 1</i>						
<i>Medical Home – Level 2</i>						
<i>Stages of Development – Level 2</i>						
<i>Nutrition – Level 3</i>						
<i>Physical Activity – Level 3</i>						
<i>Other</i>						

Resources can be found on the Better Beginnings website www.arbetterbeginnings.com

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FAMILY CHILD CARE APPLICATION MEDICAL & EDUCATIONAL CARE PLANS

FORM G

Family Child Care Name: _____ License Number: _____

Medical & Educational Plans are the policies/procedures describing the method(s) used for obtaining and implementing children's medical and educational care plans.

MEDICAL CARE PLAN POLICY/PROCEDURE ATTACHED

EDUCATIONAL CARE PLAN POLICY/PROCEDURE ATTACHED

Questions to consider when developing your medical care policy:

- ★ How do you know if a child has a medical problem such as allergies, asthma, seizures, etc.?
- ★ Do you require additional information from a parent or doctor if a child has a medical condition?
- ★ Are allergies and medical conditions posted confidentially in each classroom?
- ★ Are all teachers (including all substitutes) trained on the proper procedures for treating the medical condition and emergency care, if applicable?
- ★ Do you give medications? If so, what are your guidelines? Do you document any medication given? If so, how?

Questions to consider when developing your educational care policy:

- ★ How do you know if a child has an educational care plan (IEP/IFSP) in place?
- ★ What do you do if you suspect a child has a developmental delay?
- ★ Do you require additional information from a parent/doctor/therapist if a child has an IEP/IFSP?
- ★ Do you allow service providers access to the facility to provide special services prescribed on the plan?
- ★ Do teachers (including all substitutes) who work with the child reinforce specified goals and objectives as part of the daily routine?

Do not include actual care plans which may contain children's confidential health information.

Policies are required even if you do not have any children currently enrolled with special medical and/or educational needs.

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**FAMILY CHILD CARE APPLICATION
STRENGTHENING FAMILIES
(LEVELS 2 AND 3 ONLY)**

FORM H

Family Child Care Name: _____ License Number: _____

2. A.2. Primary caregiver has reviewed the Strengthening Families video on the Better Beginnings website or attended a Strengthening Families training.

Date of video review or training: _____

Submit video review certificate with application.

Training will be shown on PDR transcript.

3. A.2 Primary caregiver completed the Strengthening Families self-assessment.

Date Self-Assessment Completed: _____

(Maintain completed self-assessment form on-site)

3. A.3 Facility has developed a Strengthening Families Action Plan and implemented at least 1 action step. List family support or engagement activities that you have planned for the year.

FAMILY ENGAGEMENT ACTION PLAN

ACTIVITY OR SUPPORT	MONTH PLANNED

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Email: BetterBeginnings@dhs.arkansas.gov