



## CHILD CARE FAMILY HOME PROGRAM REVIEW CHECKLIST

Facility Name \_\_\_\_\_ License Number \_\_\_\_\_

Assessor Name \_\_\_\_\_ Date of Review \_\_\_\_\_

This form will be completed by an assessor to verify Better Beginnings requirements during your program review.

Yes = Sufficient evidence was presented to verify implementation of the requirement.

No = Sufficient evidence was not presented to verify implementation of the requirement. The reason for a rating of “no” is recorded in the rationale column.

\*All requirements for Levels 2 and 3 must be checked for Level 3, 4, 5, and 6 reviews.

Requirement		Yes	No	Rationale
<b>2.D.1</b>	The primary caregiver shall document distribution of ARKids First information to families of uninsured children.			
<b>2.D.2</b>	The primary caregiver shall share information on child development, stages of children's development, and children's health with families.			
<b>3.D.1</b>	The primary caregiver shall share information on nutrition and physical activity for children with families.			
<b>2.D.3</b>	All children birth to kindergarten shall have an annual developmental screening.			
	Screening Tool/s used:			
	Infants:	Toddlers:	Preschool:	
<b>3.C.1</b>	Caregiver shall maintain a portfolio on each child.			

Assessor Signature \_\_\_\_\_ Date of Review \_\_\_\_\_

This form will be completed by an assessor during your program review and emailed to you.  
Save this document on your computer to upload in the ELS portal with your application.

**Save a copy of all documents for your records.** Submit the completed application with documentation online through the ELS portal.  
For more information: [www.ARBetterBeginnings.com](http://www.ARBetterBeginnings.com) Phone: 501-320-6161 Email: [OEC.BetterBeginnings@ade.arkansas.gov](mailto:OEC.BetterBeginnings@ade.arkansas.gov)