



OUT-OF-SCHOOL TIME APPLICATION PROGRAM REVIEW CHECKLIST

Facility Name _____ License Number _____

Assessor Name _____ Date of Review _____

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

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		Rationale	Yes	No
2.D.1	The facility shall document distribution of ARKids First information to families of uninsured children.			
2.D.2	The facility shall share information on child development, stages of children's development, and children's health with families.			
3.D.1	The facility shall share information on nutrition and physical activity for children with families.			
3.C.1	The staff shall maintain a portfolio on each child.			

Assessor Signature _____ Date of Review _____

This form will be completed by an assessor during your program review.

Save a copy of all documents for your records. Submit the completed application with documentation online through your ELS portal.
For more information: www.ARBetterBeginnings.com Phone: 501-320-6161 Email: BetterBeginnings@dhs.arkansas.gov
A-State Childhood Services Out-of-School Time team OST@AState.edu