



INSTRUCTIONS FOR COMPLETING BETTER BEGINNINGS CENTER-BASED 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 director'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 director and all current employees that work directly with children. Attach documentation for training not yet recorded in the PDR or attach ADE transcripts (if applicable). 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 staff.
- Form D–Written Daily Program Schedules and Plans:** Complete the form and attach a copy of a daily program schedule for each classroom and written daily plans for each age group. 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 which assessment tool(s) were used (ITERS, ECERS, FCCERS, SACERS or YPQA). Note: If your facility has had a recent ERS or YPQA assessment, you may attach a copy of the cover sheet(s) from the report(s) 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 facility 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



CENTER-BASED APPLICATION

FORM A

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<input type="checkbox"/> NEW APPLICANT—APPLYING FOR LEVEL: 1 2 3 <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

Center Name:			License Number:	
Site Address:		City:	State:	Zip:
Mailing Address (if different than site):		City:	State:	Zip:
Phone:	Fax:		County:	
Director:		Director 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.)		

OPERATION & DEMOGRAPHICS

License Type:	Number of Classrooms:	Number of Children Served:	Number of Full-Time Staff:	Number of Part-Time Staff:
Infant & Toddler (Birth to 36 Months)				
Preschool (3-5 Years)				
School Age (K-12 Years)				
TOTAL				

National Accreditation (include copy of accreditation certificate): NAEYC COA CARF NAFCC MONTESSORI

Facility Participates with (check all that apply): Voucher ABC Head Start Special Nutrition DDTCS CHMS RSPMI

Other (specify): _____

AUTHORIZATION

On behalf of the licensed child care facility, 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 facility (physical space, records, etc.) must be accessible for on-site visits with or without notice.
- My facility'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.
- For programs participating under reciprocity, all reciprocity policy requirements have been met.
- All information in this application is true and correct to the best of my knowledge.

 Director Signature _____
 Date

OFFICIAL USE ONLY

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

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

Phone: 501.682.8590 Fax: 501.682.2317 Email: BetterBeginnings@dhs.arkansas.gov



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Center Name: _____

License Number: _____

FORM B

CENTER-BASED APPLICATION CHECKLIST

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	Administrator attends "PAS (<i>Program Administration Scale</i>) Basics" training. <i>Training listed on director's Professional Development Registry (PDR) training transcript or copy of training certificate included.</i>		
1.B.1	Administrator and teaching staff are members of the Professional Development Registry (PDR) and/or the ADE (Arkansas Department of Education) registry. <i>Director and all teaching staff have a PDR identification number, and all are listed on Form C.</i>		
1.B.2	Administrator meets requirements for Foundation 3 (<i>completed 45 clock hours of registered training</i>) or higher, including 21 clock hours of training in professionalism and leadership/collaborative program management/administrator competencies.		
1.B.3	Within the first year of employment, all staff meet requirements for Foundation 1 (<i>completed 15 clock hours of registered training</i>) or higher.		
1.B.4	Administrator completes an ERS (<i>Environment Rating Scales</i>) training. <i>Training is listed on director's PDR training transcript or copy of training certificate included.</i>		
1.B.5	Administrator completes training on developmentally appropriate physical activities for children. <i>Training is listed on director's 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 for each classroom 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 for each age group included.</i>		
1.D.1	Facility completes a self-evaluation using applicable approved environment rating tools (ERS or YPQA- Youth Program Quality Assessment). <i>Self-evaluation(s) using appropriate assessment tool(s) (ITERS, ECERS, SACERS, YPQA) for each age group served or other approved method (as outlined on Form E) 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 Do not submit actual handouts/brochures.</i>		
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. Do not submit actual handouts/brochures.</i>		
1.E.3	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>		

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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 PAS & ERS reviews)	YES	NO
2.A.1	A PAS review is completed by a certified assessor. <i>Portfolio is set up with required documentation.</i> <input type="checkbox"/> PAS review completed Any requested technical assistance (TA) must be complete & program ready for review at time of application.		
2.A.2	Administrator 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	Administrator and teaching staff maintain membership in the PDR and/or the ADE Registry. <i>Director and all teaching staff have a PDR number, receive at least 20 hours of approved training annually, and all are listed on Form C.</i>		
2.B.2	Administrator meets requirements for Intermediate 1 (CDA or 135 clock hours or 9 semester hours) or higher, including 30 clock hours of training in professionalism and leadership/collaborative program management/administrator competencies.		
2.B.3	Within the first year of employment, all staff meet requirements for Foundation 1 (completed 15 clock hours of registered training) or higher and at least 50% of teaching staff meet requirements for Foundation 2 (completed 30 clock hours) or higher.		
2.B.4	All administrators and teaching staff participate annually in 20 clock hours of approved professional development; for administrators at least 3 clock hours must be in professionalism and leadership/collaborative program management/administrator competencies.		
2.B.5	At least 50% of teaching staff complete "Early Learning Standards" training; school age staff should complete "Developmental Assets Training". <i>Training listed on PDR transcript or copy of certificate included.</i>		
2.B.6	All administrative staff and 50% of teaching staff complete an ERS training; if facility is using YPQA school age staff should complete YPQA training. <i>Training listed on PDR transcript or copy of certificate included.</i>		
2.B.7	Administrator and kitchen manager (if applicable) participate annually (within the past 12 months) in at least 2 clock hours of training on nutrition for children.		
2.C.1	All classrooms/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	Staff plan and implement daily developmentally appropriate physical activities for children.		
2.D.1	Facility scores an average of 3.00 or higher on the ERS for each classroom reviewed; classrooms with YPQA must score an average of 3.00 or higher. Any requested TA must be complete & program ready for review(s) at time of application. School age assessment tool choice: <input type="checkbox"/> N/A <input type="checkbox"/> SACERS <input type="checkbox"/> YPQA <input type="checkbox"/> SAPQA <input type="checkbox"/> Review(s) completed		
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 PAS & ERS reviews)	YES	NO
3.A.1	The facility scores an average of 4.00 or higher on PAS items 1-21 (items 5 & 6 scored, but not included in average). Any requested TA must be complete & program ready for review at time of application. <input type="checkbox"/> PAS Review Completed		
3.A.2	Administrator completes the Strengthening Families online self-assessment tool. <i>See Requirements & Information under Provider Tab on the Better Beginnings website.</i>		
3.A.3	Facility develops a Strengthening Families action plan and implements an action plan. <i>See Requirements & Information Under Provider Tab on the Better Beginnings website.</i>		
3.B.1	Administrator meets requirements for Intermediate 1 or higher, including 45 clock hours of training in professionalism and leadership/collaborative program management/administrator competencies.		
3.B.2	Within the first year of employment, all staff meet requirements for Foundation 1 or higher and at least 50% of teaching staff meet requirements for Foundation 3 or higher.		
3.B.3	All administrators and teaching staff participate annually in 25 clock hours of approved professional development; for administrators at least 4 clock hours must be in professionalism and leadership/collaborative program management/administrator competencies.		
3.C.1	All classrooms/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	Staff maintain a portfolio for each child (<i>Birth to 60 months</i>). <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 ERS for each classroom reviewed; classrooms with YPQA must score an average of 3.75 or higher. Any requested TA must be complete & program is ready for review(s) at time of application. School age assessment tool choice: <input type="checkbox"/> N/A <input type="checkbox"/> SACERS <input type="checkbox"/> YPQA <input type="checkbox"/> SAPQA <input type="checkbox"/> Review(s) 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: _____



CENTER-BASED APPLICATION STAFF RECORD TRAINING FORM

FORM C

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Center Name: _____

License Number _____

ADMINISTRATIVE AND TEACHING STAFF (and Kitchen Manager if applicable)				DATE TRAINING COMPLETED (Month & Year)					TOTAL Annual Training Hours
Name	Position	Date of Hire	PDR#	<i>Administrative Staff Only</i>			ERS or YPQA	Early Learning Standards (CDELS)	
				PAS Basics	Physical Activity	Nutrition (Required Annually)			

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CENTER-BASED APPLICATION FORM D

WRITTEN DAILY PROGRAM SCHEDULE & PLANS

Center Name: _____ License Number: _____

1. Submit a developmentally appropriate* daily schedule for each classroom/age group.
2. Submit two-week sample of daily plans for each age group – only one set for each age group (infants, toddlers, preschool, school age).

Classroom/Age Group	Daily Schedule Posted?	Daily Schedule For Each Age Group (Copy Attached)	Daily Plans For Each Age Group (Copy Attached)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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 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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CENTER-BASED APPLICATION SELF-EVALUATION

FORM E

Center Name: _____ License Number: _____

Identify the assessment tool(s) used for the facility (select all that apply):

- Infant/Toddler Environment Rating Scale (Birth to 3 years)
 - Early Childhood Environment Rating Scale (3 years to 5 years)
 - School-Age Care Environment Rating Scale (5 years to 12 years)
 - Youth Program Quality Assessment (**YPQA**)
-

Identify the self-assessment method being submitted:

- Environment Rating Scale Self-Assessment tool(s)
(Available upon request from the Better Beginnings Unit)
- Cover Sheet from ERS Summary Report(s)
(Official ERS assessment completed within the past 12 months)
- Copy of the score sheets from ERS materials with each subscale marked
(Score sheets are in the back of the ERS books)
- Technical Assistance visit (conducted by an official ERS consultant) using a rating scale
(completed within the past 12 months)
- Copy of YPQA Summary Report from your Program Assessment
(completed within the past 12 months) School Age programs only

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**CENTER-BASED APPLICATION
ARKIDS FIRST, CHILD HEALTH AND CHILD DEVELOPMENT**

FORM F

Center 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.

DESCRIPTION OF INFORMATION (LIST EXAMPLES)	DATE SHARED	WAYS INFORMATION SHARED					OTHER (SPECIFY)
		BULLETIN BOARD	HANDOUT	NEWSLETTER	HANDBOOK		
<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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CENTER-BASED APPLICATION MEDICAL & EDUCATIONAL CARE PLANS

FORM G

Center 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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CENTER-BASED APPLICATION STRENGTHENING FAMILIES (LEVELS 2 AND 3 ONLY)

FORM H

Center Name: _____ License Number: _____

2. A.2. Director 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 Director 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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Fax: 501.682.2317

Email: BetterBeginnings@dhs.arkansas.gov