



FAMILY CHILDCARE HOME APPLICATION CHECKLIST

Facility Name _____ License Number _____

| Level 1 | ALL REQUIREMENTS MUST BE MET AT TIME OF APPLICATION | YES | NO |
|---------|---|-----|----|
| | The facility has a license in New Provisional or Regular status. *Program reviews and environmental assessments may be requested | | |

| Level 2 | ALL REQUIREMENTS FOR LEVELS 1 & 2 MUST BE MET AT TIME OF APPLICATION | Upload | YES | NO |
|--------------|--|--|-----|----|
| 2.A.1 | A program review shall be completed by a certified BAS assessor. | BAS Summary report | | |
| 2.A.2 | The primary caregiver shall complete a Strengthening Families training listed on the PDR. | Caregiver Training Record form | | |
| 2.B.1 | The primary caregiver shall complete “Early Learning Standards Basics” training. | Caregiver Training Record form | | |
| 2.B.2 | The primary caregiver shall complete an ERS (FCCERS) training. | Caregiver Training Record form | | |
| 2.B.3 | The primary caregiver shall participate in at least two (2) clock hours of training on nutrition for children, annually. | Caregiver Training Record form | | |
| 2.B.4 | The primary caregiver shall complete training on developmentally appropriate physical activities for children | Caregiver Training Record form | | |
| 2.C.1 | The facility shall score an average of 3.00 or higher on the FCCERS. | FCCERS CQI report | | |
| 2.D.1 | The primary caregiver shall document distribution of ARKids First information to families of uninsured children. | AR Kids First form and Program Review Checklist | | |
| 2.D.2 | The primary caregiver shall share information regarding child development, stages of development, and children’s health with families. | AR Kids First form and Program Review Checklist | | |
| 2.D.3 | All children birth to kindergarten shall have an annual developmental screening. | Program Review Checklist | | |
| 2.D.4 | The primary caregiver shall use a Division-approved tool to complete a child nutrition self-assessment and create and implement one (1) action plan in the child nutrition module. | Self-Assessment and Action Plan for Nutrition Module | | |
| 2.D.5 | The primary caregiver shall use a Division-approved tool to complete a second self-assessment in the child nutrition module to assess progress. | Second self-Assessment for Nutrition module | | |

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

| Level 3 | ALL REQUIREMENTS FOR LEVELS 1, 2 & 3 MUST BE MET AT TIME OF APPLICATION | Upload | YES | NO |
|---------|--|--|-----|----|
| 3.A.1 | The facility shall score an average of 4.00 or higher on BAS items 2-10 (item 2 is scored but is not included in the average). | BAS Summary report | | |
| 3.A.2 | The primary caregiver shall complete the Strengthening Families online self-assessment for three (3) or more strategies. | Strengthening Families self-assessment | | |
| 3.A.3 | The primary caregiver shall develop a Strengthening Families action plan and implement at least one (1) action step. | Strengthening Families form | | |
| 3.C.1 | Caregivers shall maintain a portfolio on each child. | Program Review Checklist | | |
| 3.C.2 | The facility shall score an average of 4.00 or higher on the FCCERS. | FCCERS CQI report | | |
| 3.D.1 | The primary caregiver shall share information on nutrition and physical activity for children with families. | AR Kids First form and Program Review Checklist | | |
| 3.D.2 | The primary caregiver shall use a Division-approved tool to complete a physical activity self-assessment and create and implement one action plan in the physical activity module. | Self-Assessment and Action Plan for Physical Activity module | | |
| 3.D.3 | The primary caregiver shall use the Division-approved tool to complete a second self-assessment in the physical activity module to assess progress. | Second self-Assessment for Physical Activity module | | |

| Level 4 | ALL REQUIREMENTS FOR LEVELS 1-4 MUST BE MET AT TIME OF APPLICATION | Upload | YES | NO |
|---------|---|---|-----|----|
| 4.A.1 | The facility shall score an average of 4.00 or higher on BAS. | BAS Summary report | | |
| 4.A.2 | The primary caregiver shall implement at least one (1) additional Strengthening Families action plan for a total of two (2). | Strengthening Families form | | |
| 4.C.1 | The facility shall score an average of 5.00 or higher on the FCCERS. | FCCERS CQI report | | |
| 4.D.1 | The primary caregiver shall use a Division-approved tool to complete a self-assessment in child nutrition, physical activity, farm to ECE, oral health, breastfeeding and infant feeding, outdoor play and learning, OR screen time and create and implement two action plans in that module. | Self-Assessment and Action Plan for selected module | | |
| 4.D.2 | The primary caregiver shall use the Division-approved tool to complete a second self-assessment in child nutrition, physical activity, farm to ECE, oral health, breastfeeding and infant feeding, outdoor play and learning, OR screen time to assess progress. | Second self-Assessment for selected module | | |

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| Level 5 | ALL REQUIREMENTS FOR LEVELS 1-5 MUST BE MET AT TIME OF APPLICATION | Upload | YES | NO |
|---------|---|---|-----|----|
| 5.A.1 | The facility shall score an average of 5.00 or higher on BAS. | BAS Summary report | | |
| 5.C.1 | The facility shall score an average of 5.50 or higher on the FCCERS. | FCCERS CQI report | | |
| 5.D.1 | The primary caregiver shall use a Division-approved tool to complete a self-assessment in child nutrition, physical activity, farm to ECE, oral health, breastfeeding and infant feeding, outdoor play and learning, OR screen time and create and implement two (2) action plans in that module. | Self-Assessment and Action Plan for selected module | | |
| 5.D.2 | The primary caregiver shall use the Division-approved tool to complete a second self-assessment in child nutrition, physical activity, farm to ECE, oral health, breastfeeding and infant feeding, outdoor play and learning, OR screen time to assess progress. | Second self-Assessment for selected module | | |

| Level 6 | ALL REQUIREMENTS FOR LEVELS 1-6 MUST BE MET AT TIME OF APPLICATION | Upload | YES | NO |
|---------|---|---|-----|----|
| 6.A.1 | The facility shall score an average of 6.00 or higher on BAS. | BAS Summary report | | |
| 6.C.1 | The facility shall score an average of 6.00 or higher on the FCCERS. | FCCERS CQI report | | |
| 6.D.1 | The primary caregiver shall use a Division-approved tool to complete a self-assessment in child nutrition, physical activity, farm to ECE, oral health, breastfeeding and infant feeding, outdoor play and learning, OR screen time and create and implement two (2) action plans in that module. | Self-Assessment and Action Plan for selected module | | |
| 6.D.2 | The primary caregiver shall use the Division-approved tool to complete a second self-assessment in child nutrition, physical activity, farm to ECE, oral health, breastfeeding and infant feeding, outdoor play and learning, OR screen time to assess progress. | Second self-Assessment for selected module | | |

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