



Division of Child Care and
Early Childhood Education

Arkansas Better Chance

2015-2016 Request for Application

APPLICATIONS DUE MONDAY, JUNE 22, 2015 by 4:30 p.m.

2015-2016 ARKANSAS BETTER CHANCE PROGRAM

APPLICATION COVER SHEET – PART A

Due Monday, June 22, 2015 by 4:30 p.m.

Is this a new program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, are you requesting expansion slots?	Yes <input type="checkbox"/> No <input type="checkbox"/>

AGENCY _____ TAX IDENTIFICATION # _____

ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

MAIN OFFICE CONTACT PERSON _____

TELEPHONE # _____ FAX # _____

E-MAIL ADDRESS _____

	CENTER BASED	HOME VISITING BASED
Total # of slots requested		
3 year olds		
4 year olds		

List ALL sites/ programs below that will serve new ABC children regardless if this is a center or home based services.

Site Name	License #	# of <u>new</u> ABC slots per site	# of <u>new</u> ABC classrooms per this request <i>(Center-based Only)</i>	County that site/ program will serve <i>(Center or Home Based)</i>	School district(s) site/ program will serve <i>(Center or Home Based)</i>	Indicate: P=Priority F=Focus school district status	# of current ABC slots <i>(Center or Home Based)</i>

Program's Fiscal Year Beginning and Ending Dates: _____

Is your program audited by Legislative Audit? Yes Date of last audit _____ No

For school districts, the Superintendent must be the Authorized Official to sign the RFA. Otherwise, an official who is an authorized representative with the authority to sign agreements and approve the budget must sign the RFA.

I certify that the information in this application is correct to the best of my knowledge. I have reviewed and approved the enclosed budget for my agency's ABC program and will adhere to all guidelines set forth in this application.

SIGNATURE _____ DATE _____

NAME/TITLE OF AUTHORIZED OFFICIAL _____

2015-2016 ARKANSAS BETTER CHANCE PROGRAM INDIVIDUAL SITE INFORMATION – PART B

DIVISION USE ONLY

Satisfactory licensing history/Eligible for licensure. Y N

Better Beginnings participant? Y N If yes, which level? Level 1 Level 2 Level 3

Complete PART B form for each site that is part of the agency applying for funding.

Site/ Program Name _____

Site/ Program Contact Name and Title _____

Physical Address _____

City _____ Zip _____ County _____

Phone # _____ Fax # _____

Site/ Program Contact Email (REQUIRED) _____

CENTER-BASED PROGRAMS ONLY

Name on License for Site _____

Site License #		Licensing Capacity		Center Hours of Operation	
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ADMINISTRATION INFORMATION

Location of Administrative Office _____

List all school districts served by site _____

FACILITY TYPE AND LOCATION (Place an "X" next to each item in each column which applies to your site.)

- | | |
|--|---|
| <input type="checkbox"/> Public School District | <input type="checkbox"/> Located ON a public school campus |
| <input type="checkbox"/> Educational Cooperative | <input type="checkbox"/> Located OFF a public school campus |
| <input type="checkbox"/> College or University | |
| <input type="checkbox"/> Community Based | |

FUNDING SOURCES OTHER THAN ABC (Check all that apply and add sources not listed.)

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> School Funding | <input type="checkbox"/> Private Pay Tuition | <input type="checkbox"/> Vouchers | |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> NSLA | <input type="checkbox"/> Private Foundation | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> CCDF | <input type="checkbox"/> 21 st Century Community Learning Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> AmeriCorps | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Early Childhood Special Educ. | |

FOOD PROGRAM FOR SITE (Check all that apply to site.)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> CACFP (SNAP) | <input type="checkbox"/> National School Lunch | <input type="checkbox"/> Program furnishes lunch |
| <input type="checkbox"/> Other: _____ | | |

2015-2016 ARKANSAS BETTER CHANCE APPLICATION PROGRAM INFORMATION – PART C

1. Give a brief history of your agency, including the ages of the children currently served and the types of early childhood programs offered.

2. Describe the rationale for service needs in your area and indicate if the service area will be within the Focus or Priority area as provided in Attachment A. **NOTE: Indicate the data reference or research source.**
Discuss the following:
 - existing quality Pre-K services, including Head Start, public school Pre-K, and home visiting programs;
 - the number of children currently served;
 - the approximate number of remaining children needing services;
 - the benchmark test scores for area elementary schools;
 - family income data for your community; and
 - recruitment efforts for eligible children in the community.

3. Utilization of the proposed curriculum plan and screening tools:
 - Identify the curriculum to be used by the program.
 - Describe the curriculum plan utilized to support and ensure all children are instructed with developmental and age appropriate activities.
 - Describe a typical day and attach a copy of the daily schedule for each age level [*center-based programs only*].
 - Identify the developmental screening tools to be used by the program.
 - Describe how the developmental screening tools will be utilized to provide information and address the child's strengths, progress, and needs.

4. Describe the program process used to ensure that all children will receive a health and developmental screenings. **NOTE: Health screenings must meet the same requirements as EPSDT including but not limited to height and weight measurements, vision screening, and hearing screening.**

5. Describe the plan for the identification and processing referrals of children who need further evaluation/services through either the local educational agency or the educational service cooperative to be eligible for special education and related services under Section 619 of Part B - Individuals with Disabilities Education Act (IDEA).
 - Identify the referral/provider of the Section 619 of Part B – IDEA services for the program.
 - Identify the referral/provider contact information for Part C – IDEA services for the program.
 - Indicate the plan to ensure access and full participation in all program activities for children identified and served.

NOTE: The screening tools used must be age and developmentally appropriate, valid, and reliable to identify children who may need follow-up services to address developmental, learning, or health needs. Attachment B provides a listing of approved developmental screening tools.

2015-2016 ARKANSAS BETTER CHANCE APPLICATION PROGRAM INFORMATION – PART C (continued)

6. Describe how your program will ensure that program staff obtain the required number of annual professional development hours including but not limited to:
 - coordinator trainings;
 - curriculum and screening tool trainings;
 - COPA and finance trainings;
 - Work Sampling trainings; and
 - ERS trainings *[center-based programs only]*.

7. Share how the parent involvement plan will actively engage and inform the parents /primary caregivers. At a minimum, this must include opportunities for at least two (2) parent-teacher conferences as well as methods to inform and involve parents/ primary caregivers in their child's educational experience.

NOTE: Parent /teacher conferences should involve the details of the analysis of Work Sampling and other assessments. The ABC grant funding for parent engagement is intended for inclusion for all parents in support of materials and supplies that maybe used in the home. This can support children's literacy materials, parent backpack programs, and should be used for items such as work sheets/skill and drill, dittos, coloring books, t-shirts, etc.

 - Identify the proposed activities to engage/include all parents and explain how activities will contribute to positive outcomes.
 - Identify the process that will be implemented to provide documentation of the parent-teacher conferences.
 - Identify the process for obtaining parental input into the operation and design of the program.

8. Beyond field trips to the local kindergarten program, indicate OTHER specific activities that will be included in the ABC program to assist in transitioning children/families to kindergarten. Provide a detailed transition plan and the documentation which will be utilized to verify completion of transition activities.

9. Define the plan for monitoring and ensuring continuous improvement of program quality based on the program standards such as the process to conduct self-monitoring.
 - *NOTE: The expectation is that each program will use the Environmental Rating Scale (ERS) - indicate background use of the ERS [center-based programs only]*.
 - If the overall ERS score was below five (5), discuss the steps to be taken to improve the process *[center-based programs only]*.
 - Indicate any other steps that will be used to measure overall program and teacher effectiveness such as CLASS, etc.
 - Describe how the details and data outcomes will assist the program to make informed decisions regarding curriculum, budgetary, and program operational issues.

10. Describe the process to recruit and hire qualified staff (teachers, paraprofessionals, home visitors).

11. Identify the process to evaluate the staff performance, including the use of developmentally appropriate practice in the classroom.

**2015-2016 ARKANSAS BETTER CHANCE PROGRAM
STAFF QUALIFICATIONS – PART D**

Complete details for each site listed to provide services within the agency.

SITE NAME:					
Staff Information	1	2	3	4	5
Name					
Position					
Date of hire					
Current educational program					
High School Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College hours (if no degree)					
Associate's degree (specify major)					
Bachelor's degree (specify major)					
Master's degree (specify major)					
Current CDA Credential	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Current AR Teaching License with ECE/P4 Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No				

2014-2015 ARKANSAS BETTER CHANCE PROGRAM COLLABORATION PLAN – PART E

1. Due to restricted early childhood education funding, it is necessary for ABC programs to work collaboratively with community partners. Describe the ways in which your program collaborates with other programs in the local early childhood community. Be sure to address the following questions:
 - Who does the program collaborate with and describe the terms of each partnership?
 - How does the program make certain that all needs of the child and family are met?
 - How does the program provide community resources to families?

Ensure that collaboration activities include but not limited to:

- Local school districts
- Early childhood special education cooperatives/ districts
- Local mental health and behavioral programs
- Local Head Start Programs
- Other local early childhood services

Attach a copy of the Head Start Collaboration Agreement(s) and any other relevant partnership agreements (letters of support are not necessary).

2. Describe the local mental health and behavioral resources and collaborative activities that are available in your community to support services for children with behavioral issues.

ATTACHMENT A

AR DEPARTMENT OF
EDUCATION

FOCUS & PRIORITY
SCHOOL DISTRICTS

**Arkansas Department of Education
ESEA Needs Improvement 2014 School Districts**

FOCUS SCHOOL DISTRICTS

<i>District #</i>	<i>District Name</i>	<i>District #</i>	<i>District Name</i>
4101	ASHDOWN SCHOOL DISTRICT	6202	HUGHES SCHOOL DISTRICT
7401	AUGUSTA SCHOOL DISTRICT	5102	JASPER SCHOOL DISTRICT
4702	BLYTHEVILLE SCHOOL DISTRICT	1608	JONESBORO SCHOOL DISTRICT
4801	BRINKLEY SCHOOL DISTRICT	5503	KIRBY SCHOOL DISTRICT
4304	CABOT SCHOOL DISTRICT CAMDEN FAIRVIEW SCHOOL DISTRICT	903	LAKESIDE SCHOOL DIST(CHICOT)
5204		6001	LITTLE ROCK SCHOOL DISTRICT
1702	CEDARVILLE SCHOOL DISTRICT	1402	MAGNOLIA SCHOOL DISTRICT
4802	CLARENDON SCHOOL DISTRICT	1804	MARION SCHOOL DISTRICT
5106	DEER/MT. JUDEA SCHOOL DISTRICT	6102	MAYNARD SCHOOL DISTRICT
901	DERMOTT SCHOOL DISTRICT	2203	MONTICELLO SCHOOL DISTRICT
101	DEWITT SCHOOL DISTRICT	1704	MULBERRY SCHOOL DISTRICT
2104	DUMAS SCHOOL DISTRICT	6002	N. LITTLE ROCK SCHOOL DISTRICT
7001	EL DORADO SCHOOL DISTRICT	5008	NEVADA SCHOOL DISTRICT
7203	FAYETTEVILLE SCHOOL DISTRICT	6505	OZARK MOUNTAIN SCHOOL DISTRICT
2002	FORDYCE SCHOOL DISTRICT	6205	PALESTINE-WHEATLEY SCH. DIST. PULASKI COUNTY SPECIAL SCHOOL DISTRICT
4102	FOREMAN SCHOOL DISTRICT	6003	
6201	FORREST CITY SCHOOL DISTRICT	7008	SMACKOVER SCHOOL DISTRICT
1003	GURDON SCHOOL DISTRICT	7207	SPRINGDALE SCHOOL DISTRICT
203	HAMBURG SCHOOL DISTRICT	104	STUTTGART SCHOOL DISTRICT
5205	HARMONY GROVE SD (OUACHITA)	4605	TEXARKANA SCHOOL DISTRICT
601	HERMITAGE SCHOOL DISTRICT	3509	WATSON CHAPEL SCHOOL DISTRICT
2603	HOT SPRINGS SCHOOL DISTRICT	1803	WEST MEMPHIS SCHOOL DISTRICT

PRIORITY SCHOOL DISTRICTS

<i>District #</i>	<i>District Name</i>	<i>District #</i>	<i>District Name</i>
7401	AUGUSTA SCHOOL DISTRICT	3904	LEE COUNTY SCHOOL DISTRICT
901	DERMOTT SCHOOL DISTRICT	6001	LITTLE ROCK SCHOOL DISTRICT
3502	DOLLARWAY SCHOOL DISTRICT	4713	OSCEOLA SCHOOL DISTRICT
1802	EARLE SCHOOL DISTRICT	3505	PINE BLUFF SCHOOL DISTRICT PULASKI COUNTY SPECIAL SCHOOL DISTRICT
6201	FORREST CITY SCHOOL DISTRICT	6003	
6601	FORT SMITH SCHOOL DISTRICT	7207	SPRINGDALE SCHOOL DISTRICT
5403	HELENA/ W.HELENA SCHOOL DIST.	7009	STRONG-HUTTIG SCHOOL DISTRICT
2603	HOT SPRINGS SCHOOL DISTRICT	4605	TEXARKANA SCHOOL DISTRICT
6202	HUGHES SCHOOL DISTRICT	1803	WEST MEMPHIS SCHOOL DISTRICT

ATTACHMENT B

EVIDENCE-BASED

CURRICULA

&

SCREENING

INSTRUMENTS

Arkansas Approved Early Childhood Curriculum List

Comprehensive Curricula

Curriculum Name	Publisher	Website
Adventures in Learning Curriculum	AR DHS/Division of Child Care and Early Childhood Education	http://www.arkansas.gov/childcare/adventures/#Adventures In Learning Program
Adventures for Toddlers	AR DHS/Division of Child Care and Early Childhood Education	http://www.arkansas.gov/childcare/advfortoddlers/#Adventures For Toddlers Program
Comprehensive Preschool Program (Letter People/Big Book Math/Big Book Science)	Abrams & Company	www.abrandsandcompany.com
Core Knowledge	Core Knowledge Foundation	www.coreknowledge.org
Creative Curriculum	Teaching Strategies	www.TeachingStrategies.com
Curiosity Corner	Success For All Foundation	www.successforall.net
DLM Early Childhood Express	McGraw-Hill	www.mheonline.com
Frog Street Pre-K	Frog Street Press	www.frogstreet.com
Houghton Mifflin Harcourt PreK Education	HMH Publishers	www.hmhschool.com
High Reach Learning Curriculum	High Reach Learning	www.highreach.com
HighScope	HighScope Educational Research Foundation	www.highscope.com
Montessori	N/A	www.discoveret.org/mei_inc/
Opening the World of Learning	Pearson Early Learning	www.PearsonEarlyLearning.com
Pebble Soup	HMH Publishers	www.steck-vaughn.com
PreschoolFirst	The Source for Learning	www.preschoolfirst.com
Project Approach	N/A	projectapproach.org
Reggio Emilia Inspired	N/A	North American Reggio Emilia Alliance (NAREA) www.reggioalliance.org
Scholastic Early Childhood Curriculum	Scholastic Educational	www.scholastic.com
The Investigator Club	Robert-Leslie Publishing	www.robert-leslie.com
All About Preschoolers	Kaplan Early Learning Company	http://ers.fpg.unc.edu/node/150
Big Day for Pre-K	Scholastic Educational	www.scholastic.com



AR Approved Screening Tools

- **Ages and Stages Questionnaires (ASQ-3), Third Edition**
- **Battelle**
- **Brigance**
- **Carolina**
- **Denver II**
- **Dial**
- **Early Screening Inventory (ESI)**
- **LAP-D**