**ARKANSAS BETTER CHANCE-ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS**

**ABC Monitoring Checklist**

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**Date & Time of Review Name of Reviewer # Classrooms # Slots**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Site (if program has more than one) ABC Coordinator/ Contact**

**Funding: ABC ABCSS Federal PreK Excellerate  Other \_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Section 04 Child Eligibility** | | |
| **ITEM** |  | **COMMENTS** |

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| **19.06** | Is there documentation of income plus one other qualifying factor in each dual child’s file? | Yes No NA |  |
| **4.05** | Does program obtain and verify documentation of eligibility prior to enrollment? | Yes No |  |
| **4.06** | Does every child's file have a copy of their birth certificate/record? | Yes No |  |
| **4.10** | Are all children enrolled in ABC/ABCSS eligible for the program? | Yes No |  |
| **4.11** | Does program obtain documentation of income exemption prior to enrollment? | Yes No NA |  |
| **4.12** | Is the parent co-pay correct for children who are enrolled based on the sliding fee scale? | Yes No NA |  |
| **4.13** | Were waivers requested and approved for children not meeting eligibility requirements? | Yes No NA | **Section 04 Child Eligibility** |

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| **Section 07 Reporting** | | |
| **ITEM** |  | **COMMENTS** |

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| **7.01** | Is attendance taken daily and recorded in COPA at least monthly? | Yes No |  |
| **7.01** | Is all required family and child data entered in COPA? | Yes No |  |
| **7.01** | Is all required staff information entered in COPA? | Yes No |  |
| **7.02** | Are ABC Financial Reports submitted by January 30 and July 30 of each year? | Yes No N/R |  |
| **7.04** | Was the final disclosure audit submitted within 120 days of the program’s fiscal year completion? | Yes No N/R |  |
| **7.05** | Does the program adhere to billing deadlines? | Yes No | **Section 04 Child Eligibility** |
| **7.05** | Does the program adhere to Work Sampling finalization deadlines? | Yes No |  |
| **7.07** | Were changes to program reported to DCCECE within 5 working days of the change? | Yes No |  |
| **6.05** | Did program fulfill and maintain the total number of awarded slots by Nov. 1? | Yes No |  |

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| **Section 09 Better Beginnings** | | |
| **ITEM** |  | **COMMENTS** |

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| **9.05** | Has the ABC Coordinator attended “PAS/BAS Basics” training? | Yes No |  |
| **9.05** | Does the ABC Coordinator meet PDR Foundation 3? | Yes No NA |  |
| **9.05** | Does the ABC Coordinator have 21 clock hours of training in program planning/management and/or leadership? | Yes No |  |
| **9.05** | Do all returning ABC staff meet PDR Foundation 1 or higher? | Yes No |  |
| **9.05** | Has the ABC Coordinator/Family Home Teacher attended an ERS training? | Yes No |  |
| **9.05** | Has the ABC Coordinator completed a training on DAP physical activities for children? | Yes No |  |
| **9.05** | Does the program document the distribution of ARKids 1st information to uninsured children? | Yes No |  |
| **9.05** | Does the program share information on child development and health with families? | Yes No |  |
| **9.05** | Are medical and education care plans involving a child written and on file with documented implementation and with confidentiality maintained? | Yes No |  |
| **9.05** | What Better Beginnings level is this site? |  | Level 1\_\_\_\_ Level 2\_\_\_\_ Level 3\_\_\_\_\_ |

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| **Section 09 Minimum Classroom Standards** | | |
| **ITEM** |  | **COMMENTS** | |

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| **9.02** | Does the site have a license in good standing? | Yes No |  |
| **9.05** | Has each classroom receiving an ERS review scored at least 5.00? | Yes No |  |
| **9.06** | Does program operate at least 7 instructional hours per day and 178 days per year? | Yes No |  |
| **9.08** | Is a signed copy of the Parent Handbook Statement in each child's file? | Yes No |  |

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| **Section 10 Staff-Child Ratio** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **10.01** | Is the group size below the maximum capacity for the classroom? | Yes No |  |
| **10.02** | Is the staff/child ratio observed in all ABC Classrooms?  Preschool 1:10 ratio  Toddler 1:7 ratio  Infant 1:4 ratio | Yes No NA |  |
| **12.03** | Are appropriate staffing patterns adhered to for multi-classroom sites? | Yes No NA |  |

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| **Section 11 Professional Development** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **11.09** | Did all returning ABC classroom staff obtain 30 hours of professional development in the previous year? | Yes No NA |  |
| **11.11** | Are all ABC staff attending mandatory trainings? | Yes No |  |
| **9.05 11.12** | Are all ABC staff registered on the PDR Registry? | Yes No |  |
| **11.13** | Do all staff have an employee agreement in writing? | Yes No |  |

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| **Section 11 Staff Qualifications** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **11.01** | Does Lead Teacher meet minimum qualifications? | Yes No SQP |  |
| **11.02** | Do other Classroom Teachers meet minimum qualifications? | Yes No SQP NA |  |
| **11.03** | Do paraprofessionals meet minimum qualifications? | Yes No SQP NA |  |
| **11.05** | Has ABC Coordinator attended NDO? | Yes No |  |
| **11.05** | Does ABC Coordinator meet licensing requirements? | Yes No |  |
| **11.06** | Does the Infant/Toddler teacher meet minimum requirements? | Yes No SQP NA |  |
| **11.07** | Has an SQP been approved and implemented for any staff not meeting minimum qualifications? | Yes No NA |  |
| **11.07** | Have progress reports been submitted for any staff on an SQP? | Jan 31 July 31 NA |  |

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| **Section 13 Child Records** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **13.09** | Does every child’s file have a completed and dated application? | Yes No |  |
| **13.09** | Does every child’s file have a current health screening? | Yes No |  |
| **13.09** | Does every child’s file have a completed developmental screening? | Yes No | **Screening:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **13.09** | Are there summaries of parent/teacher conferences for each child? | Yes No |  |

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| **Section 13 Program Standards** | | |
| **ITEM** |  | **COMMENTS** |

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| **13.03** | Is each classroom equipped with toys, books and play apparatus to take care of the needs of the total group? | Yes No |  |
| **13.06** | Is an approved curriculum used? | Yes No | **Curriculum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **13.14** | Is there a transition plan for moving children to kindergarten? | Yes No |  |
| **13.15** | Is the program providing free and nutritious meals and snacks for all children enrolled in ABC/ABCSS? | Yes No |  |
| **13.16** | Is the program in compliance regarding parents/guardians paying fees and/or providing supplies for all children enrolled in ABC/ABCSS? | Yes No |  |
| **13.17** | Does program have a working email address which is checked daily? | Yes No |  |

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| **Section 14 Classroom Management/Special Education** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **14.01** | Did the program obtain approval before dismissing a child for behavior from an ABC/ ABCSS program? | Yes No |  |
| **14.08** | Do ABC classroom staff have access to necessary IEP objectives to provide the appropriate classroom instruction? | Yes No |  |

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| **Section 15 Assessments and Screenings** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **13.09** | Is there a collection of each child's work samples? | Yes No |  |
| **13.09** | Are there examples of teacher's observations on each child? | Yes No |  |
| **15.05** | Were necessary referrals made within 7 days? | Yes No |  |
| **15.05** | Were developmental screenings completed within 45 days of enrollment? | Yes No |  |
| **15.08** | Were all health screenings completed within 45 days of enrollment? | Yes No |  |
| **15.10** | Is every classroom equipped with a computer with high-speed internet access? | Yes No |  |

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| **Section 16 Parent and Community Involvement** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **14.02** | Does Parent Handbook include Behavior Policy? | Yes No |  |
| **16.01** | Does site have a plan for parental involvement that includes opportunities for parental input into program operation and design? | Yes No |  |
| **16.02** | Does site have an open door policy for parents that encourages visiting and participation? | Yes No |  |
| **16.02** | Are there opportunities for at least 2 parent/teacher conferences? | Yes No |  |
| **16.03** | Does program use a parent handbook specifically the for ABC program? | Yes No |  |
| **16.04** | Does the program have a collaboration plan with community/school district/educational coops, etc.? | Yes No |  |
| **9.08** | Does the parent handbook contain a clearly outlined attendance and tardy policy? | Yes No |  |

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| **SECTION 23 ADDITIONAL REGULATIONS CONCERNING THE USE OF ABC FUNDS** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **23.04.4** | Is the program in compliance with ABC Rules and Regulations regarding religious activities occurring during the ABC day? | Yes No |  |
| **23.04.5** | Is there documentation that program has informed parents and guardians in writing that no religious activity will be paid or subsidized by public funds or occur in any manner suggesting governmental endorsement of any religion or religious message? | Yes No |  |

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| **Family Homes** | | | |
|  | **ITEM** |  | **COMMENTS** |

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| **21.02** | Is the group size in the ABC family home 16 or less children or the maximum licensing capacity whichever is less? | Yes No |  |
| **21.04** | Does the ABC family home teacher have a CDA? | Yes No |  |
| **21.03** | Does the ABC family home teacher have a 4-year degree? | Yes No SQP |  |
| **21.03** | If over 10 children, does the second staff person have a CDA? | Yes No SQP |  |

**ACTION PLAN**

For each “NO” checked on the compliance list, the program reviewer must complete the information below. After completing the information, program reviewer and site contact must sign, and the site director must receive a copy of the checklist and Action Plan.

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| **#** | **AREAS OF IMPROVEMENT** | **PLAN OF ACTION** | **COMPLIANCE**  **DATE** | **COMPLIANCE**  **MET** |
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| **Please upload all documentation of compliance to COPA eDocs by the deadline.** | | | | |

I certify that the above named program and site was evaluated in accordance to the Arkansas Department of Education Rules governing the Arkansas Better Chance Program.

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Program Reviewer Date

The signature below indicates the ABC Monitoring Audit was reviewed with the appropriate individuals of this program. I agree that the local program team will address any items identified in need of improvement and will comply with the Action Plan within the negotiated timeframe. I understand that positive results of the Monitoring Audit and/or the fulfillment of an Action Plan are essential to participate in future funding opportunities (i.e. summer services, renewal, expansion, etc.).

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Site Contact/Authorized Official Date

Action Plan page \_\_\_\_\_\_ of \_\_\_\_\_\_