

Arkansas Better Chance (ABC) Required COPA Fields

Primary Caregiver Information

- First name
- Last name
- Gender
- Application date (date caregiver signed application)
- Birthdate
- Language
- Other language (if caregiver is bilingual)
- Ethnicity (if Hispanic) or Race (if non-Hispanic)
- Education level
- Employment status
- Employer name (if applicable)
- Home, mobile, work phone (if applicable)
- Address (city, county, state, zip)
- Family structure
- Parent/Guardian best descriptor
- Family type
- # in family
- # in household
- Marital status
- Disabled (yes/no)
- Medical insurance (yes/no)
- Name of medical insurance provider for child

Secondary Caregiver Information

- First name
- Last name
- Gender
- Birthdate
- Language
- Other language (if caregiver is bilingual)
- Ethnicity (if Hispanic) or Race (if non-Hispanic)
- Education level
- Employment status
- Employer name (if applicable)
- Home, mobile, work phone (if applicable)
- Address – check box next to “Home address”

Caregiver Income Information

- Enter yearly income for both primary and secondary caregivers
- Unemployment income (if applicable)
- If family has no earned income, check “No Income” box at bottom of screen

Child Enrollment Information

- Agency
- Site
- First name
- Last name
- Application date (date parent signed the application for child’s first year in program)
- Gender
- Birthdate
- Primary language
- Secondary language (if child is bilingual)
- Speak English at home (yes/no)
- English skills
- Ethnicity (if Hispanic) or Race (if non-Hispanic)
- Social Security number
- Relation to primary caregiver
- Program model
- Program option
- Current school district (district where child resides)

Child Growth Assessment Information

- Weight
- Date
- Height (in inches)
- Due date (2 years from date performed)
- Performed by

Child Vision and Hearing Screenings

- Performed by
- Treatment status
- Exam date
- Next exam due (2 years from exam date)
- Ensure that “Screening” is checked instead of “Assessment”

Child Physical

- Performed by

- Exam date
- Next exam due (2 years from exam date)
- Treatment status

Child Developmental Screening (enter under “Development Screening (Locally Designed Models)

- Screening date
- Screening result
- Screening decision
- Re-screen date (1 year from screening date)
- Performed by
- Instrument and Assessment date (choose from drop-down lists)
- Check box if referral needed

Child Referral (if applicable)

- Date referred
- Requested by
- Referral reason
- Screening (choose screening from drop-down list)
- Referral reason
- Referred to

Child Disability information (if applicable)

- Diagnosis/Eligibility determination date
- Disability status
- Qualified (yes/no)
- Primary condition broad category

Staff Personal Information-Demographics

- First name
- Last name
- Employee ID (this will be their PDR #)
- Home, work, mobile phone (if applicable)
- Social Security number
- Gender
- Date of birth
- Language
- Ethnicity (if Hispanic) or Race (if non-Hispanic)

Staff Salary and Funding Source

- Note: This information will appear under “Personal Information” when adding new staff. When updating this information, it will be under the “Employment Info” tab.
- Select “Funding Source” from drop-down menu
- Enter % of salary paid from selected funding source

Staff Employment Information

- Employment agency
- Employment site
- Initial hire date with agency
- Start date (in **current** ABC position)
- Effective date (in **current** ABC position)
- Position
- Classification
- Employment type
- Hours/Week
- Salary (must be **yearly** salary)
- Salary type (must be **yearly** salary)
- Fringe
- **Always “Save as New Record”** – this ensures the staff history is saved.

Staff Credentials

- Education Level/Degree (highest completed)
- Major
- Enrolled toward next degree
- Next Major
- Years of experience working/teaching Preschool-age children
- Years of experience teaching infants and/or toddlers (if applicable)