



better beginnings

GETTING READY FOR BETTER BEGINNINGS

REQUIREMENTS TO ACHIEVE “GETTING READY FOR BETTER BEGINNINGS” STATUS:

1. The facility is licensed or registered and in good standing with the Child Care Licensing Unit. For eligibility requirements refer to Section 5.00 of the [Better Beginnings Rules and Regulations](#).
2. Verification of completion of the “PAS Basics” training for a center based facility or verification of completion of the “BAS Basics” training for a home based facility.
3. Verification that the facility director (center based) or primary caregiver (home based) is a current member of the TAPP Registry.
4. The facility director/primary caregiver submits a completed “Getting Ready for Better Beginnings” request form.
5. The facility director/primary caregiver agrees to submit an application within six (6) months of achieving “Getting Ready” status for Better Beginnings level 1 or higher.

Facilities that have achieved “Getting Ready” status will be provided with a certificate of participation that will be valid for a full 6 months time period, as long as the license/registration is maintained in good standing. In addition, facilities that have achieved “Getting Ready” status will be listed through a link found at the “Search for Childcare” page on the Better Beginnings website.



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“GETTING READY” STATUS REQUEST

FACILITY NAME: _____

LICENSE NUMBER: _____ LICENSE TYPE: CENTER HOME SCHOOL AGE ONLY
(CIRCLE ONE)

MAILING ADDRESS: _____
CITY STATE ZIP

PHONE NUMBER: _____ COUNTY: _____

DIRECTOR/PRIMARY CAREGIVER NAME: _____

DIRECTOR/PRIMARY CAREGIVER EMAIL: _____

THE ABOVE LISTED FACILITY IS REQUESTING BETTER BEGINNINGS “GETTING READY” STATUS. ALL OF THE FOLLOWING REQUIREMENTS HAVE BEEN MET:

- DIRECTOR/PRIMARY CAREGIVER HAS COMPLETED “PAS/BAS” TRAINING.
 - A COPY OF THE TRAINING CERTIFICATE IS ATTACHED
- DIRECTOR/PRIMARY CAREGIVER IS AN ACTIVE MEMBER OF TRAVELING ARKANSAS’ PROFESSIONAL PATHWAYS (TAPP) REGISTRY.
 - TAPP REGISTRY ID # _____

AUTHORIZATION:

- I UNDERSTAND THAT MY FACILITY’S LICENSING HISTORY WILL BE REVIEWED.
- I WILL SUBMIT AN APPLICATION FOR BETTER BEGINNINGS WITHIN THE NEXT SIX (6) MONTHS.
- ALL INFORMATION CONTAINED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- YES**, I WOULD LIKE TO HAVE A BETTER BEGINNINGS CONSULTANT CONTACT ME FOR ASSISTANCE AS I CONTINUE WITH THE BETTER BEGINNINGS APPLICATION PROCESS.

DIRECTOR/PRIMARY CAREGIVER’S SIGNATURE DATE

OFFICIAL USE ONLY:	DATE TA REQUEST SUBMITTED: _____
LICENSING COMPLIANCE VIEWED:	DATE KEYED: _____