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IMPORTANT INFORMATION NEEDED

DEADLINE for Completion: August 1, 2008

Please assists us by completing the attached forms immediately. One set of forms (pp. 1&2), must be completed for every ABC site (physical address) operated by your program. This information is shared and used by: 1) Work Sampling Mentors, 2) Rating Scale Assessors, 3) Technical Assistance Consultants and 4) DCCECE ABC Program Specialists to conduct required visitations for your ABC program.

1. Please complete the Administrative Office Information at the top of page 1, then make as many copies as your program has ABC sites.

2. Complete the Classroom Site Information at the bottom of page 1 and all of page 2 for each site where you operate ABC classrooms.

If your program participates in the state's Quality Accreditation Program, a percentage (approximately 1/3) of all classrooms (ABC and Non-ABC) must be assessed using the Environment Rating Scales. Quality Approval is granted to a particular DHS License Number. Most sites have only one DHS License Number but a few programs operate their School Age programs under a separate DHS License Number. In addition, a few sites operate Head Start programs or Even Start programs under a separate DHS License Number. If you are seeking Quality Approval for classrooms licensed under these separate license numbers, we must know now so that we can make the necessary assignments to cover your needs.

Please complete the attached forms and email, mail or fax them to:

ASU Childhood Services
Attn: Janice Carter
PO Box 808
State University, AR 72467
FAX: 870-972-3556
PH: 870-972-3055
jscarter@astate.edu

Thank you for your assistance.

PY 08-09

ABC Program Information

Please complete and return to Childhood Services by August 1, 2008

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ADMINISTRATIVE OFFICE INFORMATION

If you have questions on how to complete this form,
Please call Janice Carter or Kelly Smith at (870) 972-3055

Agency Administering the Program: _____
(i.e. School District, Educ. Coop, Church, N/A)

ABC Program Coordinator: _____ Email Address: _____

Admin. Office Phone: _____ Fax: _____

PHYSICAL Address of Admin. Office:

_____
Street

_____
City State Zip Code

MAILING Address of Admin Office: (If Different)

_____
Street/P.O. Box

_____
City State Zip Code

CLASSROOM SITE INFORMATION

Name of ABC Site: _____ County: _____

DHS License Number: _____ DHS Licensing Specialist: _____

Site Contact: _____ Email Address: _____

Site Telephone: _____ Site Fax: _____

PHYSICAL Address of Center:

_____

_____
Street

_____
City State Zip Code

MAILING Address of Center: (If Different)

_____

_____
Street/P.O. Box

_____
City State Zip Code

Total Number of Rooms: Preschool Rms: _____ Infant/Toddler Rms: _____ School Age Program (Y/N): _____
(ABC and Non-ABC)

How many classrooms from the total number above have ABC children enrolled.
Total Number of **ABC** Classrooms: PS _____ I/T _____

Are you applying for Quality Approval for the site? (Y/N) _____

Is there an EVEN Start Program at this site (Y/N) _____ If yes, are the EVEN Start children enrolled in the ABC Classrooms? _____

What is the DHS License Number of the ES program? Same as above (Y/N) _____ If no, License # _____

Are there Head Start classrooms at this site (Y/N) _____

What is the DHS License Number of the HS program? Same as above (Y/N) _____ If no, License # _____

For ASU/DHS Office Use Only: Region _____ Regional Coordinator _____

TA Consultant: _____ PR Consultant: _____

WSS Mentor: _____ ABC Specialist _____

CLASSROOM INFORMATION

Please complete a separate sheet for **each** address (site) where your program has ABC classrooms

Site Name: _____

Person Completing Form:_____Phone_____

Rm	1 Lead Teacher First & Last Name	2 Is this an ABC classroom? Y / N	3 New ABC teacher Y / N	4 New ABC Classroom Y / N	5 If not an ABC room—See Codes below	6 PS=Preschool I/T= Infant/Toddler SA= School Age FH= Family Home
EX	Rebecca Perry	Y	Y	Y		PS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

1 If the teacher has not been hired, please indicate TBD— "to be determined" and answer questions 2-7, if possible.
2 If the answer in column 2 is "no" skip to columns 5& 6. (If even one ABC child is enrolled in this room the answer is "yes.")
3 If the teacher is a New ABC teacher that has never attended Work Sampling training, please enter an "Y" in column 3.
4 If this is a New ABC classroom at this site for the **2007-2008** program year, answer "yes" in column 4.
5 **If the entire facility is applying for Quality Approval**, it is critical that the assessors know how many ABC and non-ABC classrooms are located at this site. Please code the rooms by all that apply— PV=Pay/Voucher, ES=Even Start, HS= Head Start, O=Other (explain).
6 Please indicate the age group served in this room.

THANK YOU!