# Division of Child Care and Early Childhood Education
# Arkansas Better Chance/Arkansas Better Chance For School Success
# ABC Security Agreement for Access to COPA ®

**In order to participate in the Arkansas Better Chance program, all grantees must have access to the student database system COPA. This Security and Confidentiality Agreement must be completed for EACH staff member who will need access to COPA.**

## *A. USER ACTION REQUEST*

**TYPE OF ACTION REQUESTED *:** ☐ **NEW USER** ☐ **CHANGE** ☐ **DELETE**

## B. PROGRAM and SITE INFORMATION

**Agency Name** _____ **Site Name** _____ **Classroom** _____

## C. USER INFORMATION

**First Name** _____ **Middle Initial** _____ **Last Name** _____

**Last 4 Digits of SSN** _____ **User Phone Number** _____ **User E-mail Address** _____

## D. SECURITY AND CONFIDENTIALITY STATEMENT

Access to ABC data system (COPA) is restricted to authorized Division staff and employees of ABC program agencies. Prior to being granted access to the ABC data system, users must provide user identification information, then read, sign and return the Security Agreement and Confidentiality Statement to the Division. By signing below, Agency user and Agency Administrator understand that usage of the COPA data system listed above may be monitored by Division staff and the user may hold no expectation of privacy in the use of Arkansas COPA. The Division may terminate any level of user access without notice. The user accepts responsibility for appropriate use of the ABC data system. User and Agency Administrator agree to take all necessary measures to safeguard the security of user's password and agrees not to share passwords nor use them in a manner that will compromise their security.

User and the program agency will be held accountable for any unauthorized use of user's password that results from user's negligence or purposeful action. User agrees to immediately report to the Division any situation where security of a password may have been compromised. By entering any information in the ABC data system, user certifies such information is true and correct to the best of his/her knowledge. User understands that the Division will utilize ABC data reports to review program agency's progress, as well as determine future payment. Submission of any falsified or misleading data in order to obtain payment of higher program review score may result in Agency's termination from the ABC program, Agency's exclusion from participation in other DHS programs, repayment of funds to the State of Arkansas and criminal prosecution of any individual involved. User understands it is a violation of state and federal laws to use, or permit the use or to fail to safeguard the security of program information in any way that jeopardizes confidentiality. Penalties may include civil and/or criminal prosecution.

## E. ACCESS REQUESTED

**Type of Access Requested:** _____ **Date** _____

***Signature of User** _____

**Supervisors Signature** _____

**Supervisors Email** _____

*Submitting this form certifies you have been authorized by your approving supervisor for access to the COPA system.

Print Form  Submit by Email

# ABC SECURITY AGREEMENT INSTRUCTIONS

You must complete all information or the agreement will be returned.

**A. User Action Request**

New User - New access to COPA system
Change - User is requesting access level change
Delete - User will be deleted from COPA system

**B. Program and Site Information**

Agency Name - Grantee (Example:ArkansasBetter Chance)
Site Name - Agency may have multiple sites. (Example: ABC Test Site #1)
Classroom - Classroom user needs access to. (Example: A, B, C, etc.)

**C. User Information**

Please provide user information, you may use either work or personal contact information.

**D. Security and Confidentiality Statement**

**E. Access Requested**

Admin/Manager - Edit and View access to all information
Billing - Edit and submit monthly billing report
HR & Manager - Edit and View access to HR section and other areas of COPA.
Teacher - Limited access. View access to information in classrooms, child/family data sheets and attendance only.

You may fax or mail form to:
DCCECE/ABC Unit
P.O. Box 1437, Slot S160
Little Rock, Arkansas 72203
Fax: 501-683-0971
Phone: 501-682-2314