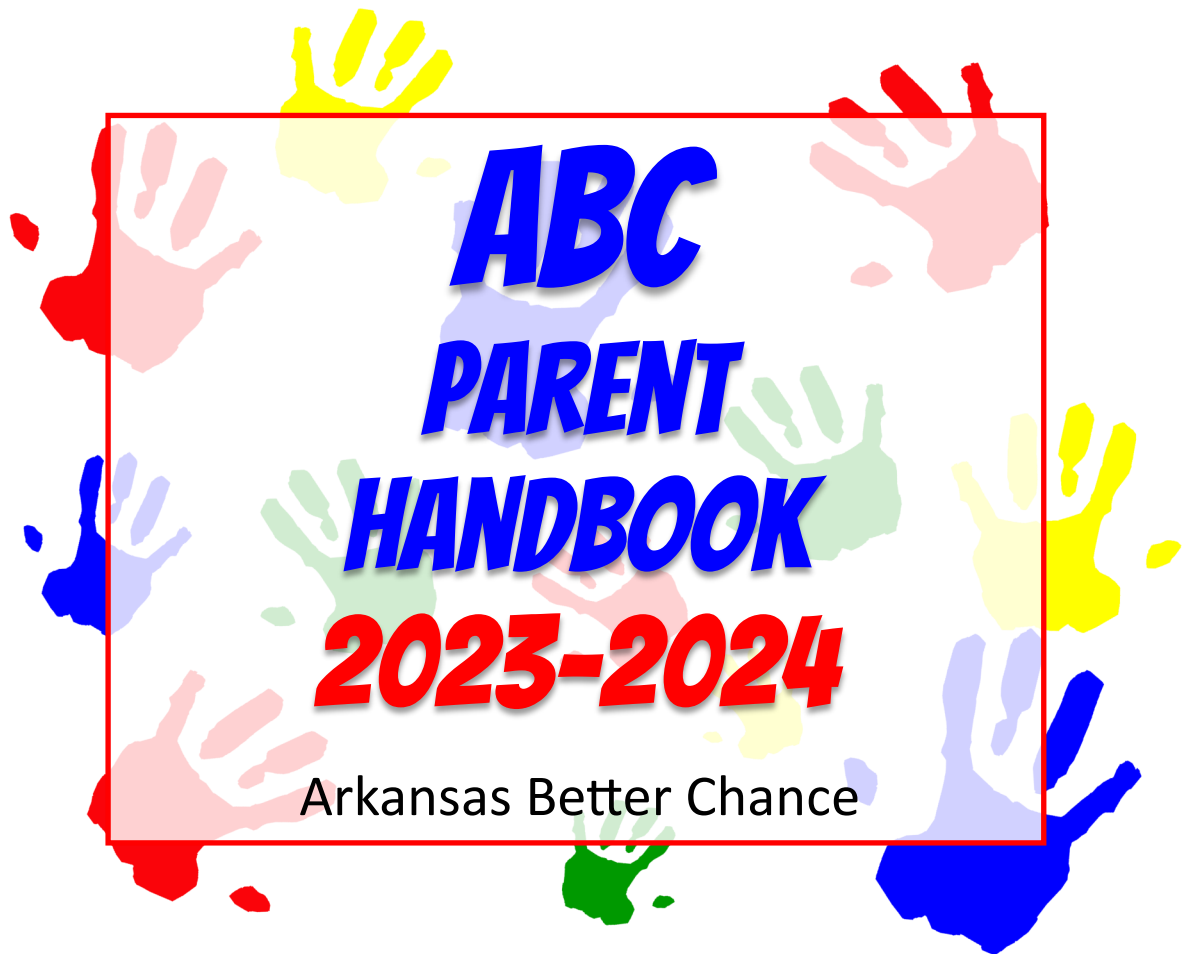


FACT, Inc.

Families and Children Together, Inc.



Arkansas Better Chance

PO Box 10670

2720 Vine Street

El Dorado, Arkansas 71730

Phone: (870) 862-4545

Fax: (870) 862-0380

Website: www.FACT-inc.com

Facebook: www.facebook.com/FACTPreschools

Shiree Daniels, Executive Director

Mission Statement of FACT, INC.

To empower children and families!

Philosophy of FACT, INC.

We believe that from birth, all children need early child development experiences that support their unique characteristics and provide love, warmth, and positive learning experiences. All families need encouragement and support from the community to achieve their own goals and provide a safe and nurturing environment for their young children.

Goals of FACT, INC.

- To strive for excellence in services and support programs that serve both children and families
- To focus on staffing and career development
- To restructure management oversight to provide for greater accountability
- To build a strong and enduring infrastructure for ongoing research
- To continually assess needs, strategically plan and specifically address local priorities
- To expand the number of children served and the scope of services provided in a way that is more responsible to the needs of children and families
- To serve as a central community institution for children and families
- To forge new and maintain current partnerships to meet the changing needs of individual families and communities
- To provide safe and developmentally enriched care giving environments which promote the physical, cognitive, social and emotional growth of children from birth, and prepare them for future growth and development.
- To provide comprehensive programs involving activities generally associated with the fields of health, social services, parent involvement, disability services and education
- To support parents, both mothers and fathers, in their roles as primary care givers and educators of their children, and families in meeting personal goals and achieving self-sufficiency across a wide variety of domains
- To mobilize communities to provide the resources and environments necessary to ensure a comprehensive, integrated array of services and support for families
- To ensure the provision of high quality responsive services to families through the development of highly-trained, carried and adequately compensated program staff





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Ready. Set. Go! 



Arkansas Better Chance Program

The Arkansas Better Chance (ABC) Program was created in 1991 with funding of \$10 million dollars. In 2003, ABC expanded with an additional \$40 million in funding Arkansas Better Chance for School Success (ABCSS).

Both the ABC and ABCSS programs serve children birth through 5 years with a variety of developmental and economical risk factors. Efforts to increase the likelihood of academic success in this severely at-risk population are the immediate goals of the programs.

The financial commitment of the state gives early childhood providers like FACT, Inc. the resources to provide quality education opportunities for Pre-K children.

ABC and ABCSS Locations

Bearden ABC
100 West Oak Street
Bearden, AR 71720
Phone: (870)687-2020
Fax: (870)376-1111

Junction City ABCSS
300 West Holly
Junction City, AR 71749
Phone: (870)924-5615
Fax: (870)588-8332

Magnolia East ABC
801 Calhoun Road
Magnolia, AR 71753
Phone: (870)626-5026
Fax: (870)664-8249

SAU Tech ABC
1199 Maul Road
Camden, AR 71701
Phone: (870)836-5227
Fax: (870)393-5055

Strong ABC
735 South Concord
Strong, AR 71765
Phone: (870)797-2416
Fax: (870)916-1158

Taylor ABC
506 East Pine
Taylor, AR 71861
Phone: (870)694-6018
Fax: (870)970-0131

West Woods ABCSS
1500 Bradford Street
El Dorado, AR 71730
Phone: (870)875-1714
Fax: (870)970-0174



Standards of Conduct

A program must ensure that all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that:

- Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;
- Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
 - Use corporal punishment
 - Use isolation to discipline a child
 - Bind or tie a child to restrict movement or tape a child's mouth
 - Use or withhold food as a punishment or reward
 - Use toilet learning/training methods that punish, demean, or humiliate a child
 - Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child
 - Physically abuse a child
 - Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
 - Use physical activity or outdoor time as a punishment or reward
- Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family, and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;
- Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members, in accordance with subpart C of part 1303 of the Performance Standards (Protections for the Privacy of Child Records) and applicable federal, state, local, and tribal laws; and,
- Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.
- All employees engaged in the award and administration of contracts or other financial awards are not to solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors.
- Employees, officers, consultants, and agents who provide services or furnish goods must make known possible conflict of interest (or appearance of a conflict of interest) to the Assistant Director.
- Violations of the Standards of Conduct are to be reported to the Assistant Director.
- Violation of any of the Standards of Conduct by staff will call for disciplinary action, up to and including termination. Consultants and volunteers in violation of the standards will not be allowed to work in FACT, Inc. centers.



Parent Code of Conduct

- Behavior of parents toward their own children
 - Parents will address misbehaviors of their own children attending a preschool function or classroom in a positive way. No physical or verbal punishment of children is allowed at a preschool function or classroom. This includes, but is not limited to, striking your child in any way or cursing at your child at a preschool function or classroom.
- Behavior of parents toward other peoples' children
 - Parents will direct all concerns regarding other children at a preschool function or classroom to staff immediately. It is not the intent of this standard to stop a parent from helping a child who is in immediate danger, but to use common sense in a situation where a child may be at risk of being harmed.
- Behavior of parents toward staff
 - Parents will treat staff members with respect, and follow agency policy regarding disagreements or concerns. It is never appropriate for a parent to threaten a staff member in any way.
- Behavior of parents toward other parents
 - If a parent has a disagreement or problem with another parent at a preschool function or classroom, that problem will be addressed with respect. It is never appropriate for a parent to threaten another parent at a preschool function or classroom. To promote a safe, happy environment for our children, parents will address problems with other parents and staff in private, away from children and other guests. No quarreling in front of children is allowed.
- Language of parents
 - When in the presence of children at a preschool function or classroom, parents will use language appropriate for young children to hear. Cursing and/or swearing is not allowed.
- Cell phone usage
 - Cell phone usage is not allowed when entering or exiting the building. Cell phones must be turned off or put on vibrate.
- Smoking and consumption of alcohol or other drugs
 - Our buildings/playgrounds are smoke, drug, and alcohol free, as are all fieldtrips and preschool activities. This includes bus stops and home visits.
- Clothing
 - Parents will be fully dressed in acceptable, modest clothing at all preschool functions and daily as they come to the center.
- Weapons
 - Weapons and/or the use of any unsafe item is prohibited.

It is not our wish to exclude or terminate the enrollment of any child or family. If the situation arises, however, that does place staff, children, or family members in danger, FACT, Inc. reserves the right to re-evaluate the enrollment status of a family to protect the safety of others.

If any adult is involved in an altercation on a school campus, the Executive Director has the right to ban that person from school premises, either permanently or for a period of time. If a weapon is involved, the ban from the premises *must be a minimum of 90 days* and most likely will be permanent.

If, at any time, staff feels a child, a staff member, or any person on campus is being threatened or is in danger, appropriate law enforcement will be called.



What We Believe

You, the parent, are the child's first teacher!

We believe that the impressionable, pre-school years are the most important years in the life of a child. We are dedicated to providing a healthy, friendly, and stimulating environment which allows children to grow and develop to their fullest potential. It is important to lay a strong foundation. For continuing educational development within the framework of meeting the needs of each child. The education of children requires the efforts of both our staff and parent. Using a climate of cooperation and understanding encourages parent involvement in the daily education of children.

We look forward to sharing many happy experiences with you and your child during this program year.

Welcome to our family!

Your Child's Teacher: _____

Teacher's Assistant: _____

Other: _____





Center Information

Arrival and Departure

Children must be signed in upon their arrival, and must be signed out at their departure by authorized adults 18 years or older. In order to authorize someone to pick up your child, there must be a completed authorization form in your child's file. Staff shall not release a child to anyone who is not immediately recognized as the child's parent or recognized as someone on the authorized pick-up list unless:

- The individual can provide an official picture ID
AND

- The person in charge can match the ID to the individual named on the child's data sheet

Verification of permission for persons not on the authorized list shall be obtained by the person in charge by calling the parent at a number listed in the child's record. The person in charge shall view an official picture ID of the individual to verify identity.

The forms will be filled out at the time of enrollment, and should you need to add or delete names to your child's pick-up authorization list, talk with your child's teacher to complete the necessary file information.

Whenever parents (or designee) are later than the designated pick-up time allowed, the parent must sign a Late Pick-Up form explaining the reason for being late. A consultation concerning the importance of being timely in picking up children should occur with the center director at this time. If three or more late pickups occur within the program year, the parent may be requested to transfer their child to a home-based option. If your child is regularly left in the center after hours, the proper authorities will be notified of possible child neglect.

Attendance

In a center-based setting, class begins at 8:00am. Parents who bring their child in at 8:15 or later must sign a Late Arrival Form. After the third time a child is late 15 or more minutes, the teacher will conduct a conference (at the home or center) with the family to discuss the importance of being on time. If the pattern continues, the child may be dropped from the program. Attendance is very important. Please see your child's teacher for the completed Attendance Policy and the Individual Attendance Contract (if needed).

Conferences

To provide the best services possible for your child and family, we encourage on-going communication between parents and the center staff. Parent/Teacher conferences may be requested by either party at any time with a minimum of two per year for ABC program.

Daily Schedule

The daily schedule is arranged by the Education Coordinator in accordance with the funding source guidelines and minimum licensing standards. Any changes by staff in reference to the schedule must be approved by the Education Coordinator prior to being implemented. The daily schedule is to be posted in the parent area and adhered to as closely as possible. Each center will operate on a daily schedule that will be posted in detail in the center. Please see your child's teacher for a copy of the ABC Daily Schedule.

Fundraisers, Donations, and Solicitation

No fundraising activities, requests for donations, or solicitations are to be initiated by Centers, Classrooms, or Parent Groups without written approval of the Executive Director or designee. Planning preparations and/or announcements for these will be handled through the Central Office.

Graduation Ceremony Policy

FACT, Inc. will not sponsor formal graduation ceremonies. There are several reasons for this policy:

- Long, repetitive practices for such ceremonies are not developmentally appropriate for preschoolers.
- Not all parents can buy (or wish to buy) expensive clothing, or caps or gowns, for their preschoolers, and no parents should feel pressured to spend money they may not have.
- Such ceremonies are emotional powder kegs, with many parents having strong feelings and many different ideas about how such ceremonies are to be carried out.
- Speakers are generally chosen to please adults, not for the benefit of the children.
- Locations, equipment, room temperature, degree of formality implied, types of certificates, and dress are all objects of controversy that can be avoided when plans are kept simple.

This is not to say that a straightforward, brief program cannot be held. Parents are advised to work with the teacher in planning an uncomplicated but pleasant end-of-the-year program. Suggestions might be: wearing Sunday dress, meeting in the school cafeteria or library, having the children sing a few of the songs they have learned, and having the teacher give out certificates to all (three- and four-year-old) children for completing a year of preschool. On the other hand, parents might plan a picnic on the school grounds, children might wear short sets, and teachers might hand out portfolios of the children's work from throughout the year. Specifically, caps and gowns will not be worn, guest speakers will not be invited, expensive dress will not be encouraged, and space will not be rented.

Operating Schedule

See individual centers for program hours and specific opening and closing times.

With some exceptions, all centers will be open the same days that the local public schools are in session. Centers will also observe the same snow days as the public schools.

Parade Policy

Due to insurance restrictions, NO individual center or classroom is allowed to participate in any parade while representing FACT, Inc. ABC, etc.

Class Pictures

Individual and group pictures will be made one time per year by a professional photographer. Payments will be taken up by and/or paid directly to the photographer when pictures are made or received—whichever the photographer prefers.

Complaint Procedure

All parents, relatives, community advocates, etc., are encouraged to voice any concerns regarding all aspects of any F.A.C.T., Inc. program.

Any person wishing to voice a concern or question about any F.A.C.T., Inc. staff member, procedure, or center, should follow these procedures:

- Discuss concerns with a local staff member (i.e. teacher or Center Director). If a person feels that a concern is not sufficiently addressed at this level, he/she can go to the next level.
- Contact the Assistant Director at the Central Office at 862-4545 to express a concern. A Central Office staff member will be assigned, depending upon the nature of the issue.
- Following the phone call, submit your concern in writing to the Assistant Director.
- The assigned staff member will investigate the complaint by contacting persons involved and then making a written report to be distributed to all necessary files, with a copy sent to the Executive Director of F.A.C.T., Inc.
- The person registering the written complaint will be contacted about the report and any action taken within 10 (ten) business days from receipt of the written complaint in the Central Office.
- If the complainant is not satisfied with the report, or the action taken, he/she may contact the F.A.C.T., Inc. Executive Director.

Confidentiality Policy

All information regarding clients of all F.A.C.T., Inc. programs (including children, volunteers, parents, staff, etc.) must be kept confidential at all times.

FACT, Inc. has adopted the following guidelines regarding confidentiality:

- Clients, parents, guardians, or custodial parents are the primary source of information about themselves, and information sought from them is limited to what is essential for service.
- Clients, parents, guardians, or custodial parents, and other volunteers are prohibited from reviewing records other than those of their own family.
- Health, Education, Family & Community Services, and Disability records on families are open only to the authorized F.A.C.T., Inc. staff in order to provide services to families. Other individuals such as federal monitors may review certain documentation in order to ensure compliance with the law.
- Only information that is essential to provide the service is recorded and maintained.
- No information is released to anyone outside the program without written consent from the family, except in reporting child abuse and neglect or upon receipt of court orders.
- Other agencies and individuals are consulted only with family's consent.
- All classroom client records will be locked in the file cabinet at all times. Disability files are to be kept in a **separate** locked drawer.
- The teachers, assistants, Home Educators, and family service aides/advocates will have access to the keys to the file cabinet and are responsible for their client's records assigned to that particular class.
- In accordance with federal HIPAA privacy rules all medical information, including Protected Health Info (PHI) will be kept strictly confidential.

Fraudulent (Dishonest) Applications

A committee of key management staff (Executive Director, Assistant Director, Human Resources Coordinator, plus a Policy Council member and Chief Financial Officer) plus the ERSEA Coordinator (and the central office ABC/Education Coordinator) must meet to determine if fraud is, indeed, involved. After sufficient inquiry, if a (3/4 majority minimum) decision is made that fraud has been found, the representative from the committee will meet with the family involved as quickly as possible to let them know that they will be dropped from the program. The family will be given 14 calendar days to find other childcare and to begin transition processes. The agency will provide help with this process as needed. As a general rule, prosecution will not be sought, and the family can reapply to the program after one year.

Shelter In Place Plan

Shelter in Place is when a disaster has occurred that the Local Emergency Planning Commission (LEPC) has determined to be hazardous to the public. In the event of a disaster, the LEPC will determine whether *Shelter in Place* or site evacuation is necessary. You will need to follow the LEPC's directions.

Center Director/Program Managers will need to choose a room that will accommodate all staff and children. In selecting your location keep in mind bathroom facility and activities to occupy the children for up to 4 hours. Center Director/Program Managers will need to assign job duties for setting up *Shelter in Place* and making sure that each designee knows their assigned responsibilities. In order to account for each child, staff is required to carry the clipboard containing the Children's Sign-in Sheets and the Emergency Contact Sheet for notifications of parents.

Shelter in Place:

- Children's Sign-in Sheet
- Emergency Contact Information Sheet
- Move inside the building
- Close and lock all windows and doors
- Turn off all ventilation systems
- Move to one room of the building and seal the room by covering and taping all windows and doors.
- Turn on radio for further emergency instruction
- Stay off the phone (This is very important because the phone lines are needed for emergencies.)

Shelter In Place Kit includes plastic sheets (painter's drop cloth, etc.), duct tape, water (for drinking and wetting towels), snacks, battery operated radio, towels (for wetting, to close gaps in doors and windows), flashlight, fanny pack (fully stocked), sign that states that we are shelter in place.

Emergency Evacuation Plan

General Procedure: Teachers are to take the children's sign in sheets and the emergency contact information sheet with them to the evacuation site. As soon as practical, directors should notify Central Office.

Site Evacuation: Centers located in the public schools will follow the school evacuation plans. The school in which each center is located will be responsible for the transportation of children. Centers, which are "stand-alone" sites, will use their designated procedures.

THE LOCAL EMERGENCY PLANNING COMMISSION WILL DETERMINE ALL EVACUATION SITES. SITES WILL BE DETERMINED AT THE TIME OF EVACUATION.

Medication Restriction Policy

Oral and/or topical medications prescribed by a physician will be administered by staff with the following restrictions:

- The 1st dose must have been given at home.
- No “as needed/prn” medications will be given other than asthma inhalers and EpiPens.
- Diaper ointment/lotions may be used with written parental consent.
- Medication is given only when alternate arrangements cannot be made for the child to receive the medication outside center hours such as those that are time sensitive.
- ALL parents/legal guardians must fully complete and sign the ‘Medication Authorization Form’ before any medication (oral and/or topical) is administered.
- Medication must be in the original container, labeled with the child’s name, physician, pharmacy, medication name, administration instructions, and be currently issued.
- All medication for all children in each classroom is kept out of reach of children at all times. Those requiring refrigeration are also kept in a locked box in the refrigerator.
- Each child’s medication is kept in a separate zip-lock bag. The bag will contain a picture of the child, the medication in the original container with the prescription label attached, a copy of the completed EHP, medication authorization, and medication log.
- Changes in the administration of medications are made upon receipt of new written physician instructions, including the date of change. A new consent/authorization form must be completed by the parent/legal guardian.
- Only designated staff can administer medication.
- Two (2) staff members must be present for the administration of all medications (one person to administer and one person to witness). In the event there is only one regular staff person present, a volunteer may sign as a witness.
- The Medication Log must be completed at the time of administration and include the date, time, administration by, and witness initials, with the full signature indicated at the bottom of the form.
- All unused medication is returned to the parent after discontinuation of the medication and/or if the child drops from the program or transfers.
- The center director will notify the Health Coordinator of all medication to be given at the center immediately upon obtainment of parental consent.
- All adverse reactions, including allergic reactions, must be reported to the Health Coordinator immediately.
- Invasive medication will not be given by non-licensed staff, with the exception of an EpiPen.
- Sunscreen shall be used if needed and as directed by the parent. Suntan lotions and sunscreens used for infants, toddlers, and preschoolers must be supplied by the parent, shall be administered only with written parental permission (complete the “Sunscreen Permission Form”), and will be kept out of children's reach.



Smoking and Drug Awareness

FACT, Inc., under the auspices of the Federal governments "Drug-Free Workplace Act of 1988", is committed to maintaining safe working environments free of illegal drugs, alcohol, and drug abuse. A description of the Drug-Free Workplace Policy and Policy Against Substance Abuse can be found in the FACT, Inc. Personnel Handbook.

DRUG AWARENESS

In an effort to combat the national drug crisis, the Federal government enacted the Drug-Free Workplace Act of 1988. This law requires Federal contractors, like FACT, Inc. to certify that a drug-free workplace is provided. Employee Assistance Programs are available for anyone needing treatment, counseling, etc., if that person voluntarily requests assistance.

FACT, Inc. offers referral services for employee assistances programs.

CENTER AND VEHICLE SMOKING POLICY

In an effort to safeguard and promote the health and safety of employees, children, participants, and visitors, FACT, Inc. recognizes the need to maintain smoke-free environments. In accordance with state, federal (Public Law 103-227, Pro-Children Act of 1994), and Head Start Regulations (ACYF-PI-HS-95-04: Establishing a Smoke-Free Environment in Head Start Programs), all FACT, Inc. facilities and vehicles, owned, leased, or otherwise utilized will be designated as smoke-free environments. Smoking will be prohibited in all facilities utilized by FACT, Inc. staff at all times. Smoking will be prohibited in personal vehicles when in the process of transporting individuals on FACT, Inc. authorized business. For the purpose of this policy, tobacco is to include any product containing, made, or derived from tobacco that is intended for human consumption whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested. This includes e-cigarettes and electronic nicotine devices.

SPECIFIC PROCEDURES

FACT, Inc. staff will be informed of the smoking policy through signs posted in FACT, Inc. facilities, the Personnel Handbook, orientation and training provided by their supervisors. Volunteers, parents, and visitors will be informed through the following methods:

- a. The policy will be stated in the Parent and Volunteer Handbooks.
- b. Signs will be posted in agency facilities and vehicles.
- c. Announcements will be made during Parent Orientation.
- d. Other communication mechanisms deemed appropriate.

FACT, Inc. will assist staff and parents who wish to quit smoking by making referrals to recommended smoking cessation programs and materials.

POLICY ENFORCEMENT

Compliance with this policy is a condition of employment. Failure or refusal of an employee to fully cooperate with this policy will be grounds for disciplinary action. Anyone refusing to abide by the policy and posted signs will be asked to leave the premises.





Service Information

Education and Early Childhood Development

FACT, Inc. strives to provide all children with a safe, nurturing, engaging, nurturing, engaging, enjoyable, and secure learning environment in order to help them gain the awareness, skills, and confidence necessary to succeed in their present environment, and to deal with later responsibilities in school and in life. Each child is treated as an individual in an inclusive community that values, respects, and responds to diversity. The varied experiences provided by the program support the continuum of children's growth and development, which includes the physical, social, emotional and cognitive development of each child. Infant and toddler staff are responsible, nurturing, a caring and in tune with each child's cues and developmental stages. They are expected to provide an emotionally secure and physically safe environment to the children; sitting on the floor to be at the child's level unless rocking, diapering, feeding, etc.; and providing a developmentally appropriate learning environment to meet the individual needs of each child.

Health and Developmental Services

FACT, Inc.'s commitment to wellness embraces a comprehensive vision of health for children, families, and staff. The objective is to ensure that, through collaboration among families, staff, and health professionals, all health and developmental concerns are identified, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs. The "Partners for a Healthy Baby" prenatal curriculum is used in the Early Head Start program to reinforce the importance of prenatal care.

Health and Safety

It is our goal to support healthy physical development by encouraging practices that prevent injury, and by promoting positive, culturally relevant health habits that enhance life-long well-being.

Literacy

FACT, Inc. offers parents opportunities to participate in family literacy services by checking out books from the various lending libraries, etc. Parents are also made aware of community programs available that encourage literacy development. For example: reading tutors; GED classes, ESL classes; college catalogs; information on financial assistance, etc. Staff make referrals for family members found to be in need of literacy or education training and all referrals, services and outcomes are documented.

Father/Male Involvement

One of the goals of FACT, Inc. is to support parents, both mothers and fathers and other significant males, in their roles as primary care givers and educators of their children and families. Father/Male involvement and participation in the program is very important to FACT, Inc. Interviews, observations, children's records, training report, meeting agendas, minutes and rosters serve as the source of data in assessing the complete picture of father/male involvement in their child's life and in the program in general.

Mental Wellness

The objective of our mental wellness program is to build collaborative relationships among children, families, staff, mental wellness professionals, and the community at large, in order to enhance awareness and understanding of mental wellness and the contribution that mental health information and services can make to meet the needs of all clients.

Nutrition

The goal of our nutrition program is to promote wellness by providing nutrition services that supplement and complement those of the home and the community. Child and family services assist families in meeting their nutritional needs and in establishing good eating habits that nurture needs.

Special Services

FACT, Inc. operates under a federal mandate to make available, at minimum, ten percent of its enrollment opportunities to children with disabilities. Historically, FACT Inc. exceeds this mandate and serves children in integrated, developmentally appropriate programs. In addition, FACT, Inc. has a mandate to recruit and enroll income-eligible children and children with disabilities who are most in need of services and to coordinate with the local education agencies (LEA) and other groups to benefit children with disabilities and their families.

Transition

Transition is an ongoing process beginning with recruitment and the application for program services, and continuing until a client leaves the program or a child enters kindergarten. Transition activities occur both in and out of program settings.

Enrollment in FACT, Inc. programs require a determination as to the type of setting needed to benefit the client. Transition conferences are held to inform the parents of children entering an ABC program of rules and regulations, program services, options, and specific health, dental, and developmental needs of each client. Transition Out conferences are held to discuss progress and to plan for the transfer of required records to the next program setting.





Field Trip Procedures

Three weeks prior to the field trip:

- All field trips must be approved by the center supervisor and a Field Trip Authorization Form submitted for approval to the Education Coordinator and Nutrition Coordinator (for USDA purposes). Costs, meal plans, chaperones, etc. must be addressed on the form. No offsite pumpkin patches are allowed.
- The Nutrition Coordinator *must* be contacted if the trip will involve the center staff and children being gone during any regularly scheduled mealtime.

Two weeks prior to the field trip:

- If the field trip is approved, e-mail all signed field trip permission slips to the Education Coordinator.

During the field trip:

Parents may NOT drive any child except their own to and from field trips.

- The number of chaperones will vary according to the type of field trip. Some field trips may require a one-to-one ratio of adults to children; sometimes the ratio may be as low as one adult to four children.
- If at any time a parent is not able to take a child personally on a field trip and cannot make alternate arrangements for child care, the class may not take the trip.
- Under certain approved circumstances, a grandparent may substitute for a parent on a field trip.
- Walking field trips are encouraged. Regular procedures must be followed.
- All rescue medication must be taken on the field trip.
- First aid fanny packs and sign in-out sheets must be taken on the field trip.

After the field trip:

- E-mail the field trip roster to the Education Coordinator within one day of the field trip.

For field trips that will use agency buses:

The staff person who is arranging for the trip must:

- Get approval from the Education Coordinator.
 - Contact the Bus Manager to see if the dates are feasible and employees (drivers and bus monitors) will be available and willing.
 - Obtain permission slips from *all* parents. Most field trips will involve the need for several parents to personally drive their own vehicles with their own children, since (a) the buses are usually not large enough for an entire class, and (b) a field trip requires many chaperones.

For field trips involving public school buses:

On rare occasions, a public school will offer to include preschoolers on a field trip. These trips will be approved on a case-by-case basis. If approved:

The staff person who is arranging for the trip must:

- Get approval from the Education Coordinator and Nutrition Coordinator. Obtain permission slips from *all* parents.
- Signed permission slips stating the destination, departure time from the center, and estimated time to arrive back at the center are to be kept in a file at the center.
- On the day of the field trip, a sign containing the following information must be posted on the main entry door of the center:
 - Destination (with directions)
 - Time of departure
 - Expected time of return
- All rescue medication must be taken on the field trip.
- First aid fanny packs and sign in-out sheets must be taken on the field trip.



Parent Involvement Opportunities

What to do with your Preschooler at Home

- Talk to the teacher to find out how your child is progressing. The teacher will give you materials to help at home.
- Let your child plant a seed, water it, and watch it grow. Bean seeds are good because they sprout in a few days.
- Teach your child to say his or her name and age.
- Teach your child his or her body parts.
- Teach your child to wash hands before meals and after using the bathroom.
- Teach your child about food and colors at the grocery store.
- Using old magazines, teach your child the name of animals, vegetables, fruits, and other objects.
- Teach your child to say “PLEASE”, “THANK YOU”, and “EXCUSE ME”.
- Teach your child to cover his or her mouth when sneezing, yawning, or coughing.
- Read stories to your child and take time to TALK about the pictures.
- When disciplining your child, try to explain what has been done wrong instead of hitting.
- Let your child play with things like empty boxes, plastic jars, cake pans, and spoons.

PARENT RESPONSIBILITIES

- All parents of children enrolled in the preschool programs must provide a cover for the child’s mat (i.e. a crib sheet) and adequate cover for the child (i.e. blanket, towel, etc.) during rest time. These covers must be taken home to be laundered a minimum of once a week, and more often as necessary.
- Parents or another responsible authorized adult must sign their children in and out daily. The children are the responsibility of the staff only after they are signed in.
- Children must be on time in the morning and must be picked up on time in the afternoon. Children who drop from the program must re-apply.
- Children should bring personal toys to school only for show and tell activities. Please obtain permission from the center staff prior to bringing any toys to the center. If a child wants to share a book, it should be appropriate for preschoolers. Do not allow children to bring money to school.
- All parents signed a Child Health Partnership Agreement at enrollment acknowledging the importance of getting all required exams, bloodwork, screenings and immunizations for their (enrolled) child.
- Tennis shoes or rubber soled shoes are recommended. Cowboy boots, flip flops, backless shoes/sandals, body suits, overalls, and belts should not be worn.
- Send an extra change of clothes in a bag with the child’s name on it. Accidents do happen!
- Dress your child in clothes that are comfortable and can be used for painting, playing outside
- Do not send food or gum to the center.
- Breakfast is served from 8:00 to 8:30 a.m. Parents need to notify the teacher if the child arrives late and has not had breakfast .
- Permission slips for field trips and medical appointments will be signed prior to each trip. Field trips are announced, and parents are invited to attend and assist.

- Absolutely no child is admitted into a classroom if he/she exhibits signs or has been diagnosed by a professional with a contagious or infectious illness. If the child has not been diagnosed by a professional, but is thought to have contagious or infectious illness, the child should be removed from the classroom and seen by a doctor for diagnosis. In the event a child is suspected of having a contagious or infectious illness, a notification letter, which does not identify any particular child, will be sent to all parents of children in that classroom in order for them to pay attention to their child for signs and symptoms. No child diagnosed by a doctor as having a contagious or infectious illness can return to the center without permission of the doctor. The caregiver shall determine if the illness prevents the child from participating comfortably in activities, results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children, or poses a risk of spread of harmful diseases to others. The caregiver shall temporarily exclude the child from the child care if the child has sudden change in behavior such as:
 - Lethargy or lack of responsiveness, unexplained irritability or persistent crying, difficult breathing, a quickly spreading rash, fever of 101 degrees/oral, 100 axillary (or equivalent method) in a child who has pain, behavior changes, or other symptoms of illness.
 - An infant younger than 2 months with any increased temperature shall get urgent medical attention, within an hour. An infant younger than 6 months with any increased temperature shall be medically evaluated.
 - Diarrhea, defined as watery/runny stools, if frequency exceeds 2 or more stools above normal for that child, and is not related to a change in diet or medication. Exclusion from child care is required if diarrhea cannot be contained in the diaper or if diarrhea is causing soiled clothes in toilet-trained children.
 - Temporary exclusion also includes blood or mucus in stools (unless caused by hard stools), vomiting illness (2 or more episodes of vomiting in the previous 24 hours, abdominal pain which lasts more than 2 hours, mouth sores with drooling and a rash with fever or behavior change.
 - A child with a runny nose is NOT considered as being contagious and should not be sent home, UNLESS he/she is also running a fever of 101 or higher.
 - Parents should dispense all non-prescription drugs Tylenol/aspirin/cough medicine.
 - All children will rest after lunch. Children will not be forced to go to sleep during this period, but will rest quietly so that others may sleep. If you are coming early for your child, please notify the staff so your child will be ready.
 - Check your child's cubby each day before leaving the center for any papers and materials to be taken home.
 - Inform the center staff of any change of address, telephone numbers or changes in who is authorized to pick up your child.



Parent Training

To satisfy funding regulations, a training topic for each month is set as follows:

- AUGUST:** Parent Orientation
Mental Health: Stranger anxiety; separation anxiety; temper tantrums; dealing with stress; maternal depression; etc.. (EHS only)
- SEPTEMBER:** Education: Observation of growth and development; special developmental needs; developing appropriate home activities; School Readiness Goals; PFCE outcomes; adult/child literacy activities; numbers, counting; employment training; bus safety (where applicable); pedestrian safety; children left unattended in vehicles; bedtime routine; active supervision
- OCTOBER:** Child abuse and neglect prevention (reporting, identifying, and signs of physical, verbal and emotional abuse); domestic violence; substance abuse; Content Area Plans; Balancing work and family; coping skills; healthy life styles; relationships; active supervision
- NOVEMBER:** Nutrition: child nutrition and developing sound food habits and its impact on health, growth, and development; My Plate; School Readiness Goals; PFCE outcomes
- DECEMBER:** First Aid, safety, and the dangers of pesticides and other toxic substances; numbers; counting; bus safety (where applicable); employment training; dressing for success; job interview skills; adult literacy
- JANUARY:** Mental Health/Wellness: behavior problems; positive guidance; building the child's self-esteem; the truth about bullying; strengthening parental involvement; active supervision
- FEBRUARY:** Community Services: people in your community and the services they can offer; School Readiness Goals; PFCE outcomes
- MARCH:** Personal growth for parents: employability skills and workplace ethics; literacy; secondary education; budgeting/finance; stress management; single parenting; child support services; Content Area Plans; children left unattended in vehicles; strengthening parental involvement
- APRIL:** Transition to Kindergarten; car seat safety; safety belt systems; FACT, Inc. transition procedures; etc. (pedestrian safety; bus safety; numbers; counting
- MAY:** Preventive Health and Dental Care: reinforcing behavior learned during the year; Teacher Appreciation event(s); active supervision; children left unattended in vehicles; strengthening parental involvement
- JUNE :** Health/Safety: toy safety; equipment safety; water safety; Sudden Infant Death Syndrome (SIDS); infant CPR; home safety checklist for babies; and pre- and post-natal care
- JULY:** Nutrition: My Plate; healthy eating habits; the hazards of choking; etc.

Each center is expected to provide proper training in the topic by providing parents with handouts, inviting guest speakers, or showing videos. Training meetings can include other activities but must cover the training topic sufficiently. All information should be completed on the forms; a copy of all handouts provided attached, and then submitted with a roster to the Central Office monthly and copies kept at each center. In-kind should be claimed for all guest speakers and handouts provided. If you provide door prizes and/or refreshments, this can also be claimed as in-kind.



Why Do People Volunteer?

People get involved in volunteering in many different ways and for a variety of reasons. Volunteer positions are as diverse as the people who are contributing the services, and the list of reasons why people volunteer is always growing.

Volunteering not only allows an individual the opportunity to help, but also provides many benefits to the volunteer. Through volunteering a person can:

- Gain valuable work experience.
- Explore career possibilities (FACT, Inc. job openings are available on the Website).
- Achieve new skills.
- Confront community issues.
- Make valuable use of leisure time.
- Make use of particular talents or abilities.
- Secure employment references.
- Improve communications skills.
- Contribute to the required 40% local non-federal match to ensure the continuance of State and Federal funding.

F.A.C.T., Inc. staff encourage you to become a part of the center activities and your child's education by volunteering your time and talents. We value your assistance and want you to share ideas with us.

- Be willing to volunteer. **Volunteers are needed daily.**
- Inform the staff of any special skills you may have. We need your help.
- Share your ideas with your child's teacher or home educator.

VOLUNTEER





What Parents Can Do

Parents and other volunteers can collect, save or donate newspaper; magazines; popsicle sticks; plastic bottles; calendars and advertising materials with brightly colored pictures suitable for classroom use; sturdy small boxes and cartons; shoes; outgrown but suitable clothing for dramatic play; sewing scraps; ribbons; braid; empty spools; and tin cans in different sizes.

Volunteers at home can help the classroom by cutting pictures from magazines, mend donated clothing, make clothing for dolls, make bean bags for the center, make aprons, mend books and toys, make costumes for special occasions, and many other things. Ask your child's teacher how you can help!

Volunteers in the preschools can:

In the Classroom

- Assist the teacher and teacher assistant with artwork, playing games, reading books, lead singing, and telling stories
- Assist with transitions and hygienic routines such as brushing teeth, hand washing, etc.

On the Playground

- Play games
- Watch the children

In the Lunchroom and Kitchen

- Show the children how to set the table
- Encourage the children to eat and talk about their food
- Help the children clean off the table after meals
- Help the staff with kitchen cleanup





Volunteer Job Description

Major Objectives of Position:

- To enhance the job skills of parents by providing on the job training and experience;
- To enhance the self-confidence and independence of parents; and
- To enhance the child development program of FACT, Inc. by fostering an environment in which children can develop to their full potential.

Responsibilities:

Assist center staff in day-to-day activities such as:

- making learning materials,
- supervising playground,
- preparing and serving meals,
- assisting with field trips,
- reading stories,
- cleaning/maintenance,
- other duties as needed or as volunteer's talents can best be utilized.

Qualifications:

- Must complete an application/job description.
- Must be 18 years or older unless under the direct supervision of the person in charge (director)
- and has been approved on an individual basis by the child care licensing unit.

Training Requirements:

- A brief orientation will be provided at the first parent meeting or when the parent comes to the center to volunteer.
- All volunteers will receive an orientation on general rules and regulations, discipline procedures, safety procedures, and emergency plans before beginning work.
- On-going training will be provided as jobs are assigned.

Limitations:

- I understand that I cannot be the sole supervisor of the children. A staff member must be present at all times.
- I certify that I have completed an application, received a copy of the Job Description, and have read and understood it.

Volunteer's Signature

Date





Developmental Milestones for Children 3–5

30 MONTHS TO 36 MONTHS

- Names 1 to 4 pictures
- Puts on a main article of clothing without help
- Jumps up
- Names six body parts
- Tries to balance on one foot
- Calls one or two friends by name
- Copies vertical line
- Names one color
- Tries to jump forward
- Begins using adjectives (pretty, good, nice)

36 MONTHS TO 42 MONTHS

- Brushes teeth with help
- Builds 6 to 8 block tower
- Carries on 2 to 3 sentence conversations
- Washes/dries hands
- Uses prepositions (in, out, by, for)
- Pulls on T-shirt
- Jumps ahead
- Copies a circle
- Climbs stairs 1 foot at a time
- Responds to toilet training
- Begins saying we
- Pours without spilling

42 MONTHS TO 48 MONTHS

- Climb stairs 2 feet on each stair
- Use concepts best, most, biggest, hardest
- Tries to dress/undress without help
- Counts 3 to 4 objects
- Completes toilet training
- Emergence of insecurity
- Awkward coordination
- Frequent stuttering
- Much whining
- Excludes "outsiders" at playtime

48 TO 54 MONTHS

- Copies a square
- Skips on one foot
- Brushes teeth
- Washes/dries face and hands
- Laces shoes
- Dresses/undresses with supervision
- Draws person with head, arms and legs
- Carries out simple errands
- Counts 4 to 6 objects
- Overdoes physical activities

54 MONTHS TO 60 MONTHS

- Can tell difference between real and make believe
- Does things on own initiative without being told
- Fluent use of words
- Beginning to discuss and have conversations
- Interested in new words, signs, places
- Rapid growth in fine motor coordination
- Rapid growth in depth perception
- Rapid growth in spatial perception
- Develops first modesty about using the toilet
- Fascinated with belly buttons

60 MONTHS TO 66 MONTHS

1. Skips with alternate feet
2. Counts 10 to 12 objects
3. Names colors
4. Tells how many fingers
5. Names penny, nickel, and dime
6. Prints first name
7. Writes 1 to 5
8. Names days of the week
9. Knows time by hour
10. Knows sight words (stop, go, hot, cold)



Developmental Overview

This guide shows the normal signs of growth in a young child. Many children develop faster than the guide indicates. Those who develop slower than this, however, may have special needs. Additional information on child growth and development will be discussed during the parent orientation, one on one consultations, parent meetings, and in-service training.

More About Toddlers

Staff and children wash their hands properly **before and after** each meal. All children's faces are washed with a lukewarm washcloth **before and after** each meal.

Eating tables are sanitized with bleach solution **before and after** each use. In order to eliminate all bacteria, the solution is left for a minimum of 30 seconds before being dried with a paper towel.

Children are encouraged and **never forced** to eat and/or taste new foods. All new foods are introduced at home prior to using in the center due to the possibility of food allergies.

A primary goal of the program is to foster each child's independence. Therefore, as children are developmentally ready, they are encouraged to feed themselves.

POTTY TRAINING

Potty training should be a positive learning experience for all children. When developmentally appropriate, potty training provides opportunities to learn independence, self-control, and responsibility. Milestones for children in potty training include: muscle control, emotional readiness, willingness to cooperate, and the ability to communicate toileting needs

The Potty Training Orientation Form for HS/EHS/ABC is reviewed with the parent when the child displays developmental readiness for the potty training experience. The form is signed by the parent and teacher/home educator and placed in the child's file.

FACT, Inc. does not allow pull-ups in Preschool. While we cannot reject a student for not being potty trained, we do not feel that it is our responsibility to diaper preschoolers, as a general rule.





Behavior Management Contract

Child: _____ Parent/Guardian: _____ Teacher: _____

The following contract is a written agreement between the Teacher and Parent. FACT, Inc. uses the following methods of behavior management:

Children are redirected into acceptable behavior through modeling and guidance. Discipline will not be humiliating, frightening, or physically harmful to the child. It will be consistent, individualized, and age appropriate and directed toward teaching the child acceptable behavior and self-control.

When a child demonstrates behaviors which are continually disruptive to the class, aggressive toward others, destructive of property, or defiant to class instructions and/or rules, FACT, Inc. will involve the parent/guardian in developing strategies to address the behavior concerns of the child.

This is a team effort, and families are required to be a part of that team.

Behaviors will be addressed using the following steps:

Step 1: The classroom teacher/staff will talk with the child about his/her behavior, choices, and consequences of those choices, and will redirect the child to a specific task, using strategies from positive discipline. If a child's behavior is likely to cause harm, the child will spend time away from the group. Teacher will document behaviors on the Behavioral Documentation Form. The behavior will need to be rated as distracting, disruptive, or dangerous. The documentation will need to be sent to ABC Coordinator along with a referral for an Individual Observation.

Step 2: When inappropriate behavior continues or intensifies and the teacher has three Documented instances and frequencies, the teacher will contact the parent/guardian to talk to the child over the phone. Have parent complete: Your Child's Behavior, Emotions, and Learning. Get parent's insight on the behavior. Permission for an Individual Observation for the child, performed by Behaviorist or Mental Health Consultant, will need to be signed by the parent(s). In an area where a Behaviorist is available, make a referral to an Educational Co-Op. (An Action/Behavior Plan will be written and implemented to be followed by staff and parent(s). The parent/guardian may be asked to spend time in the classroom, attend a parenting class and /or meet one-on-one with the Behavior or Mental Health Consultant.)

Step 3: Once the individual observation is completed, a Multi-Disciplinary Committee conference will be scheduled to discuss the recommendations set forth by the behavior consultant or mental health consultant. The committee will then write and expand on the action/behavior plan with parent(s) and professional's input.

Step 4: If after implementing the plan, the child's behavior continues to be disruptive and/or intensifies, the following steps will be implemented; reduced hours and/or home-based services.

Step 5: Immediate suspension: 1302.17(4) A child will be immediately suspended from the program as a result of one or more of the following occurrences: any violent act involving a weapon (knife, gun, scissors, or other objects) that might cause death and/or extreme harm to anyone within the center or on property being utilized by the program.

If temporary suspension is deemed necessary, a parent is required to have a conference prior to the child returning to full participation in program activities as quickly as possible while ensuring child safety.

Extended suspension: 1302.17(3) If, after a program has explored all possible steps and documented all steps taken, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA, and mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.

Social and Emotional Goals:

- Ability to make choices
- Participate in routine activities
- Ability to play independently
- Demonstrates willingness to try new things
- Shows curiosity and desire to learn
- Shares, respects the rights of others
- Demonstrate interest and participates in classroom activities





Child Abuse and Neglect Policy

Licensing Violations

According to Arkansas Child Abuse and Neglect Reporting laws (Act 1208-1991) ALL suspected cases of child abuse must be reported.

“Any person with reasonable cause to suspect child maltreatment (abuse, sexual abuse, neglect, sexual exploitation, or abandonment), or that a child died as a result of child maltreatment, or who observes a child being subjected to conditions or circumstances which would reasonably result in child maltreatment must immediately notify the **Child Abuse Central Intake Unit at 1-800-482-5964**, the **Licensing Central Office at (501) 682-8590 or 1-800-445-3316**, or law enforcement.” (A copy of Act 1208-1991 is available at each center).

Anyone who observes a licensing violation will report it to the Center Director who must then report it to the Central Office (Assistant Director). As always, anytime the licensing violation concerns the physical abuse or corporal punishment of a child, the employee is to call the Child Abuse Central Intake Unit **FIRST**, and then follow-up with notification to the Family and Community Partnerships Coordinator.

Children’s Sexual Behavior

A certain amount of sexual curiosity is considered normal at these preschool ages. Children are often curious about their own body as well as that of others. Generally, the **less distress a parent or a teacher displays toward children who exhibit this curiosity, the better.**

When parents display undue anxiety or alarm at such actions, children are often made to feel ashamed. Too, such behavior on the part of parents can even promote further exploration, as children wonder why the matter received such attention!

Our staff is trained in how to handle such situations. If you have questions about our agency policy in handling these situations, please talk with your child’s teacher.

Child Interview Policy

According to state licensing, your child is subject to an interview at any time by a child care licensing investigator and/or law enforcement for investigative purposes and for determining compliance with Licensing Requirements.



Celebration and Holiday Policy

Celebrations are to be held **four times a year**:

- **FALL FESTIVAL** celebrations will be held on the last day of October. **NO** costumes may be worn during school hours. **NO** after-hours fall festivals/carnivals or hayrides will be permitted.
- **CHRISTMAS** celebrations will be held on the last day the center is open to children before Christmas break. **NO** gifts are to be exchanged.
- **VALENTINE'S DAY** celebrations will be held on February 14 (or the Friday before if it falls on Saturday or Sunday). **NO** candy in treat bags.
- **FAMILY FUN DAY** will be held on the last day of the program year. **NO** "bouncers" (inflatable bounce houses) are allowed.

All food and/or activities planned must be submitted, **at least three weeks prior to the event and all approvals must be obtained at least two weeks prior to the event**. Coordinators must see that celebration plans move quickly from one coordinator to another and are returned promptly since center supervisors must have the approval returned to them at least two weeks prior to the event. The path for plans is as follows:

- **Plans are submitted only to the Nutrition Coordinator**, who checks for appropriateness of food and who gives the plan to:
- The center's Education Coordinator, who assures the activities are appropriate and who gives the plan back to the Nutrition Coordinator, who will then:
- Scan the plan to the center within five business days with either approved or denied checked and signed by all three appropriate people.

ALL expenses associated with the celebration must be included on the celebration plan form. Food purchases do not need a requisition if purchased from a business that the agency has a standing purchase order with. **All other food purchases will need a requisition**. All requisitions for food/activities/supplies must be submitted with the celebration plan form.

Notices regarding celebrations may be sent home to the parents only after approval has been obtained.

Celebrations are to be held only after rest time and are not to exceed one hour, except for the Family Fun Day.

THANKSGIVING: Special Thanksgiving dinners for centers located in the public schools are observed in accordance with the school's schedule. Centers with kitchens will observe special activities prior to dismissing for the Thanksgiving holiday. No outside vendors for Thanksgiving will be allowed. Only meals associated with schools and/or cooking centers will be allowed.

NO outside food preparation or cooking for any school event will be permitted.

Food brought by parents or volunteers as a donation to the agency cannot be used as in-kind if purchased with food stamps.

NO birthday celebrations are to be held in the centers.

NO presents, balloons, etc. are to be brought or sent to the center for any celebration.

Failure to follow this policy may result in not being allowed to have the scheduled celebration and/or disciplinary action.

Acceptable Celebration Food and Drinks

Only these items are to be served!

All food must be pre-packaged!

FOOD

- Fall Festival:
- Nachos OR Frito chili pie
- Pizza
- Fruit/fruit dip OR vegetable tray/dip
- Cake
- Cupcakes

Valentine's Day:

- Fruit/fruit dip OR vegetable tray/dip

Christmas:

- Cold cut sandwiches OR BBQ sandwiches*
- Fruit/fruit dip OR vegetable tray/dip
- Cookies
- Fruit/fruit dip OR vegetable tray/dip
- Ice cream

Family Fun Day:

- Chip/dip
- Hamburgers OR BBQ sandwiches

*Only if school closes after lunch!

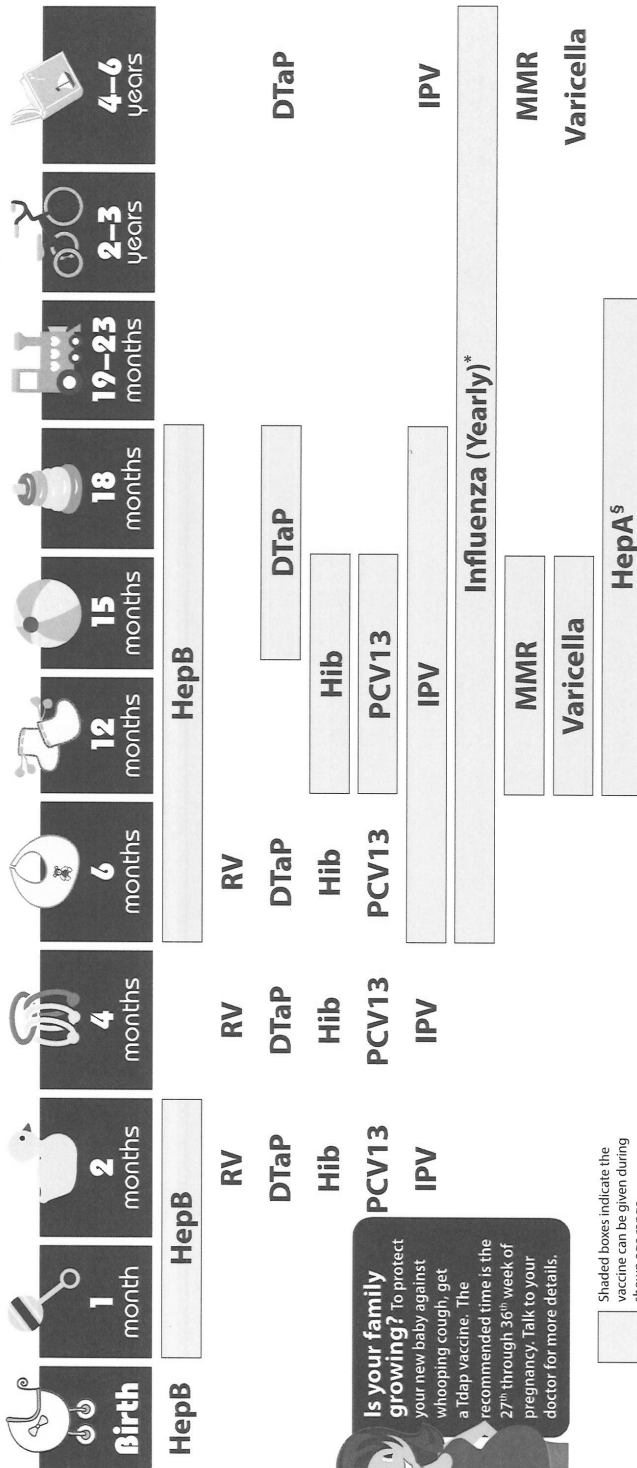
DRINKS

- Items listed below may be served at celebrations:
- Punch
- Kool-Aide
- Juice
- Lemonade

GUIDELINES

- Parents should never prepare food and bring to a celebration.
- All food must be pre-packaged!
- Food purchased with food stamps cannot be used as in-kind.
- Excessive food donations should not be allowed, i.e. 17 children will not need cupcake donations from 17 parents.

2021 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

NOTE: If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:
 * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
 If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit www.cdc.gov/vaccines/parents

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.



To be in compliance with ABC Regulation 23.04.5, FACT, Inc. is:

“To assure that no religious activity is paid or subsidized by public funds or occurs in any manner suggesting governmental endorsement of any religion or message: ABC funds must be used exclusively to support allowable ABC program costs incurred to provide non-religious instruction and activities during the ABC day; and No religious activity may occur during any ABC day regardless of the source of funds used to support the activity.”



No statement contained in the parent handbook creates any guarantee of employment or creates any obligation, contractual or otherwise, on the part of FACT, Inc.

FACT, Inc. Has the right at any time, without prior notice, to modify, amend or terminate policies within the limits and requirements imposed by law.

FACT, Inc. is a non-profit, Equal Employment Opportunity employer/provider. We will not discriminate against any employee or applicant for employment or services on the basis of race, color, religion, sex, age, national origin, ancestry, marital status, physical or mental disability or veteran status.

“JUSTICE FOR ALL”

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. USDA

 F.A.C.T., Inc. 
www.FACT-Inc.com

