

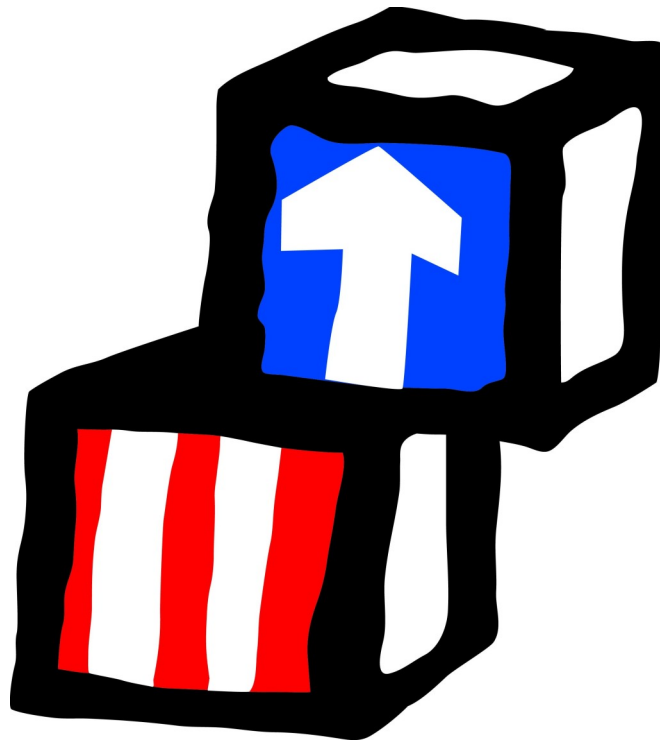


Families & Children Together, Inc.

www.FACT-INC.com | 870-862-4545
2720 Vine Street | El Dorado, AR 71730

A Head Start Agency

PARENT HANDBOOK



The Mission of
FAMILIES AND CHILDREN TOGETHER, INC.
is to Empower Children and Families.

Shiree Daniels, Executive Director

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SERVICE LOCATIONS

Central Office

P. O. Box 10670, 2720 Vine Street
El Dorado, AR 71730
P 870-862-4545, F 862-0380

Bearden ABC

P.O. Box 199, 100 Oak Avenue
Bearden, AR 71720
P 870-687-2020, F 870-376-1111

Bearden Head Start/EHS

P.O. Box 199, 431 N. School
Street
Bearden, AR 71720
P 870-687-2955, F 870-271-1419

Blevins Head Start

218 College Street
Blevins, AR 71825
P 870-874-2206, F 870-376-1443

Bradley Head Start

527 Central Avenue
Bradley, AR 71826
P 870-894-6153, F 870-384-3390

Camden Head Start/EHS/ABC

225 Pope Avenue SW
Camden, AR 71701
P 870-836-5227
F 870-393-5055

Emerson Head Start

P.O. Box 128, 508 West Main
Emerson, AR 71740
P 870-696-6001, F 870-393-5558

Fairview Head Start/EHS

800 Barnes Street
El Dorado, AR 71730
P 870-864-0117, F 870-393-5780

Fordyce Head Start/EHS

104 West College Street
Fordyce, AR 71742
HS P870-352-3333
EHS P 870-352-7538
HS/EHS F 870-410-2185

Hampton Head Start/EHS

P.O. Box 810 (both)
523 East Main Street (HS& EHS)
110 Willow Street (Home Based)
Hampton, AR 71744
P 870-798-3004, F 870-588-8213

Hope Head Start

419 Henry C. Yerger Street
Hope, AR 71801
P 870-777-8540, F 870-588-8326

Junction City Head Start/ABC

P.O. Box 507, 300 West Holly
Junction City, AR 71749
P 870-924-5615, F 870-588-8332

Lafayette Head Start

403 North King Street
Lewisville, AR 71845
P 870-921-5401, F 870-588-8384

Magnolia EHS

306 Legion Drive
Magnolia, AR 71753
P 870-234-3447, F 870-697-4379

Magnolia East Head Start/ABC

801 Calhoun Road
Magnolia, AR 71753
P 870-626-5026, F 870-664-8249

Magnolia Walker Head Start

655 Hwy 79 South
Magnolia, AR 71753
P 870-901-7100, F 870-970-0146

McNeil Head Start

P.O. Box 483, 820 Logoly Road
McNeil, AR 71752
PF 870-739-9920

Morning Star Head Start/EHS

804 Lockhart
El Dorado, AR 71730
HS P 870-862-2755
EHS P 870-639-3938
HS/EHS F 870-878-5216

Nevada Head Start

6580 US Highway 278 West
Rosston, AR 71858
P 870-871-1334, F 870-912-8229

Strong Head Start/EHS/ABC

P.O. Box 60, 735 South Concord
Strong, AR 71765
ABC P 870-797-2416
EHS P 870-797-3015
ALL F 870-916-1158

Taylor ABC

303 East Pine
Taylor, AR 71861
P 870-694-6018, F 870-970-0131

West Woods Head Start/EHS/ ABC

1500 Bradford Street
El Dorado, AR 71730
P 870-875-1714, F 870-970-0174

PHILOSOPHY

It is our philosophy to believe that from birth, all children need early childhood development experiences that support their unique characteristics and provide love, warmth, and positive learning experiences.

All families need encouragement and support from their community to achieve their own goals and provide a safe and nurturing environment for their young children.

GOALS

- 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 responsive 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; and
- To ensure the provision of high quality responsive services to families through the development of highly-trained, caring and adequately compensated program staff.

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, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behaviors;

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:

1. Use corporal punishment
2. Use isolation to discipline a child
3. Bind or tie a child to restrict movement or tape a child's mouth
4. Use or withhold food as a punishment or reward
5. Use toilet learning/training methods that punish, demean, or humiliate a child
6. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child
7. Physically abuse a child
8. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family
9. 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 this chapter (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.

Violation 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 actions, 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 preschool 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 preschool 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 building/playgrounds are smoke, drug, and alcohol free, as are all field trips 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 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.

PARENT RESPONSIBILITIES

- 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!
- Only prescription medicine will be given by the staff to a child and only after a consent form is signed by the parent or guardian; Medicine must be clearly labeled with instructions and the name of both the medicine and doctor must be visible. Documentation will be kept at the center specifying at what time and by whom the medication was administered. Parents should dispense all non-prescription drugs including Tylenol, aspirins, or cough medicine (See Medication Policy). A child who has any type of surgical procedure must have an excuse from the doctor/dentist stating that the child can return to the school. The note should include instructions explaining any activities that the child cannot participate in.
- 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.**
- Dress your child in clothes that are comfortable and can be used for painting, playing outside etc. Send an extra sweater or jacket that can be left at the center in case the weather changes unexpectedly.
- 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 will be signed prior to each trip. Field trips are announced, and parents are invited to attend and assist. Parents may NOT drive any child except their own to and from field trips. If at anytime a parent is not able to take a child personally on a field trip a designated authorized individual age 18 or older can substitute. The individual must be on the child's authorized pickup list.

- 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 a 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 greater need for care that the child care staff can provide without compromising the health and safety of 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: lethargy or lack of responsiveness, unexplained irritability or persistent crying, difficult breathing, a quickly-spreading rash, fever of 100 axillary (or equivalent method) in a child who has pain, behavior changes, or other symptoms of illness, etc., 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 for child care is required if diarrhea cannot be contained in the diaper or if diarrhea is causing soiled clothing in toilet-trained children. Also, temporary exclusion includes blood or mucus in stool (unless caused by hard stools), vom-ting illness (2 or more in the previous 24 hours), abdominal pain which last more than 2 hours, mouth sores with drooling and rash with fever or behavior change. Also, Conjunctivitis or “pink eye” - with white, yellow, or green eye discharge and red “bloodshot” eyes, exclude only if child has fever, eye pain redness and/or swelling of the skin around the eyes or if more than one child in the program has symptoms. Also, exclusion includes Pediculosis (head lice), until a health care provider or health official states that the child is in an appropriate therapy and can attend child care. Also, Impetigo, until treatment has been started, Strep Throat, until 24 hours after antibiotic treatment has been started, Chicken pox, until all lesions have crusted (usually 6 days after the rash appears), Rubella, until 6 days after onset of rash, Pertussis (whooping cough) until 5 days of antibiotic treatment, Mumps, until 5 days after onset of gland swelling, Measles, until 4 days after onset of rash and also Hepatitis A, until 1 week after onset of illness or as directed by the health department.
- A child with a runny nose is NOT considered as being contagious and should not be sent home UNLESS he/she is also running fever of 100 or higher.

Any child who is injured shall have immediate attention. Parent will be notified of all injuries. Injuries that require the attention of medical personnel shall be reported to the parent immediately and to the Licensing Unit and other appropriate units, etc.

COMMUNITY PARTNERSHIP GOALS

Although Head Start and Early Head Start are federal to local programs, FACT, Inc., Head Start, and Early Head Start recognize the importance and role of the state in policies, initiatives, and decisions that affect low income children and their families. Therefore, the formulation of local community partnerships are intended to:

- Assist in the development of significant, multi-agency and public-private partnerships between FACT, Inc. and all interested community services;
- Assist in building early childhood systems and access to comprehensive services and support for all low income children;
- Encourage widespread collaboration between FACT, Inc. and other appropriate programs, services, and initiatives to augment FACT, Inc.'s capacity to be a partner in state initiatives on behalf of children and their families; and
- Facilitate the involvement of FACT, Inc. in state policies, plans, processes, and decisions affecting FACT, Inc.'s target population and other low income families.

As a Head Start and Early Head Start grantee, FACT, Inc. and local community partners formulate partnerships intended to:

- Maximize the strengths of parents to provide their family unit with the ability to promote the health, well-being, social and educational skills of their children;
- Assist families or individuals to become self-sufficient;
- Encourage parents to take responsibility for the physical, emotional, and financial support of their family unit; and
- Advocate parents and community leaders to work together to make communities safe, healthy, and developmentally supportive for children, youth, and families.

WHAT WE BELIEVE

WE BELIEVE THAT 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.
- We believe that it is important to lay a strong foundation for continuing educational development within the framework of meeting the needs of each child.
- We believe that the education of children requires the efforts of both our staff and you, the parent.
- We believe in a climate of cooperation and understanding which 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.

PROTECTION FOR THE PRIVACY OF CHILD'S RECORDS

Annual Notice to Parents
Access to Records
45 Code of Federal Regulation 1303.23

FACT has established procedures to protect the confidentiality of any Personally Identifiable Information (PII) in a child's file. Personally Identifiable Information (PII) includes:

- Child's name
- Name of child's family members
- Address
- SSN
- Other information linked or linkable to child (date of birth, place of birth, mother's maiden name)

According to Federal Regulations, parents have a right to inspect and review child records. Access must be granted within a reasonable period of time, not later than 45 days after the request is made. Please see your child's teacher for guidance and further information concerning: 1) Informing parents of right to review child record; 2) Informing parents of policies; 3) Informing parents of procedures; 4) Informing parents of Disclosures and; 5) Third Party Agreements; 6) Amendment of Records and; 7) Right to Copy Records

BEHAVIOR MANAGEMENT POLICY

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

When a child demonstrates behaviors that are continually disruptive to the class, aggressive toward others, destructive of property, or defiant to class instructions and/or rules which can jeopardize the health and safety of the offending child, other children in the class, and staff, FACT staff 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 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 DECA and conscious 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. Fill out form completely.

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

Step 2: 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. The documentation will need to be sent to Special Services Coordinator along with a referral for an Individual Observation.

Forms needed for referral are: Referral for Disabilities and Mental Health Services, Release of Information, and three (3) documents recorded with the Behavioral Documentation form.

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.

(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 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.

TYPES OF DISMISSALS, SUSPENSIONS, AND EXPULSIONS

A child will be **Immediately Dismissed** from the program if one or more of the following occur: **any violent behavior/act/threat 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 a **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.

Social and Emotional Goals for Head Start Children

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

ARRIVAL, DEPARTURE, & ATTENDANCE

ARRIVAL AND DEPARTURE

Children must be signed in upon their arrival, and must be signed out at their departure by a **parent** or an **authorized adult age 18 or older** in the absence of the parent. In order to authorize someone to pick up a child, the parent/guardian must complete an authorization form at the time of enrollment. This form is to be maintained in the child's file. Updates to this form, to either add or delete names authorized can be done at any time during the program year. 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 identify.

LATE ARRIVAL—It is very important that children arrive at their centers on time. Learning is especially important in the early morning hours. When children arrive late, much of the important concepts to have been learned that day may already have been missed. Additionally, teachers must call in lunch, often by 8:30 A.M.. When parents arrive with their child later than 9:00, the lunch count cannot be changed and no lunch will be provided for the child. Because of these reasons, whenever a child cannot be delivered to the center before 9:00 A.M., the child **will not be accepted into the center** for that day and will be counted absent for the day. However, if the parent lets the teacher or center director know ahead of time that the child will be arriving late due to car trouble, or had a dentist appointment scheduled, etc.. then lunch plans can be made for the child and the child will be accepted. **LATE PICKUPS**—Whenever parents are later than the designated pickup time allows, the parent must sign a Late Pickup Form explaining the reason for being late. Pickup times may vary by location. A consultation concerning the importance of being timely in picking up children should occur with the center director at this time. If more than three late pickups occur within the program year, the parent may be requested to transfer their child to a home-based option.

ATTENDANCE POLICY

- In the Head Start and Early Head Start center based programs, each child's teacher will discuss the importance of attendance and the expectations of both staff and parents during the first home visit, which takes place before the child attends class.
- The parent/guardian of each child in a center based program will read and sign the **Parent Participation Agreement** at the time of their enrollment. Those involved in home based programs will read and sign the Home Based Parent/Guardian Home Educator Agreement. Our goal is to emphasize the importance of attendance as well as parent involvement in each child's education.
- Generally, absences of all clients in all programs are documented in the client's attendance case notes. Typically these are references to phone calls or notes sent to the center regarding a child's absence. Excused absences are defined as illness, a family emergency or a special circumstance approved by the ER-SEA Coordinator. Documentation must include, at a minimum: child/client's name, person contacted and their relationship to the child/client, reason for absence, date of contact, and method of contact.
- If a child is absent and the parent has not contacted the center **within one hour** of the start time, the Director, Teacher, or FSA will attempt to contact the family via telephone or home visit. Staff will make at least three attempts during the day and will document each attempt.
- When a child has three (3) consecutive unexplained absences or a client has missed two (2) consecutive home visits, the FSA, Home Educator, or Teacher will contact the family via telephone or home visit. Follow-up on absences must be documented in case notes.
- If there is a need to be met before the child can return to school, the FSA, Home Educator, or Teacher works with the appropriate FACT, Inc. staff and community agencies to ensure that these needs are met in order for the child to successfully participate.

- The ERSEA Coordinator must be notified of excessive unexcused absenteeism whether it is consecutive or intermittent, **as soon as it is noticed**. **For center based programs:** If a child has consistent consecutive absences, consistent chronic absences (misses at least **10%** of the total days possible), or missed at least ten (10) days in any one month, a letter explaining the importance of regular attendance will be sent to the family/client. If there is no response from the family within five (5) business days, the child may be dropped from the program. The Family Service Advocate (FSA) or Teacher will make every effort to conduct a conference (at the home or the center) with the family to discuss the importance of attendance. During the conference, staff /parents will work together to develop an **Attendance Success Plan** –*please see your child’s teacher for plan*.
 - Progress will be reviewed after one month and revisions to the plan can be made at that time. All attempts and/or direct contact with the family must be documented in case notes. If there is no improvement in attendance after one month and all efforts have been exhausted, the child may be dropped from the program. **For home based programs:** A letter explaining the importance of regular attendance will be sent to the family/client after three (3) consecutive missed visits or three (3) missed visits in any one month. If there is no response within five (5) business days, the client may be dropped from the program. At least 85% participation is required before a child can be considered for a center based opening. Pregnant moms must complete at least 15 home visits before their baby can be considered for a center slot. All other clients can be considered if at least 85% of their home visits have been completed during the current program year. Home visits canceled by staff will not be included in the count.
- A child/client may be dropped after three (3) unsuccessful documented attempts have been made to contact the family regarding absences.
- Each center and home based program will develop a system for recognizing and rewarding children/clients who have perfect attendance each month. Examples include weekly “report cards”, monthly certificates, recognition at parent meetings, etc.
- In a center based setting, class begins at 7:45 A.M. 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 minutes or more, the FSA or Teacher will conduct a conference (at the home or the center) with the family to discuss the importance of being on time. All tardies, including reasons for them are to be documented in case notes. Also, parents who pick up their children from their centers past the designated time period for pickups must sign a Late Pickup Form. A consultation with the teacher/director or program manager will be held after the first late pick up, and parents may be referred to a home based option after the third late pickup within a program year.

(SUMMER) ATTENDANCE POLICY—For EHS

During the period between the end of the current Head Start school year (usually in mid-May) and the beginning of the next Head Start school year (usually in mid-August), each child enrolled in Early Head Start must attend at least 4 days per week. If the family is taking a vacation, or if the child falls ill and will be absent for more than one day, staff must be notified and this information must be recorded in the roll book (in database) under “Reasons for Absence,” as well as in case notes. In cases where the child is absent more than one day per week and staff have not been notified of a legitimate excuse, the child may be dropped from the program. The parents/guardians of each child enrolled in Early Head Start will receive a consultation outlining this policy from the child’s teacher or Family Service Advocate (FSA) prior to the end of the current school year.

CONFERENCES—Parent/Teacher conferences may be requested at any time with a minimum of two per year for Early Head Start and Head Start.

DAILY SCHEDULE—Please see your child’s teacher for a copy of the daily schedule. Each center operates on a daily schedule that is posted in detail at the center.

CENTER INFORMATION

FUNDRAISER, DONATION & SOLICITATION

No fund raising 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-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.

HOME VISITS

In the center based Head Start programs, a minimum of two home visits will be scheduled by both your child's teacher and your assigned Family Service Advocate. For Early Head Start, teachers will also conduct a minimum of two home visits. Pregnant mothers enrolled in the Early Head Start center based program will have a weekly home visit. The Health Coordinator will accompany the Early Head Start FSA on a home visit when the baby is two weeks old to assess the need for further assistance.

In the Home Based program, the Home Educator will visit in the home weekly. By becoming better acquainted with the family and home environment, the staff can better serve each child. The home visit is a very special and important part of our program. During this home visit the family and staff will share information concerning the child's progress and needs, in addition to discussing any family needs and possible referrals or other services. Throughout the program year, parents will be provided with educational and informative materials regarding matters of special concern.

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.

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

Staff work with parents to understand the biological, physical, and emotional stages of potty training and help families understand the importance of appropriate child-sized or modified potty seats. Parents are encouraged to share information about these experiences at home and about their preferences and concerns in order to better plan the approach to and timing of potty training. Staff will assist children to use the child-sized toilets within the facility, invite them to use the toilets, help them as needed, and positively reinforce their efforts regardless of the outcomes.

The Potty Training Orientation Form for HS/EHS 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.

DIAPERING/TOILETING POLICY

Before changing a child's diaper, staff will gather up all supplies required for the procedure and place them in an area that can be easily reached without leaving the child unattended on the changing table. Gloves will be worn at all times during each diaper change, and the hands will be washed **before** and **after** each diaper change. With an unscented diaper wipe, clean the non-mobile child's face and hands before the diaper is changed. If the child is mobile, he/she will be encouraged by the teacher to wash the face and hands at the child-sized sink. The diaper is then removed and the diaper area is cleaned from front to back with an unscented diaper wipe. Gloves are removed, wrapping the soiled diaper inside the gloves and thrown away in the appropriate covered container, which will be emptied periodically throughout the day. With an unscented diaper wipe, the child's face and hands are cleaned again. The child is then returned to a safe area and the changing table is cleansed with Redi-San solution. The Redi-San solution will be left for a minimum of 60 seconds before being removed with a paper towel in order to eliminate all bacteria. Staff will once again wash their hands with soap and water when the procedure is complete. No powders are to be used on infants/toddlers. Special written permission from the parent must be obtained to use diaper creams and lotions. Permission will be documented on the Medication Authorization form. These items will be labeled with the child's name and kept in a locked area out of reach of the children. Once the child has been potty trained, staff shall continue to wear gloves at all times while assisting the child in the restroom. Both the child and the staff will wash hands before and after using the toilet. For parents wishing to use cloth diapers or children who are allergic to disposable diapers, the parent will provide a clean diaper pail daily with the child's name on it. After each diaper is removed, the diaper is placed in individual plastic bags and put in that child's pail. Staff are not responsible for washing out cloth diapers. The pail is sent home daily and returned the next day with clean diapers and a clean pail.

FACT, Inc. DOES allow pull ups for children that are still potty training, but they must be provided by the family. FACT, Inc. will not purchase or reimburse them. FACT, Inc. personnel will not use toilet learning/training methods that punish, demean, or humiliate a child and will support the family with potty training.

Once the child has been potty trained, staff shall continue to wear gloves at all time while assisting the child in the restroom. Both the child and the staff will wash hands before and after using the toilet. The Diapering Procedures must be posted near the changing table where it is clearly visible to the staff during diaper changing process.

CLOTH DIAPERS

For those parents wishing to use cloth diapers or children who are allergic to disposable diapers, the parent will provide a clean diaper pail daily with the child's name on it. After each diaper is removed, the diaper is placed in individual plastic bags and put in that child's diaper pail. Staff are NOT responsible for washing out cloth diapers. The diaper pail is sent home daily and returned the next day with clean diapers and a clean diaper pail.

PARADE POLICY

Due to insurance restrictions, **NO** individual center, classroom, home based group, or parent club is allowed to participate in any parade while representing FACT, Inc. Head Start, ABC, etc, with the exception of FACT, INC. sanctioned events/walking parade such as Red Ribbon Week/Drug Free Week or Arkansas Children Week.

FOR CHILDREN RIDING FACT, INC. SCHOOL BUSES

Children will only be released to authorized individuals 18 or older on the emergency contact form, unless arrangements have been made and has proper identification with them.

FOR CHILDREN RIDING PUBLIC SCHOOL BUSES

As children arrive at the center on the bus each morning, staff completes a sign-in as children exit the bus and they are then escorted to the their classroom.

In the afternoon, staff escorts the children from the classroom to the bus and completes a sign-out by the names of children who are getting on the bus.

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. Pictures of children in regards to social media is unallowable.

EARLY HEAD START CLASSROOM ADMITTANCE

Before entering any Early Head Start classroom, **ALL** persons (including staff, parents, volunteers, and visitors) must remove their shoes and wash their hands in order to prevent the spread of contagious and infectious diseases.

Early Head Start staff will wear slippers with non-skid soles. These slippers are to be worn within the confines of the Early Head Start classroom **ONLY**. When exiting the Early Head Start classroom, but not the building, the staff will place shoe covers over their slippers. When exiting the building, the staff will remove the slippers, place them in the staff locker, and put on personal shoes.

All other persons entering the Early Head Start classroom will place shoe covers over their shoes before being admitted into the room.

SUNSCREEN

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, and must be kept out of the children's reach. If needed, please have the *Sunscreen Permission Form* completed.

MEDICATION RESTRICTION POLICIES

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 at the center other than asthma inhalers and epi pens.
- 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 in the top drawer of a locked file cabinet 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.
- The Health Coordinator will provide a drug information handbook for referencing possible side effects or adverse reactions of which the center staff should be aware.
- 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.

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 a "stand-alone" site, will use their designated procedures.

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

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 are 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 (painters 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

CELEBRATION/HOLIDAY POLICY

Celebrations are to be held **four times a year**: **(1)** Fall Festival celebrations will be held on the last class day in October. NO costumes may be worn during school hours. NO after hours fall festivals/carnivals, or hayrides will be permitted. **(2)** Christmas celebrations will be held on the last day the center is open to children before Christmas break. NO GIFTS are to be exchanged. **(3)** 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. **(4)** Family Fun Day will be held on the last day of HS program. 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:

1. **Plans are submitted only to the Nutrition Coordinator** who checks for appropriateness of food and who gives the plan to...
2. The Family Engagement Coordinator, who is responsible for the amount of money spent and who gives the plan to...
3. The center's Education Coordinator, who assures the activities are appropriate and who gives the plan back to the Nutrition Coordinator, who will then...
4. 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/ETC./ MUST be submitted with the celebration plan.

All CACFP reimbursable school provided lunches will be served on celebration days. The celebration will occur immediately after lunch if school is dismissing early. Dismiss after the celebration is completed.

Celebrations are to be held only after rest time unless school is dismissing early and are not to exceed one hour, except for Family Fun Day. The CACFP snack will still be served in addition to celebration foods when celebrations occur after nap.

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

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.

SOCIAL MEDIA POLICY

FACT, Inc. has added social media to our agency and we hope you participate online to help share and celebrate our wonderful programs! Currently we are operating a Facebook account that you can find at: <https://www.facebook.com/FactPreschools/>

We encourage comments and interactions; however, we do our best to moderate all comments before they are posted, will review comments, and remove any that are inappropriate or offensive at our discretion. Nothing is more important to us than our children and their best interests.

We reserve the right to block any users that violate our Interaction Guidelines.

The comments posted by others to our feed do not necessarily reflect our opinions, ideals, or accuracy of our programs.

While we hope you join us online, we also want to be safe! If you comment on our posts, you agree that what you are posting:

- Is your own original work
- Does not infringe the copyright or any other rights of any third party
- Does not contain any illegal content or materials; and
- You have the permission of all persons shown in photographs/videos to post their image and/or their likeness.

FRAUDULENT (Dishonest) APPLICATIONS

We are charged with oversight of federal and state funds to ensure they are spent correctly, and that those applying for services meet the eligibility guidelines as established by law. As stewards of the government and public trust, when fraudulent or dishonest information is discovered in the course of our work, we simply cannot ignore the fact. The FACT, Inc. application has a statement that the parents sign regarding submission of falsified information. If a family does submit false information they face losing services. While this can impact a sudden change in the life of the child enrolled, a policy was developed with Policy Council and Board approval to ease the transition. A committee comprised of the Executive Director, Assistant Director, Human Resources Manager, the ERSEA Coordinator, plus a Policy Council member (for Early Head Start and Head Start) will meet to determine if fraud is involved. If fraud is found to be true, representatives from the committee will meet with the family involved to advise them of the decision to drop them from the program. The family will be given up to 14 calendar days to find other childcare and to begin the transition process. 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 a one-year suspension.

SMOKING POLICY/DRUG AWARENESS

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.

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:

- The policy will be stated in the Parent and Volunteer Handbooks.
- Signs will be posted in agency facilities and vehicles.
- Announcements will be made during Parent Orientation.
- 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.

DRUG AWARENESS—The Drug-Free Workplace Law requires Federal contractors like FACT, Inc. to certify that a drug-free workplace is provided. Employee/parent Assistance Programs are available for anyone needing treatment, counseling, etc. if that person voluntarily request assistance. FACT, Inc. offers referral services for these type programs.

INFANT/TODDLER FEEDING

BREAST FEEDING

Proper storage and handling of breast milk are necessary to ensure that spoilage is prevented, bacterial growth is minimized, and each child receives his/her own mother's milk. All mothers wishing to come into the center and breastfeed their child will be provided with a private, quiet area. Because breast milk is a body fluid, staff **MUST** ensure that a barrier, such as a blanket or burp pad, is present between their body and the breast milk being provided at all times. For those breastfeeding mothers who wish to pump and send the expressed milk to the center, the following procedures **MUST** be strictly adhered to.

MUST provide the minimum amount of expressed milk per feeding per day or the feeding must be supplemented with an iron fortified infant formula.

Breast milk **MUST** be already placed in individual serving/bottles when brought into the center. Each bottle **MUST** be clearly labeled with the child's name and the date. The bottles must have a cap and the nipple **MUST** be turned downwards inside the cap with the nipple cover in place to prevent spillage as the milk freezes. For those who choose to use bottles with disposable linings, the individual liners **MUST** be filled, sealed, and labeled with the child's name and date. **ALL** breast milk is brought to the center sealed **AND** sealed inside a zipper-sealed bag. **ALL** breast milk bottles and/or containers (including disposable liners) are sent home with the parents in a zipper-sealed container for sanitizing and/or disposal.

Refrigerated breast milk is discarded after 48 hours and frozen breast milk is discarded after three (3) months.

Frozen breast milk is placed in the refrigerator to be thawed. Once the milk thaws, it is used within 24 hours and is **NEVER** re-frozen. If the milk is to be heated, it will be placed in a bottle warmer. Breast milk, (as well as all other bottles), is **NEVER** heated in a microwave due to uneven heating and the possibility of severe burning.

Any remaining contents after a feeding are discarded immediately.

Staff MUST educate parents on the health concerns regarding breast milk. They should explain why as a body fluid it must be handled with gloves and that a barrier must be kept between the staff persons body and the bottle and child.

INFANTS

All formulas are to be mixed in the bottle preparation area by the EHS teachers. In the event these staff members are absent, the teacher will prepare the bottles. Formulas are to be labeled with type of formula, date of preparation, and child's name. Each formula canister must be labeled with the date opened and the names of which children use that formula. Additionally the EHS Formula-Milk Tracker sheet should be completed and posted in the bottle preparation area.

Bottles for each child are to be placed in the classroom refrigerator which is labeled with the child's name and type of formula.

Bottles will be given to each child at the temperature the parents requests, or at room temperature. Bottles may be warmed by sitting them on a bottle warmer. **Bottles will NOT be warmed in the microwave due to uneven heating patterns. Bottles may be warmed only twice. After the second warming and use, the formula must be disposed.**

Bottles are not left out in the open for longer than 20 minutes.

Staff ensure that their hands are washed properly and each infant's face and hands are washed with a luke-warm washcloth both **before and after** each feeding.

Bibs are placed on all children for each feeding.

All infants are fed on demand and are never awakened to adhere to a strict schedule. All children are held when given a bottle. When a child is developmentally ready, they may hold their own bottle while the care giver holds them. **No baby is put in a crib with a bottle.**

When children begin eating infant cereal, the formula from that child's bottle will be used for mixing.

Eating tables are sanitized with bleach solution **before and after** each use.

In order to eliminate all bacteria, the bleach 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.

USDA requirements are strictly adhered to at all times. Any child requiring food that is different from the USDA Infant Feeding Schedule must have a statement on file from the primary care physician.

All food intake, including solids and liquids, is documented on the Infant/Toddler Daily Activity form. This is shared with and signed by the parent on a daily basis.

When a child begins to drink from a sipper cup, water, juice, etc. may be given at any time during the day.

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.

All children wear bibs during meals.

Although toddlers are fed on a schedule, snacks are available throughout the day.

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.

USDA requirements are strictly adhered to at all times. Any child requiring food that is different from the USDA Toddler Feeding Schedule must have a statement on file from the primary care physician.

All food intake, including solids and liquids, is documented on the Infant/Toddler Daily Activity form. This is shared with and signed by the parent on a daily basis.

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.

COMPLAINT PROCEDURE

COMPLAINT PROCEDURE

All parents, relatives, community advocates, etc., should be allowed to voice concerns at all levels.

Any person wishing to voice a concern or question about any FACT, Inc. staff member, procedure, or a center, should:

1. Discuss concerns with a local staff member in this order: teacher, center director, or program manager. If a person feels that a concern is not sufficiently addresses at this level, he or she can go to the next level,
2. Contact the Assistant Director at the Central Office at 862-4545/877-320-1697 to express a concern.
3. Following the phone call, the concern should be submitted in writing to the Central Office.
3. The Assistant Director 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 FACT, Inc.
4. 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.
5. If the complainant is not satisfied with the report, or the action taken, he/she may contact the FACT, Inc. Executive Director.

Anyone who observes a licensing violation will report it to the center director who must then report it to the Central Office (Assistant Director).

CONFIDENTIALITY POLICY

All information regarding clients of all FACT, 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 FACT, Inc. staff in order to provide services to families. Other individuals such as federal monitors may review certain documentation in order to insure 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 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.

CHILD ABUSE AND NEGLECT

CHILD ABUSE AND NEGLECT/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 Engagement Coordinator.

CONCERNING 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.

SERVICE INFORMATION

COMMUNITY PARTNERSHIPS

FACT, Inc. serves families within the context of the community, and recognizes that many other agencies and groups work with the same families. Our objective is to ensure that we collaborate with partners in our community in order to provide the highest level of services to children and families, to foster the development of a continuum of family centered services, and to advocate for a community that shares responsibility for the healthy development of children and families of all cultures.

EDUCATION AND EARLY CHILDHOOD DEVELOPMENT

FACT, Inc. strives to provide all children with a safe, 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 responsive, nurturing, 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.

FAMILY PARTNERSHIPS

FACT, Inc. offers parents opportunities and support for growth so that they can identify their own strengths, needs, and interests, and find their *own* solutions. The objective of FACT, Inc. is to support parents as they identify and meet their own goals, nurture the development of their children in the context of their family and culture, and advocate for communities that are supportive of children and families of all cultures. The building of trusting, collaborative relationships between parents and staff allows them to share with and to learn from one another.

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 illness or 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 educational 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 reports, 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.

What is CACFP

CACFP is the Child and Adult Care Food Program, a Federal program that provides healthy meals and snacks to children and adults receiving day care. CACFP reimburses participating centers and day care homes for serving nutritious meals. It is administered at the federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA). The state education or health department administers CACFP in most states. State agencies approve sponsoring organizations and independent centers to operate the program on the local level. Arkansas also monitors the program and provides guidance and assistance to ensure requirements are met. For questions about the program please call (703) 305-2620.

SPECIAL SERVICES

FACT, Inc. operates under a federal mandate to make available, at a 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 Early Head Start, Head Start, or ABC and pregnant women entering the Early Head Start programs 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 year.

PARENT INVOLVEMENT OPPORTUNITIES

HOME-SCHOOL CONNECTION

Communication between the home and school is very important in order to work together toward the proper growth and development of your child. Your child's experiences at home are just as important as what is being learned in the center. We encourage you to help your child learn at home by following the suggestions below:

INFANTS AND TODDLERS

- Hold, cuddle, and talk to your baby often.
- Give your child lots of room to practice walking. Provide safe ways for your baby to be active and move around.
- Listen and respond to your baby by imitating his or her sounds.
- Talk to your baby—he or she will understand before being able to talk.
- Provide ways for your baby to use the senses (i.e. toys with bright colors, soft fabrics, etc.)
- Create a space where your child can play and make a mess safely.

PRESCHOOLERS

- 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 CLUB

Parents are encouraged to attend Parent Meetings held once each month. The meetings are designed to give parents the opportunity to be a part of their child's education by becoming involved in making decisions relating to the nature and operation of the program. In addition, informative training on a wide range of topics is provided at each meeting.

In September parents will elect officers who, along with the center staff and home base staff, conduct the meetings. All parents and other interested persons of enrolled children are members of the Parent Club. Meetings will be held at a time and place that is convenient to the parent group.

Officers of the Parent Club are as follows: President, Vice President, Secretary, and/or Treasurer, and a Policy Council Representative.

In addition, parents willing to serve on the Health, Education/School Readiness, or the Male Involvement Committee will volunteer to have their names submitted to the Central Office for selection.

POLICY COUNCIL

POLICY COUNCIL REPRESENTATIVE JOB DESCRIPTION

Purpose:

To incorporate parents and representatives from the community to help make decisions about the Head Start program.

Qualifications:

- Parent members must be a parent or legal guardian of a child enrolled in the Head Start program who is elected by the other parents.
- Community members must be someone from the community who has an interest in helping low-income families, can contribute to the Head Start program, and has been elected by the Policy Council parent members.

Representatives Cannot:

- Be an employee or family member of a current employee of FACT, Inc.
- Have served on the Policy Council for more than three years.

Tasks:

- Commit to for one year and attend Policy Council orientation and meetings. Transportation costs will be reimbursed.
- Share in making decisions with the Board; Be a positive spokesperson in your center.
- Keep Head Start families informed and involved in all Policy Council and class activities.
- Help the parent committees with teaching enrolled parents their rights, responsibilities, and opportunities. Encourage parent participation in the program.

Responsibilities:

- Hear community complaints and work with FACT, Inc. to resolve those complaints.
- Approve/disapprove the actions of the program.
- Report Policy Council matters to centers and Head Start parents.

Other Functions:

- Work to make public, private, and local organizations and the community aware of FACT, Inc. and Head Start
- Make suggestions for program improvements.
- Recruit volunteers and use community resources to meet identified needs.
- Help manage the Parent Activity Funds.

WHY DO PEOPLE VOLUNTEER

It is one of the most beautiful compensations in this life that no man can seriously help another without helping himself. -RALPH WALDO EMERSON

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 25% local non-federal match to ensure the continuance of State and Federal funding.

FACT, 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. Volunteers who plan to work most of the day may eat alongside the children during breakfast/lunch/snack. Cafeteria staff should be notified (sufficiently ahead of time) if a volunteer will be present for any meal.

- Be willing to volunteer. **Volunteers are needed daily. Please see your child's teacher for complete Volunteer Training Guidelines.**
- 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.

VOLUNTEERS

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:

- Cut 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

Volunteers in the center 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:

- 1) To enhance the job skills of parents by providing on the job training and experience.
- 2) To enhance the self-confidence and independence of parents.
- 3) To enhance the child development programs of Families and Children Together, 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 | assisting with field trips |
| supervising playground | reading stories |
| preparing and serving meals | cleaning/maintenance |

Other duties as needed or as volunteer's aptitudes or talents can be best utilized.

Qualifications:

Must complete an application/job description.

Must be 18 years or older unless under the direct supervision of the director/person in charge 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. **Please see your child's teacher for complete Volunteer Training Guidelines.**

Limitations:

I understand that I can not be the sole supervisor of the children. A staff member must be present at all times.

I certify that I have completed an application, and have read and understand this Job Description.

Volunteer Signature

Date

TRAINING JUST FOR PARENTS

PARENT TRAINING TOPIC LIST

To satisfy funding regulations, a training topic for specific areas is established for each month and is conducted either at the monthly Parent Club Meeting or on a specially called training date. Monthly training topics established for the FACT, Inc. programs are as follows:

AUGUST	Parent Orientation (Head Start and ABC only; EHS Parent Orientation occurs as enrolled throughout the Program Year.) 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; and literacy activities; employment training; Bus safety (where applicable); pedestrian safety; Never leave a child unattended in a vehicle; bedtime routine; active supervision
OCTOBER	Child abuse and neglect prevention (reporting, identifying; signs of physical, verbal and emotional abuse); domestic violence; and substance abuse; Content Area Plans; Balancing work & family; coping skills; healthy life styles/relationships; active supervision
NOVEMBER	Nutrition: Child Nutrition /developing sound food habits and the impact on health, growth, and development; My Plate
DECEMBER	First Aid: safety, and the dangers of pesticides and other toxic substances; transportation/bus safety (where applicable); employment training for parents; dressing for success; job interview skills; adult literacy; numbers/counting
JANUARY	Mental Health/Wellness: behavior problems; 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
MARCH	Personal growth for parents: employment, literacy, secondary education, budgeting/finance, stress management, single parenting, child support services; Content Area Plans; Pedestrian/Bus Safety; unattended children
APRIL	Transition to Kindergarten: car seat safety; safety belt systems, street crossing etc. (EHS-Transition begins at 30 months); FACT, Inc. Transition Procedures; numbers/counting
MAY	Preventive Health and Dental Care: reinforcing behavior learned during the year; Teacher Appreciation Activities; Never leave a child unattended in a vehicle; Strengthening Parental Involvement; active supervision
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; Infant and Toddler Good Nutrition; healthy eating habits; the hazards of choking, etc.

TRAINING ACTIVITIES

Training and activities for parents of enrolled children are an integral part of F.A.C.T., Inc.'s programs. Each month at Parent Club meetings, presentations will be provided on the topics listed below. In addition to those listed, requested training resulting from the individual parent surveys will be provided. As notice is received from other agencies and community organizations of available training pertinent to our parents, notification will be made at each center.

EDUCATION:

- Activities that can be used in the home to reinforce the learning and development of children;
- Observation of growth and development of children in the home environment and identification of and handling of special needs; and
- Child development and behavioral development problems of preschool children.

HEALTH AND DENTAL:

- An organized health education program; and
- Principles of preventive health, emergency first-aid measures, and safety practices.
- The importance of proper dental hygiene and F.A.C.T., Inc.'s commitment of promoting dental hygiene from birth.

MENTAL WELLNESS:

- Understanding of child growth and development and appreciation of individual differences and the need for a supportive environment.

NUTRITION:

- Understanding the relationship of nutrition and health factors, and the variety of ways to provide for nutritional needs, and how to apply this knowledge in the development of sound food habits even after leaving the program;
- An organized nutrition education program;
- The selection and preparation of foods to meet family needs, guidance in home and money management and help in consumer education so that they can fulfill their major role and responsibility for the nutritional health of the family; and
- The benefits of food assistance programs.

SOCIAL SERVICES:

- Orientation and training on the need to prevent abuse and neglect and providing protection for abused and neglected children. This training will foster a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers.
- Information on community service providers and services available.

PARENT ENGAGEMENT:

- Experiences and activities which support and enhance the parental role as the principal influence in your child's education and development;
- Experiences and activities leading to enhancing the development of skills, self-confidence, and sense of independence in fostering an environment in which children can develop to their fullest potential;
- Experiences in child growth and development which will strengthen your role as the primary influence in your children's life; and
- Identification of opportunities for continuing education which may lead towards self-enrichment and employment.

DEVELOPMENTAL MILESTONES FOR CHILDREN AGES NEWBORN TO FIVE YEARS

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.

NEW BORN TO 1 MONTH

- Likes to hear noises, especially parent voices
- Likes simple toys that appeal to sight, hearing, and touch
- Likes to sleep a lot
- Develops crying patterns to let you know his/her needs such as food, pain, diaper changes, etc.
- Likes to hear things (songs, words, rhymes, etc.)
- Keeps fist clenched
- Keeps elbows bent
- Keeps hips and knees flexed
- Holds arms and legs close to the front of their body
- Likes to be cuddled

1 MONTH TO 3 MONTHS

- Begins to recognize mommy and daddy's voice and face
- Begins to laugh, squeal, and smile spontaneously
- Begins to coo, babble, and gurgle; wants a response to his/her vocalizations
- Begins to discover his/her hands and feet and plays with them
- Begins to grasp and hold objects
- Supports head well

4 MONTHS TO 7 MONTHS

- Begins to play copycat
- Begins to grasp the concept of cause and effect by dropping objects, kicking his/her crib for the noise, and plays with pop-up toys over and over again.
- Begins to sit up
- Likes to play peek-a-boo
- Likes to look at partially hidden objects and begins to understand object permanence
- Likes to use fingers to eat purified baby food
- Explores objects with hands and mouth
- Begins to make noises and put sounds together

8 MONTHS TO 12 MONTHS

- Begins to recognize familiar objects and their purpose
- Begins to stack blocks
- Likes to put objects into a container and take them out
- Points at and pokes things with his/her index finger
- Tries to imitate words and gestures
- Likes to play simple games like “patty cake”
- Becomes curious about objects around him/her; likes to manipulate them as much as possible.
- Separation anxiety begins to appear
- Enjoys push and pull toys, squeeze toys, and containers for bath time
- Says 1 to 4 words (i.e. mama, dada, no, etc.)

12 MONTHS TO 18 MONTHS

- Begins to bend down and pick up a toy—may still hold on to furniture
- Begins to understand commands (“Give me the book”)
- Begins to tell you what he/she needs or wants by pointing; makes word-like noises or gestures
- Begins to “help” you dress him/her by lifting his/her foot when you put shoes on
- Says 4 to 6 words
- Begins to climb on furniture
- Begins to pick up “finger food” such as Cheerios
- Begins to mark on paper with crayons in back and forth motion
- Begins to throw a small ball with a forward arm motion
- Begins to try to feed self with a spoon

18 MONTHS TO 24 MONTHS

- Uses 10 or more words
- Points to named objects
- Begins to run
- Begins to use spoon/fork
- Points to one named body part
- Tries to kick ball
- Tries to “name” favorite pictures
- Climbs in/out of chairs
- Is confident in walking
- Wants to hold/examine things

24 MONTHS TO 30 MONTHS

- Takes off articles of clothing without help (besides shoes or socks)
- Tries to feed a doll
- Builds 4-6 block tower
- Points to 2 items in a picture
- Tries to throw a ball overhand
- Speaks clearly half the time
- Names one item in picture
- Tries to jump up
- Tries to put on clothes
- Tries to copy a line
- Strings 3 or 4 words into sentences
- Holds spoon to feed self
- Goes up/down stairs alone
- Shows left/right hand preference

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

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

Hey Mom and Dad....

See the chart below to find out when your child needs to be immunized!

Immunizations

"Protection You Can Trust"

Hey Mom and Dad...

See the chart below to find out when your child needs to be immunized!

SHOT SCHEDULE	AGE								
	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	4 - 6 Years	11 - 12 Years
Diphtheria/Tetanus/Pertussis (DTaP)			*	*	*	*	*	*	*
Polio			*	*	*	*	*	*	*
Measles/Mumps/Rubella (MMR)						*	*	*	*
Haemophilus Influenzae Type B (Hib)			*	*	*	*	*	*	*
Hepatitis B	*	*	*		*	*	*	*	*
Varicella (Chickenpox)						*	*	*	*
Pneumococcal Conjugate			*	*	*	*	*	*	*
Meningococcal									*
Influenza									*

Call 1-800-235-0002 to find out the closest health unit or doctor's office that gives shots.

www.healthyarkansas.com

DHHS
ARKANSAS DEPARTMENT OF
HEALTH & HUMAN SERVICES

Oigan Mamá y Papá....

Lean la tabla de abajo y descubran cuando su niño necesita ser vacunado!

Las Inmunizaciones (Vacunas)

Protección en la que ustedes pueden confiar

Oigan Mamá y Papá
Lean la tabla de abajo y descubran cuando su niño necesita ser vacunado.

PROGRAMACION DE VACUNAS	EDAD								
	Al nacer	1 Mes	2 Meses	4 Meses	6 Meses	12 Meses	15 Meses	4 - 6 Años	11 - 12 Años
DIFTERIA/TETANO/TOSFERINA (DtaP)									
ANTIPOLIOMIELITICA									
SARAMPION, PAPERAS, RUBEOLA (MMR)									
INFLUENZA HAEMOPHILUS TIPO B (Hib)									
HEPATITIS B									
VARICELA (CHICKENPOX)									
NEUMOCOCCICA CONJUGADA									
MENINGOCOCCAL									
INFLUENZA * Anual después edad de 6 meses									

Llamen al 1-800-235-0002 para encontrar la Clínica o Doctor de Salud más cercano que da estas vacunas.

www.healthylarkansas.com



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.

“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 including gender identity and sexual orientation), age, disability, and reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-4339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Compliant Form, which can be obtained online, at www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

Fax:

(833) 256-1665 or (202) 690-7442; or

Email:

program.intake@usda.gov