

Welcome to Hope Academy

Parent Handbook

Original: 7/16

Revised: 7/17, 7/18, 6/19, 8/22

Updated and Revised 08/2022

Hope Church Northwest Arkansas
1700 Moberly Lane * Bentonville, Arkansas
* 72712

This parent handbook was written with you in mind. Please take the time to familiarize yourself with each section. If you have any questions feel free to call at (479) 273-7404 or email at hopeacademy@hopechurchnwa.com

Welcome to Hope Academy

Dear Parent/Guardian:

Welcome to Hope Academy!
We believe that quality early care and education is a partnership between parents and caregivers. Hope Academy, it is our goal to team up with parents, and to provide the young children in our care with the best developmentally appropriate activities and materials in a safe, loving environment where they are free to explore and learn. We use an amazing curriculum that integrates a faith-based lesson each week, as well as educational content, kindergarten readiness, active play, and positive interactions between staff and other children.

Statement of Non-Discrimination

Hope Academy welcomes all families regardless of race, color, religious belief, national origin, or gender to all the rights, privileges, programs, and activities generally accorded or made available to students at Hope Academy

E-Mail:

hopeacademy@hopechurchnwa.com

Phone: (479) 273-7404

Hope Academy is a Ministry of
Hope Church Northwest Arkansas
1700 Moberly Lane * Bentonville, Arkansas
* 72712

Table of Contents

The Basics

Enrollment Process
Page 5

Enrollment Requirements
Page 5

Brightwheel
Page 5

Registration Fee
Page 5

Payment Method
Page 5

Tuition
Page 6

Hours of Operation
Page 6

Event Dates
Page 7

Supply Fee
Page 7

Sibling Discount
Page 7

Late Tuition Payment Fee
Page 7

Late Pickup Fee
Page 7

Brightwheel "Failed" Payment
Page 8

Childcare Development Fund (CCDF)
Page 8

Withdrawal or Termination
Page 8

Reviews Online and Social Media
Page 9

Conflict Resolution Policy
Page 9

Drop Off Time
Page 9

Pickup Time
Page 10

Absences, Late Drop off/Early Pickup
Page 10

Mealtime
Page 10

Rest Time
Page 11

Child Comfort

Infant Personal Items
Page 12

Toddler Personal Items
Page 12

Preschool Personal Items
Page 12

Clothing
Page 13

Classroom Consideration

Daytime Visits
Page 13

Infant Room Precautions
Page 13

	<u>Diaper Bags and Backpacks</u>	<u>Page</u>
<u>13</u>	<u>Parties</u>	<u>Page</u>
<u>13</u>	<u>Brightwheel Photo/Videos</u>	<u>Page</u>
<u>13</u>	<u>Notes for Safety</u>	<u>Page 14</u>
	<u>Newsletters</u>	<u>Page 14</u>
	<u>Take Home Items</u>	<u>Page 14</u>
	<u>Potty Training Supplies</u>	<u>Page 15</u>
	<u>Behavior Guidance</u>	<u>Page 15</u>
	<u>Biting Policy</u>	<u>Page 17</u>
	<u>Incident Policy</u>	<u>Page 18</u>

Health Requirements

	<u>Requirements</u>	<u>Page</u>
<u>18</u>	<u>Ill Child Procedures</u>	<u>Page</u>
<u>19</u>	<u>Contagious Diseases</u>	<u>Page 20</u>
	<u>Allergies</u>	<u>Page 20</u>

<u>Medication</u>	<u>Page 21</u>
<u>Topical Medications</u>	<u>Page 21</u>
<u>Special Health Care Medications</u>	<u>Page 21</u>
<u>Administering Medication</u>	<u>Page 21</u>
<u>Medical Emergencies</u>	<u>Page 21</u>

Security

<u>Campus Expectations</u>	<u>Page</u>
<u>22</u>	<u>Security Cameras</u>
<u>22</u>	<u>Key Fobs</u>
	<u>Page 22</u>
	<u>Visitors</u>
	<u>Page 22</u>
	<u>Mandated Reporting</u>
	<u>Page 23</u>
	<u>Investigations</u>
	<u>Page 23</u>
	<u>Emergency Contacts</u>
	<u>Page 23</u>
	<u>Change in Family Status Policy</u>
	<u>Page 23</u>
	<u>Non-Compete Policy</u>
	<u>Page 24</u>

Emergency Protocol

Page 25

Emergency Closings

Page 25

Inclement Weather Policy

Page 25

Tornado Plan

Page 25

Fire Plan

Page 25

Center Education

Curriculum & Activities

Page

26

The Power of Play

Page

26

Developmental Skills Checklist

Page 27

Kindergarten Readiness

Page 28

Special Provisions

Page 28

Daily Schedule Examples

Page 28

Family Education

SIDS

Page

30

Safe Sleep Practices

Page

30

Hope Academy Commitment to Safe Sleep

Page 31

Shaken Baby Syndrome

Page 32

Immunization Requirements

Page 33

Kindergarten Readiness Checklist

Page 36

Your Child: Birth – 5 Years

Page 38

Your Medical Home

Page 60

***The abbreviation RHA or the Center may be used throughout in place of Hope Academy**

The Basics

Enrollment Process

Hope Academy accepts new enrollment applications through the year. Acceptance is typically determined on a first come, first serve basis.

Exceptions include:

- Families who currently have a child/ren enrolled at Hope Academy

Each child is considered without regard to race, color, creed, or national origin. In the event we have reached maximum enrollment, applicants will be placed on our waitlist with a \$50 non-refundable deposit.

Enrollment Requirements

Upon acceptance, you must provide the following before service will be provided:

- Completed application form and all related documents

- Child’s official record of immunizations
 - If unvaccinated, a letter from the state exempting from immunizations
- Child’s certified birth certificate
- Signed emergency medical release

through the application. It is easiest set up on a laptop or desktop.

- We require billing to be on autopay and families can either link a bank account or use a credit card. * Credit card fee of 2.9% or ACH fee of \$0.60 will be applied*
- To make a cash payment you will need to place it in the drop box in the office with an envelope filled out.
- We do not accept check payments.

Brightwheel

All parents/guardians are required to have the app Brightwheel downloaded to their mobile device. Brightwheel enables us to provide parents with real time communication and updates of what their child is doing during the day. By having a Brightwheel account you automatically acknowledge receiving any/all accident/incident report and all notifications sent. Brightwheel is our main way of contacting parents and sending out information regarding Center news and events. More information can be found at these links (visit our website for direct link)

- www.mybrightwheel.com
- <https://youtu.be/1g7O20HtGEO>
- <https://youtu.be/ykj6vgz2Brs>

Tuition

RHA offers care for children ages 8 weeks to pre-kindergarten age. We are a full-time facility and do not offer part-time schedules.

Room	Reg. Hours 7:30 a.m. - 5:30 p.m.
Infants and Toddlers	\$275.00
Pre-K 3 and Pre-K4	\$255.00

Registration Fee

Registration is a one-time non-refundable payment of \$200 per child. Families on the waitlist that have paid the \$50 fee will be applied to the total fee of \$100. The registration fee covers you child’s initial curriculum materials, payment for all RHA staff’s CPR and First Aid certification, staff background and child maltreatment checks, and any other necessities for the center.

Payment Methods

All tuition payments are due every Friday by 6:00p.m. prior to week of service. Payments are automatically set up to be paid weekly. Our preferred method of payment is to be made through Brightwheel. After enrolling your child, you will receive an e-mail from the director with directions to help set up billing

- Classroom rates and age ranges are based off your child’s birthday on August 1st of each year. To determine your child’s room, we follow Bentonville Schools age and a child must be 5 on or before August 1st. The room they start off in will be their rate until they move up to the next classroom not when they turn the next age range.
- There are no tuition reductions or reimbursements granted for absences, holidays, inclement weather of any kind, emergency closings, or lack of attendance. In the event of voluntarily keeping your child at home and RHA is still open tuition payments are still

required due to paying for a spot and not attendance.

- Payments are made to hold a spot regardless of openings or attendance.
- If your child is absent without notice or your account is delinquent, your child is subject to dismissal from the center. Your child can only be re-enrolled if there is a vacancy in the class, registration fee is paid for re-enrollment and delinquent payments are paid in full
- In the event of voluntarily keeping your child at home and RHA is still open tuition payments are still required due to paying for a spot and not attendance.
- **Families are given 1 free tuition week for vacation from March to August each year. Requests for free week**

must be emailed to the director at least 4 weeks in advance.

- Tuition rates are subject to change.

Hours of Operation

Hope Academy is opened from 7:30 am until 5:30 pm, Monday thru Friday. We ask that you please pick up your children no later than 5:30 pm to avoid any late fees. ***Families picking up children after 5:30 pm will be charged \$1.00 per minute late, and an additional \$50.00 charge for 30-60 minutes late* (Updated 6/23/2022)**

- Spring Photos (April 18,2023)
- Preschool Graduation Program for Red Room (TBD)

Supply Fee

Parents are responsible for supplying diapers, wipes, and creams for their child's diapering needs. All other supplies will be provided by the daycare. In order to provide such supplies, there is a **\$100.00** semi-annual supply fee that is necessary for each child that is due on **August 1st** and **March 1st**.

Sibling Discount

We do not offer an additional sibling discount.

Late Tuition Payment Fee

Tuition payments are due every Friday by 6:00 p.m. prior to the week of service.

A late fee of \$10 per day will be applied for each day the payment is overdue. The late fee will apply to remaining balances on account, including, but not limited to, partial payments balances and late fees.

Late Pickup Fee

If your child is in regular care hours, they must be picked up by 5:30p.m. If your child is still checked in the center after 5:30 p.m. a late fee of \$1.00 per minute will be applied to your account. And an additional \$50.00 charge for 30-60 minutes late* (Updated 6/23/2022)

If your child is sent home for any reason, you will have 1 hour from the time the message is sent to pick up your child. For every minute over that hour a \$1.00 fee will be applied to your account.

Brightwheel "Failed" Payment

A fee of \$30.00 will be charged if payment is returned as "failed" through our online billing. Payment will need to be fixed immediately or cash payment will be required.

Childcare Development Fund (CCDF)

We accept regular childcare vouchers that are approved through the State. All voucher families will not be responsible to make the weekly tuition payments, as those are done through the state, but will be responsible and billed for, over absent days, supply fee's, late charges, replacement fobs. You will not be charged for absences unless you go over your allotted amount that is deemed by the State. If you go over your allotted absence days, you will be charged a daily fee of **\$44.00** for ages 6wk-2yrs and **\$41.00** for ages 3yr-6yr for everyday missed until the next absent day cycle begins. Daily fee amount is taken from dividing the regular care hours based on age by 5. RHA has the right to charge any family the difference between our tuition rates and the state's allotted payment shown on authorization paperwork. Those payments will be billed through Brightwheel.

Withdrawal or Termination

If you choose to withdrawal from the Center, you are required to give a formal written four-week notice. This can either be through paper form or a written e-mail. If you do not use a four-week notice you are still responsible for the four-week cycle payments. The four-week payment is determined on the date which you put your notice in not the actual week since payment is required for four payment cycles. Hope Academy also has the right to terminate service for any reason, providing a written two-week notice. Hope Academy also has the rights terminate care immediately without two-week notice for any reason

Things that can result in termination but not limited to are:

- Non-payment of tuition and/or charges for five days in a row.
- Any parent/guardian or child that causes harm or threatens the safety, health and/or well-being of a staff member or another child, whether that be physical, verbally or verbal threats.
- Any parent/guardian or child that has reckless disregard for the policies of the center and the state agencies that govern childcare providers and/or cause undue stress to center staff or operations.
- Posting or commenting negative/false information on public platforms without talking to the Director, to help facilitate or resolve an issue. Centers are not one size fits all, but we are always willing to work with our families for the best solution for everyone.
- The use of tobacco in any form, the use or the possession of alcoholic, illegal substances or unauthorized potential toxic substances, firearms (including but not limited to pellet or BB type guns) loaded or unloaded, or knives is strictly prohibited at the center. Possession of any of these on the property.
- If the center cannot meet the physical, mental, or emotional needs of the child.
- Repeated tardiness in picking up a child at closing time.

Reviews Online and Social Media

We would love for you to talk about us on social media and leave reviews. There are several different ways to leave a review, either on our Facebook page or Google page. Another way to get the word out about Hope Academy is if you are on Facebook groups that ask for childcare recommendations. *All reviews that are given on Google or our Facebook Page have a chance of being placed on our website under testimonials*

For the protection of everyone, we prefer that there be no social media interactions between Staff and families. Some examples of Social Media Outlets: include Facebook, Twitter, Instagram and

Skyping. This is preferred because these are personal outlets and are not professionally appropriate forms of communication between families and staff. If conversations about issues at the center are happening over said outlets between a staff member and families, this is not acceptable. If you do choose to interact or follow-on social media remember that it is a personal outlet for individuals and should not be associated with Hope Academy.

Conflict Resolution Policy

At Hope Academy we strive to support communication and positive relationships with families. The purpose of this policy is to support open discussions between Hope Academy and families through a fair and transparent process. The policy will set out clear and consistent standards to ensure that conflicts are addressed in a timely and transparent manner. Every attempt will be made to handle conflicts with sensitivity, ensuring that confidentiality is maintained.

If any family fails to abide by Campus Expectations or has a concern they would like to address, the following procedure will apply:

1. The concern and inappropriate behavior will be documented and presented to the Director.
2. The Director will set up an initial meeting as required with the parties concerned, to gather more information and to determine if campus expectations were violated, or address concerns reported by the family.
3. The Director will convey this information to the concerned parties, so that an agreement can be made as to how to best resolve the situation.
4. Hope Academy, has the right to do any of the following:
Issue a warning, institute probationary period or terminate immediately for any family.

Drop Off Time

We are committed to providing a safe and secure environment for your child. For this reason, the following procedures have been established.

- At drop off, you must accompany your child to their classroom.
 - If unable to do that, you must leave your child with a teacher at the door but still have to check them in.
- Each parent or guardian is required to utilize their individual passcode when checking their child in. This allows us to have an accurate attendance and it provides a safe and secure environment for our families.
- Anyone other than yourself who is authorized to pickup with your child will be assigned a code.
- Parents, guardians, and approved guests are welcome to visit your child's classroom at any time (excluding naptime daily from 12-2).

SAFETY NOTE: Never share your code with anyone, including family members. This allows us to accurately share information with the police in the event of an emergency.

Pickup Time

- You will pick up your child in their classroom (or playground) for regular care children.
- If it is necessary for someone other than an authorized pickup person to pick up your child, you will need to send a message to your child's teacher with first and last name giving them one-time pick-up access, unless asked to be added to Approved Pickup list. An ID will have to be presented otherwise we will not release the child into their custody.
- All authorized pick-ups must be 18 years of age.

- You must put in your individual code to check out, so we have an accurate track of attendance and in event of emergency.

Absences, Late Drop off/Early Pickup,

If you plan to keep your child home due to illness or any other reason, you must notify your classroom teacher no later than regular drop off time. If you are going to be dropping your child off later than the regularly scheduled drop off time, please send your child's teacher a message on Brightwheel so they are aware. Please notify either the classroom teacher when you drop your child off in the morning if you will be picking your child up earlier than their scheduled pick-up, or if your child has an appointment and will be leaving and returning again later in the day. In these situations, please be mindful of our classroom schedules in order to not interrupt rest times or other structured time. If you are going to have an extended time of absence (vacations, etc.) please let your child's teacher know the dates they will be gone.

- There are no tuition reductions or reimbursements granted for absences, holidays, inclement weather or lack of attendance. In the event of voluntarily keeping your child at home and RHA is still open tuition payments are still required due to paying for a spot and not attendance.
 - Payments are made to hold a spot regardless of openings or attendance.

Mealtime

Hope Academy participates in the USDA Child Nutrition Program. These meals are nutritious and well balanced and meet all of the USDA standards. All menus will be posted in the classroom at the beginning of each month.

We do not allow children to bring their own meals in for substituting what we offer unless there is a medical reason. If there is a medical reason for needing to provide your own meals, you must provide them daily for breakfast, lunch. All meals must adhere to the USDA guidelines and must be peanut/nut free. You must also provide a doctor's note that states the reason for providing meals. You may store non-prep items (snacks, yogurts, meal shakes) at the center for convenience.

If your child has any food allergies, or other special dietary needs, please let the director know at the time of enrollment or diagnosis. RHA is a peanut/nut product FREE environment (with the exception of almond milk for children with dietary needs that have provided a doctor's note). No food, play items etc., are to be brought into the building containing nuts or nut products.

Due to Health Department rules homemade treats are NOT permitted. Store bought goods are acceptable only during special occasions pre-approved by the classroom teacher.

We provide all milk cups, if there is a specific milk cup you would like to have your child use instead, you must provide 3 cups daily. If the appropriate amount of cups is not provided we will revert back to using one that we provide.

We encourage mothers to breastfeed their infants. Therefore, breastfeeding areas are provided for convenience and privacy. However, you may feed anywhere in the facility to meet your comfort level.

Breakfast 8:00-8:30 a.m.

- **Although there isn't a designated time for dropping off or picking up your child during the hours of operation, your child must arrive by 8:15 a.m. to have breakfast.** This allows us to stay on schedule for the day's activities.
 - Formula is to be provided by parents
 - At 6 months we provide Gerber Stage 2 if you choose to start food
 - At 7 months we provide table food provided by the kitchen
 - At 12 months we fully transition to sippy cups and bottles will no longer be used, with your permission we can introduce earlier around 10/11 months
 - For any reason if your child must remain on a bottle or baby food after 12 months, we will need a doctor's note and you are responsible for supplying bottles, breast milk/formula and baby food.

Lunch 11:00-11:30 a.m.

- **If your child will be joining us for lunch, he or she must arrive by 10:45 a.m.** Although there isn't a designated time for dropping off or picking up your child during the hours of operation, your child must arrive by 10:45 a.m. to have lunch. This allows us to stay on schedule for the day's activities

Afternoon Snack 2:00 p.m.

Rest Time

DHS Minimum Licensing requires that there shall be an opportunity for a supervised rest period. This rest period should be at least one (1) hour but shall not exceed two (2) hours. If children do not fall asleep, they shall be allowed to participate in a quiet activity either on their cots or in a supervised area. Children over 12 months of age are allowed to have a size appropriate blanket, small pillow, and a small "lovie"/stuffed animal/comfort item. These items will be kept in the child's cubby and will be brought to school on Monday and taken home on Friday to be laundered weekly (by the parent/guardian). Pacifiers are allowed at nap time only in the 1 and 2 year old classrooms. No pacifiers are allowed in the 3 and 4 year old classrooms. Please do not bring your child to school with a pacifier in their mouth (excluding infants).

Infants 8 weeks to 12 months: Naps are based on each child's individual needs and are not scheduled. Raising Hope follows all specific guidelines listed from DHS Minimum Licensing for Infant Sleeping. Infants (children 12 months of age and younger) shall be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome. If a child rolls over on his/her own, the facility is not required to reposition the child. If there is a medical reason that a child cannot sleep on his/her back, and then a signed statement from the child's physician must be in the file stating the reason, the sleep position indicated, and the time frame this is required. Infants' sleep space shall be free of loose bedding. If your child does need a light blanket, we ask that you supply us with a sleep-sack instead, as those lessen the risk of suffocation. Once the infant is rolling from back to belly the sleep sack can no longer be used. Swaddling infants shall not be practiced except as directed in writing by the child's physician. This includes use of swaddling blankets or other swaddling devices. Pillows (including nursing or "boppy" pillows), bumpers/bumper pads, and stuffed animals shall not be placed in cribs. This does include any type of "lovie" or pacifier strap for a child under the age of 12 months.

Toddler and Preschool: 12:00 p.m. – 2:00 p.m.

*We ask that you please drop off your child 15 minutes before or 15 minutes after naptime to not disturb the other children who may be sleeping.

Child Comfort

Infant Personal Items

Each infant has their own crib, bedding, and plenty of storage for personal belongings. Parents are required to provide an adequate supply of the following items, with the child's names labeled on all items:

- Unopened sleeve or box of diapers, labeled with child's name
- 2 packages of unopened wipes, labeled with child's name
- Pre-made bottles of breast milk or unopened formula container
 - **All bottles must be labeled with child's name**
- Baby's (non- glass) jarred food (if parent prefers alternatives to what we provide)
- Three changes of season appropriate clothes (Including outdoor clothing)
- Pacifier (only if desired)

Toddler Personal Items

Each child has their own cot, bedding, and plenty of storage for personal belongings. Parents are required to provide an adequate supply of the following items, with the child's names labeled on all items:

- Unopened sleeve or box of diapers, pull-ups, labeled with child's name
- 3 pairs of underwear if potty trained
- 2 packages of unopened wipes, labeled with child's name
- Two changes of clothes (including outdoor clothing)
- Appropriately sized blanket for rest time
- Favorite appropriately sized stuffed animal or comfort item for rest time
- Water cup or water bottle, labeled with child's name

**We do not allow home toys in the Center, other than a comfort item for nap time. This helps prevent distractions during the day, or loved items getting lost. Hope Academy is not liable for any misplaces or broken items.

Preschool Personal Items

Each child has their own cot, bedding, and plenty of storage for personal belongings. Parents are required to provide an adequate supply of the following items, with the child's names labeled on all items:

- Two changes of clothes (including underwear, outdoor clothing)
- Blanket for rest time (only required in the Yellow classroom)
- Favorite stuffed animal or toy for rest time

**We do not allow home toys in the Center, other than a comfort piece for nap time. This helps prevent distractions during the day, or loved items getting lost. Hope Academy is not liable for any misplaces or broken items.

As of August 15th children in the Orange and Red classrooms will be provided with a blanket and water bottle by Hope Academy.

Clothing

Parents are responsible for maintaining a 2 spare set of clothing in their child's cubby (including socks and underwear). Please make sure that you are keeping up to date with the weather, and they are dressed appropriately for it. Babies grow fast, so please check frequently to make sure the spare set of clothing matches your child's current size and season. We also require your child to at all times be brought in either a diaper, pull-up or underwear and have plenty in your child's cubby in the event an accident occurs, or something is spilled.

Classroom Consideration

Daytime Visits

As we are an open campus, we encourage parents to visit your child throughout the day if you wish to do so. Each family receives ONE key fob at enrollment, but more may be ordered (\$30 per extra fob). While we are an open campus, we ask that you respect the schedule and rest time to not disrupt the other children activates.

- If there are times where the Center is a closed campus for safety reason parents are not allowed to freely enter the building. If there is an emergency, then a parent may enter with a staff member escorting them to their child.

Infant Room Precautions

Our infant room has a no shoes/car seats allowed in room policy. Due to little hands, feet and mouths just learning to crawl and walk, we don't want to track something into the classroom that could harm them or put in their mouths. We provide shoe covers at the door or socks are allowed. If you choose to leave a car seat, they are to be stored in the gated area by the stairs.

** Hope Academy is not liable for any damages that could occur to the car seat while on the premises.

Diaper Bags and Backpacks

To ensure the safety for our teachers and students' personal backpacks/bags are not allowed to stay on campus. You may walk in with them to unload items, but the bag must leave with parent/guardian dropping off. Diaper bags are discouraged from being left if must it can be left placed on your car seat in the gated areas. Please do not store medication in the diaper bags or other dangerous items. Hope Academy is not liable for any damaged diaper bag or stolen items.

Parties

We love birthdays and holidays at Hope Academy! Parents are welcome to bring special treats to celebrate their child's birthday or holiday if you choose to do so. For holiday parties your teacher will have a sign up sheet and be in contact for other items possibly needed. If you wish to provide a cake or baked treats, the item must be from a state inspected bakery with an ingredient label on the box. Please be sure the product has a "made in a peanut-free facility" label. Items containing peanuts, tree nuts or traces will not be allowed in the facility for the safety of children with a severe nut allergy.

Brightwheel Photo/Videos

We love being able to send photos and videos of all the fun things your child is doing throughout the day. In addition to individual photos/video's there will also be group ones posted on each child's page that is in the photo. On our Parental Agreement page, you either agree or don't agree to "I give permission for my child, to be photographed in activities related to Hope Academy. I understand that these photographs are for the purposes of documenting my child's progress and/or promotional materials" Please keep in mind that group photos will be shared solely on Brightwheel (never on social media by Hope Academy. A parent/guardian may post photo/videos of your child that are individual on social media, but photos/videos are not allowed to be shared on social media that has another in it that is not your own, unless you have consent of the other parent. You may crop or blur out other children if needed. If a photo is posted and consent to share has not been given, it can be grounds for termination for privacy violations.

Notes for Safety

Please DO NOT send the following to the center:

- Latex balloons, due to their potential choking hazard (mylar balloons are a great replacement)
- Movies/videos from home
- Gum
- Glass- please use plastic containers
- Home Toys, we do not want a special toy mishandled or lost during the course of the day. This also helps with not having extra distractions throughout the day.
 - If you choose to bring a home toy and it is either lost, or broken, RHA is not responsible for damages or replacements.
 - This does not include a special rest time comfort piece or blanket provided for rest time.

Newsletters

Newsletters are posted on your child's Brightwheel profile. The newsletter provides information on upcoming events, fundraisers, and information regarding what your child is learning in their class.

Take Home Items

Outside every classroom is an area with your child's name on it. Please be sure to take items home at the end of every week. You may find the following items:

- Childs art/work/projects
- Class notices (parties, events, needs)

Potty Training & Supplies

Hope Academy will start potty training at the age of two. It is required to be fully potty trained to transition or start in our three-year-old room. Our goal is to team up with parents and make this the easiest possible transition for everyone. If your child is potty training, please dress your child in the appropriate clothing they will be most comfortable in during the day. Once potty training is started onesies will not be allowed. If you choose to start potty training before the age of two, we will try and accommodate to the best of our ability. For children who are potty training, please provide the following items each day:

- 4-5 pairs of training pants or underwear
- 2-3 additional changes of clothes, including socks and shoes

Behavior Guidance Policy

Guidance Strategies

Every adult who cares for children has a responsibility to guide, correct and socialize children toward appropriate behaviors. These adult actions often are called child guidance and discipline. Positive guidance and discipline are crucial because they promote children's self-control, teach children responsibility and help children make thoughtful choices. The more effective caregivers are at encouraging appropriate child behavior, the less time and effort adults will spend correcting children's misbehavior.

Effective guidance and discipline focus on the development of the child. They also preserve the child's self-esteem and dignity. Actions that insult or belittle are likely to cause children to view their caregivers negatively, which can inhibit learning and can teach the child to be unkind to others. However, actions that acknowledge the child's efforts and progress, no matter how slow or small, are likely to encourage healthy development. Teaching children self-discipline is a demanding task. It requires patience, thoughtful attention, cooperation and a good understanding of the child. Raising Hope staff will use only positive guidance techniques.

When interacting with young children, staff should ask themselves the following questions:

"Am I..."

- Validating feelings?
- Asking open ended questions?
- Encouraging problem solving?
- Respecting children's choices?
- Using praise and positive reinforcement?
- Talking with children – not at them?
- Circulating throughout the classroom?
- At the child's eye level?

At RHA, we do not under any circumstances allow the follow behaviors:

- Corporal punishment such as shoving, hitting, shaking, spanking
- Harsh, belittling, or degrading treatment
- Confinement, unsupervised separation from others, physical restraint as punishment
- Depriving children of meals, snacks, rest or necessary use of the toilet as punishment

If we have behavior problems with your child, we want to work side by side with parents. Our goal is to have your child succeed and to do that it takes teamwork. If we are having issues, we will schedule a conference to discuss an action plan and how on both ends we can incorporate and implement effective actions.

Reasons for Misbehavior

If caregivers understand why children misbehave, they can be more successful at reducing behavior problems. Listed here are some of the possible reasons why children misbehave.

- Children want to test whether caregivers will enforce rules.

- They experience different sets of expectations between school and home.
- A child does not understand the rules or are held to expectations that are beyond their developmental levels.
- They want to assert themselves and their independence.
- They feel ill, bored, hungry or sleepy.
- They lack accurate information and prior experience.
- They have been previously "rewarded" for their misbehavior with adult attention.

Preventing Misbehavior

Child misbehavior is impossible to prevent completely. Children, usually curious and endlessly creative, are likely to do things parents and other caregivers have not expected. However, there are many positive steps caregivers can take to help prevent misbehavior.

- Set clear, consistent rules. (e.g., walking feet; gentle touches)
- Make certain the environment is safe and worry-free.
- Show interest in the child's activities. (e.g., participating in activities with the children so they stay interested in longer periods)
- Encourage self-control and independence by providing meaningful choices. (e.g., "You may pick up the blocks or art center.")
- Focus on the desired behavior, rather than the one to be avoided. (e.g., "Ashley, please use gentle touches with your friends.")
- Build children's images of themselves as trustworthy, responsible and cooperative.
- Give clear directions, one at a time.
- Say "Yes" whenever possible.
- Notice and pay attention to children when they do things right. (e.g., "Joey is playing so nicely. I like it when you keep the blocks on the table.")
- Encourage children often and generously.
- Set a good example. (e.g., using a quiet voice when children should be quiet)
- Help children see how their actions affect others.

Responding to Misbehavior

Below are strategies RHA staff will use to respond to child misbehavior.

- **Redirection**
This strategy should be used most frequently when working with young children. If a child is not following the rules or being uncooperative, quickly get the child's attention and introduce another activity. For example, "Kate, please help me kick the ball around now. You've been riding the bike for a long time and it's now Logan's turn."
- **Logical consequences**
These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior and the consequence are directly related. For example, Andrew is standing on his chair at lunch. His teacher should remind him that if he stands on his chair, he could fall and get hurt; this will make him sad.
- **Participate in the solution**
If a child damages something, he/she needs to help in fixing it or in cleaning up. If a child causes someone distress, he/she should help in relieving that. For example, "It made Brandon very sad

when you told him he wasn't your friend anymore. Please come apologize and help me make him feel better."

- **Natural consequences**

Allowing children to experience the consequences of their behavior is also called learning the hard way. For example, Sally does not put her books back in her school bag after she finishes reading. One day she loses a book, and therefore must find a way to replace it. Only use natural consequences when they will not endanger the child's health or safety.

- **"Take a break" or "Calm down chair"**

In some instances, a child may need to be removed from a particular situation in which he/she has become overwhelmed or violent. The child should be directed to "take a break" or sit in the "calm down chair." This strategy gives the child a chance to calm down, regain control, and reflect quietly on her or his behavior away from others. Once the child has calmed down, staff should talk with the child about the actions that led up to and resulted in needing a break or being sent to the calm down chair. For example, "Hannah, we have talked often about how hitting is not acceptable. But because you hit John, please leave the blocks center and go to the calm down chair. I will talk to you when you are ready."

16

If these actions do not help in reducing or changing behavior the following will take place:

1. Staff will report behavior and what strategies have been attempted to the Director.
2. The Director will observe the child and meet with the Lead Teacher to develop a behavior management plan.
3. The behavior management plan will be discussed with the parent and then put into practice.
4. The Director, Lead Teacher and Assistant Teachers, and parents will evaluate the behavior management plan. If needed, adjustments will be made.

** If a child's behavior becomes threatening to themselves, other children, staff or teachers, the child will be removed from the classroom and possibly the program for a period of time, or termination.

BITING POLICY

Biting is a behavior that usually appears between the ages of one and three years. While biting is an age-appropriate behavior, it is important to remember it is also an unacceptable behavior in a childcare environment. Children bite for a variety of reasons: teething, sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Biting is not something to blame on children, their parents or their teachers. There are a variety of strategies we implement at RHA to prevent and stop biting. This is the process followed when a child bites:

- The biting child is stopped and told, "Stop biting. Biting hurts" in a firm voice. Teachers should remain calm, being careful not to show anger or frustration towards the child.
- The biting child is removed from the situation. Depending upon the observed motive for the bite, the separation may include re-direction or meeting the child's needs. As little attention as possible will be placed on the biting child, to avoid reinforcing the behavior.
- Appropriate first aid will be provided to the child who was bitten. Bite will be washed with soap and water; cold compress will be applied to reduce pain and swelling. A bandage will be applied if necessary.

It is important to explore the reasons for biting when it occurs. Teachers need to work with parents to gather information about the child's behavior and begin observations to determine the reasons for biting. Examples of triggers would be communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or

teething pain. Once triggers are identified, staff can work on prevention strategies and start teaching replacement skills. Below are the steps the teacher will take to identify triggers and replace the behavior:

1. The teacher will examine the context in which the biting is occurring and look for patterns. The following questions should be asked:
 - Was the space too crowded?
 - Were there too few toys?
 - Was there too little to do or too much waiting?
 - Was the child who bit getting the attention and care he/she deserved at other times?
2. The teacher will change the environment, routines or activities if necessary.
3. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways
4. The teacher will observe the child, to get an idea of why and when they are likely to bite.
5. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.
6. The teacher, parent and Director will meet regularly to regulate an action plan and measure outcomes.
7. If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to the child who is biting.

17

All information is confidential, and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on an Incident/Accident Report which is completed and signed by a teacher and parent. A copy is provided to the parent and the original kept in the child's incident reports in Brightwheel.

Incident Policy

If your child intentionally hurts another child to the extent that the other child is hurt ,examples are but not limited; to pushing off high playground equipment, a bite/scratch/wound/throwing object that draws blood, or the other child requires a doctor visit, your child will be sent home with no warnings. We take the safety of children and teachers very seriously. If there are behaviors happening often and a child continues to put other children in danger this is grounds for termination. By having a Brightwheel account you automatically acknowledge that you have receiving notice and are aware of an incident that happened.

- If your child is sent home for any reason, you will have 1 hour from the time the message is sent to pick up your child. For every minute over that hour a \$1.00 fee will be applied to your account.

Health

Requirements

The following below are requirements or guidelines regarding health and medical issues for all children attending Hope Academy

- A completed and signed **emergency medical** release
- Current immunizations are required at registration and must be kept current
 - All children at Raising Hope are required to have proper immunizations, according to age. A current immunization record for your child must be kept on file in the director's office. Raising Hope follows Arkansas requirements for immunizations. It is the parent's

responsibility to provide verification of up- to-date immunizations in a timely manner as their child receives them. According to our licensing requirements, a child has ten days to be fully immunized following enrollment. After the 10th day, your child may not attend class until record of the immunizations are turned into the director's office. See the attached immunization schedule for further information.

- Children are NOT allowed to attend the Center if they have a contagious, infectious disease or illness.
- Your child must have a Primary Care Doctor set up and will be required to fill that information out in the initial paperwork.

Child Procedures

Parents and guardian's will be notified to pick up their child if they exhibit any of the following symptoms. To ensure the health and safety of other children attending the Center as well as our staff, the Center requires children to be without fever, vomiting, or diarrhea for at least 24 hours before returning. If your child is sent home for the possibly of having a contagious disease including but not limited to: Pink eye, Thrush, Hand Foot and Mouth, we will require a doctor's note before returning. Your child's teacher will specify in the alert whether or not one will be required. By sending your child to Hope Academy you assume the risk and responsibility that your child could be exposed to any communicable illness including but not limited to: Chicken Pox, Conjunctivitis, pin worms, Fifth's Disease, RSV, COVID-19, Hand Foot and Mouth, Thrush, Flu. **Hope Academy cannot be held liable if any exposure or illness happens to your child.

- If your child is sent home for sickness you are required to pick up your child immediately.
 - If your child is sent home for any reason you will have 1 hour from the time the message is sent to pick up your child. For every minute over that hour a \$1.00 fee will be applied to your account.
1. Sudden change in behavior, such as: Lethargy or lack of responsiveness, unexplained irritability or persistent crying, difficulty breathing, a quickly-spreading rash
 2. Fever over 100 degrees with other symptoms or 101 degrees by itself. Child must be fever free (without the aid of fever reducing medication) for at least 24 hours before returning to our care
**We only use under the arm thermometers at Raising Hope. Per instructions for our thermometers we will always add a degree. There will also be a photo of any temperature posted onto your child's feed.
 3. Diarrhea, defined as watery/runny stools, if there are 2 diarrheas within a 24-hour period and is not related to a change in diet or medication. Child must be "diarrhea free" for 24 hours from the last BM before returning to our care. This policy will be followed even if a child is taking antibiotics.
**A change in diet or medication exclusion only applies if your child is on a specific medication or diet that's purpose is to cause soft bowel movements. A doctor's note will need to be provided for your child to not be sent home.
 4. Blood or mucus in stools (unless caused by hard stools)
 5. Vomiting illness (2 or more episodes of vomiting in the previous 24 hours) Child must be "vomit free" for at least 24 hours before returning to our care
 6. Abdominal pain which lasts more than 2 hours

7. Mouth sores with drooling
8. Open wounds with bodily fluids when first noticed will be sent home. If it is a reoccurring sore with a Doctor's note, it will need to be covered up all of the time.
9. Rash that is exhibited with fever, behavior change, allergic reaction with hives, and or fast spreading.
 - **This excludes diaper rash, or heat rash
10. Purulent conjunctivitis or "pink eye" or suspected pink eye- with white, yellow, or green eye discharge and red ("bloodshot") eyes, until 24 hours after treatment has been started
11. Pediculosis (head lice), until after the first treatment and all nits are gone
12. Active tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend school, must have a doctor's note to return
13. Impetigo, until treatment has been started
14. Thrush, until 24 hours after antibiotic treatment has been started
15. Strep throat, until 24 hours after antibiotic treatment has been started
16. Hand, Foot and Mouth Disease, blisters must not be new, scabbed over and must have a doctor's note to return.
17. RSV (Respiratory Syncytial Virus), must have a doctor's note to return
18. Flu (any type), must be out a week (5-7 days) from diagnoses, as well as, fever/vomit/diarrhea free for 24 hours without medication. A doctor's note is required to return.
19. Chicken pox, until all lesions have crusted (usually 6 days after the rash appears), must have a doctor's note to return
20. Rubella, until 6 days after onset of rash, must have a doctor's note to return
21. Pertussis (whooping cough); until 5 days of antibiotic treatment, must have a doctor's note to return
22. Mumps, until 5 days after onset of gland swelling, must have a doctor's note to return
23. Measles, until 4 days after onset of rash, must have a doctor's note to return
24. Hepatitis A, until 1 week after onset of illness or as directed by the health department, must have a doctor's note to return
25. COVID-19 if presenting symptoms, a child will be sent home. If the test results are negative your child may return with a copy of the negative result. If the test is positive your child may return after 14 days and when symptoms are done. You must have a Doctor's note to return.

**When a doctor's note is required, please ensure that the following information is included:

1. Child's name and current date
2. The specific date your child may return (example, may return to school on June 22,2023)
3. Statement that the child's specific condition they had or where sent home with is no longer infections
4. If a rash is not contagious but still visible, have the doctor notate the approximant amount of time the rash will be present.
5. A Doctor's note written by a parent or a relative will not be accepted or seen as a valid note.

Contagious Diseases

Parents or guardians of all children shall be notified of contagious illness as soon as possible. If your child develops a communicable illness or infestation at home (such as, but not limited to chicken pox, conjunctivitis, pin worms, fifth's disease, RSV, COVID-19, Flu or head lice), notify our director within 24 hours. Before returning to the Center if your child is with a communicable illness, they must have a doctor's note release stating the child is no longer contagious. Please reference the previous section for information pertaining to doctor's notes.

Allergies

If your child has any allergies, including food, we must have medical documentation. The Center will provide meal substitutions if possible. If we are unable to provide a meal substitution you will be responsible for bringing those items.

Medication

All medications, including over-the-counter medications, require written instructions and must be authorized by a parent or guardian. This form is available from our director and must be on file before medication will be given. Medications must not be expired and must be age-appropriate. **Oral over the counter medication will not be given to the children under the age of 2.**

All prescription medications must have a doctor's note that clearly outlines the following:

- Must be in the original container,
- Must have a prescription label attached to it with the name of the prescribing physician
- Your child's name
- The date issued, the name and strength of the medication
- The dosage amounts
- the time(s) of day it is to be given. (please do not list "as needed", as it will not be accepted)

Topical Medications

All topical medications also require a signed parental request form. A doctor's note with all the information required above if it is an antibiotic cream/ointment or steroid cream. A doctor's note is not required for those listed below

- Diaper cream
- Chapstick / Vaseline
- Sunscreen (form valid for 1 year)

Special Health Care Medications

Pertinent medical information about your child should be included on their enrollment form. If your child has a medical condition (i.e. asthma, diabetes, special needs, severe allergies), a medical action plan from your doctor should be given to our director, along with any medication. A medication form should be filled out and placed with the medication. Staff members will be advised of your child's medical care plan in order to best serve your child. A confidential medical alert sheet will be in all Raising Hope classrooms. If your child requires an Epi-Pen, please bring one to the director's office so we will have it in the event of an emergency. Medical care plans must be updated by the physician on an annual basis.

Administering Medication

If your child is required to take medication during the day, we will need a signed form before administering. All medications will be kept in a closet in the classroom or in the refrigerator. Any time a medication is administered it will be documented in our Brightwheel app and we will follow the medication as directed on the prescription label with NO exceptions.

Medical Emergencies

In the case that a medical emergency takes place we will assess the situation immediately and assist the child right away, then notify parents/guardians as soon as possible. If the parent/guardian is not available, we will notify the following individuals in this order.

1. Emergency Contact listed on application
2. Authorized pick up person listed on application
3. Childs Physician listed on application
4. Child will be taken to the hospital listed on application

However, in a life-threatening emergency, the Center will contact 911 before contacting the parents or guardians.

Security

21

Campus Expectations

We request that all parents and visitors conduct themselves in a manner appropriate for a school setting. If any expressions of bias or discrimination, physical, gestural or verbal aggressive behavior by a parent or visitor is disrupting to the program, actions such as leaving the school grounds or immediate termination from the Center can occur. **No drugs or alcohol are permitted on Hope Academy campus.**

- **Verbal Aggression:** highly inappropriate language and/ or methods of communication that makes another person feel threatened or out of control with the situation
- **Physical Aggression:** any act taken to deliberately inflict physical hurt or injury upon another person or him / herself
- **Gestural Aggression:** highly inappropriate gestures, body language or invasion of another person's physical space causing the other person to feel threatened or out of control with the situation
- **Expression of Bias or Discrimination:** incidents may be intentional or can take verbal, written, non-verbal or physical form. They may be subtle or passive, or they can be overt. Avoidance, rude behaviors, stereotyping, name-calling, jokes, graffiti, insults, threats or intimidation are typical expressions of bias and discrimination.

Security Cameras

Here at Hope Academy, we take our students safety very seriously. In order to keep our students safe at all times, we are implementing multiple security features in our facility.

We have a Flir security system in place at the facility. There are cameras located in each classroom and in common areas. The director frequently monitors these cameras. These cameras are in place to help ensure the safety of our students and staff alike. If an issue should ever arise, parents will be able to schedule a time with the director to view footage.

We also have a secure entry system in place. (see below section on Key Fob information)

Key Fob

For each enrolled child you will receive ONE key fob that will allow you to enter the facility during operational hours. Each key fob is individualized and connected to you. If more than one person will be picking up at least 2 of the days in the week another key fob will need to be purchased. If you should ever lose or misplace your key fob, please notify the director immediately as this could pose a threat to our students, staff, and facility. To purchase a new or replacement key fob the charge will be \$30. To purchase a replacement/extra fob please see the director to obtain a request form.

Visitors

Any visitor (parent's or authorized individual without a code, student observers, service personal) are required to check in with the Director. They must have a driver's license, or government issued photo identification card for identification.

Mandated Reporting

Under Arkansas law, Act 397, all RHA staff members are mandated to report any signs of suspected child maltreatment to the appropriate Child Protective Services; this is to include physical, emotional, sexual abuse or signs of neglect. Child Protective Services will determine if the parents can be notified of the report. We are required to comply with their determination for the safety and well-being of the child.

Investigations

Your child may be subject to interview by state licensing staff, child maltreatment investigators, and/or law enforcement official for the purpose of determining licensing compliance or for investigative purposes. Such child interview's DO NOT require parental notice or consent. Raising Hope will require such an individual to provide proof of identification; and keeps' a copy on file.

The investigator will determine whether or not the Center may contact parents regarding the interview. For the child's safety we will and are required to comply with their determination.

Emergency Contacts

We require a minimum of two emergency contacts on file, in addition to parents/guardians. Please be sure that all your emergency contact and information is up to date at all time to include names and phone numbers. If we are unable to reach the parent/guardians in an emergency situation, we will call emergency contacts. Emergency Contacts will automatically be added to Approved Pickup Persons.

Change in Family Status Policy

At Hope Academy your child's safely and well-being is our FIRST priority. To ensure that for each child, we have security doors, cameras, safety drills, and policies regarding "change in family status". This policy will help address common issues that impact the custodial rights with respect to children.

Definitions:

Custodial Parent: Biological parent, adoptive parent, or legal guardian that has not had legal rights to the child restricted by a court of law.

Full Access: Persons having Full Access to a child may visit the child at any time and may remove the child from the Center without additional express permission of or notification to a parent.

Non-Custodial Parent: A parent that has restricted legal rights to his/her child(ren)

Parent: Biological, adoptive parent or legal guardian of a child.

1. In order to enroll a child at Hope Academy, a Custodial Parent must complete all paperwork and sign a parent handbook agreement of understanding.

2. Unless there is proper documentation from a court of law that states otherwise, any Parent of the child will have Full Access to the child.
3. If a family has any court-issued documentation that impacts the legal rights with respect to a child attending the Center, a copy must be provided to the Center. This includes but is not limited to court orders, divorce decrees, and restraining orders.
4. The Center will abide by all properly issued court orders. The documentation must be originated by a court of law, not a private attorney, This includes, but is not limited to, following any restrictions contained in a court order that specifies that a Non-Custodial Parent shall not have unsupervised visitation and an order prohibiting contact with a child by any specific person. We will not deviate from the order under any circumstance.
5. If a Custodial Parent of a child indicated that there could be a threat to the child's welfare in the event the Non-Custodial Parent appears for visitation, the Center will take steps, as necessary, to protect the child. In the event that a court order does not exist, offering the protection deemed advisable after consultation with the Custodial Parent, the child cannot return to the Center until a court order is issued that satisfactorily addresses the parental concerns. During such time, the Parent may use available vacation or pay the normal rate of tuition.
6. The Custodial Parent(s) is the only authorized party that may determine the person who may visit or pick-up a child from the Center when the child is known to the Center to have custodial issues. When completing the child's enrollment application, all persons who will have Full Access must be listed, including Parents. If a Custodial Parent completes the form and omits the name of a person, the Center will have no obligation to release the child or allow visitation without written approval of a Custodial Parent(s). This policy stands even if an individual appearing at the Center claims to be a Parent of the child, unless such Parent's identity can be confirmed, and the Custodial Parent is contacted and agrees to the release or visitation. All additions, changes or removals of an authorized pick-up person must be done in writing by the custodial Parent(s). Please see the Director for this paperwork.
7. When Parents have joint custody with no firm visitation schedule, or visitation schedule containing no specific restrictions on visitations other than setting forth a general plan for holidays and the like, the Parents will each be asked to meet with Center administrative staff to set up prearranged days for access and if no restrictions are agreed upon by the parents, then the Center shall provide unrestricted access to both parents until such a time a court order may otherwise require.
8. When the court does not provide joint custody, the order needs to clearly address the parents' rights to access the child when attending Hope Academy.
9. All court documentation will be kept confidential. A copy of the documents will be kept in the child's original file, and only pertinent excerpts will be disclosed to the child's teachers.

Non-Compete Policy

Parents agree that they will not be hire any current or former staff member who worked at Hope Academy for any reason, at any time within the 9-month period prior to their attendance. However, during non-operating hours (6:00 p.m. – 7:30a.m. weekdays, Saturday and Sunday's) it is not prohibited. Babysitting is

acceptable with the Directors consent and staff members signed signature page agreeing to the non-Compete Policy. **Hope Academy assumes no liability for its employees during babysitting hours.**

Emergency Protocol

In the event that an emergency occurs and none of the individuals listed on your authorized pick-up list can pick up, we will require you send a message on Brightwheel be sent with the name of who is picking up your child. We will require a Driver's License to be seen before we allow the child to leave in their custody. **[In an emergency situation that renders both parents/guardians unable to provide such notification to the Center, the notification may be provided by an authorized pick-up person that is listed on your child's application. This can either be done by Brightwheel message, e-mail or phone call]**

Emergency Closings

If there is an emergency closing for any reason a message will be sent out by 7 a.m. if possible. If there is an emergency closing **during** the operating hours students will have one hour to be picked up after the alert has been sent.

Other Emergencies:

Other situations, including but not limited to electrical power failure, lack of water, lack of heat or air conditioning, hazardous road conditions, or other situations which could endanger the safety or health of children and employees, may result in Hope Academy being closed at the sole discretion of the Director. Employees will be advised of their obligations in these situations. In the event of an emergency closing in the middle of the day, the Director will instruct employees during the emergency. Employees are required to remain on the premises as long as there are children present. In rare instances, this may require employees to remain after normal closing hours. Employees must be mindful that compliance with Licensing Regulations must be maintained even in emergency situations (ratios, general policies, and the like). The Director will inform employees when they are able to go home. Employees who refuse to cooperate during an emergency closing situation may be subject to disciplinary action up to and including termination.

Inclement Weather Policy

Every effort will be made to keep the Center open during inclement weather. Whenever Bentonville Public Schools are closed/delayed for weather, we will also do the same. If there is a closing for weather the message will be sent out no later than 6:30 a.m. if possible.

Tornado Plan

Raising Hope performs a monthly tornado drill to prepare for such an event. **While performing a tornado drill you will not be able to check out your child until it is complete.** Each classroom has an emergency backpack with a student profile you filled out about your child. In case of emergency, we will have that to provide to emergency personnel arrive on scene. If we are under a Tornado Warning all children and staff will seek shelter in our restrooms. After all children are accounted for, a message will be sent to parents that they are safely in shelter. Staff and children are to remain in the restrooms until the warning has been terminated. **Children are NOT allowed to be checked out or leave the restrooms during an active tornado warning. You are welcome to wait with your child or in the facility until the warning has passed.**

Fire Plan

Raising Hope performs a monthly fire drill to prepare for such an event. **While performing a Fire drill you will not be able to check out your child until it is complete.** Each classroom has an emergency backpack with a student profile you filled out about your child. In case of emergency, we will have that to provide to emergency personnel arrive on scene. If a fire occurs each classroom has a designated area on the property to take children to. After all children are accounted for a message will be sent to parents that they are safely evacuated from the building. Your children will be released once the Fire Marshal deems it safe for them to leave. **Children are NOT allowed to be checked out or leave the care of staff during an active fire. You are welcome to wait with your child until the Fire Marshal deems it safe to leave.**

Center Education

Curriculum & Activities

At Hope Academy, we use a faith-based curriculum called ABC Jesus Loves Me. ABC Jesus Loves Me is a comprehensive, research-based preschool curriculum for ages 1-5 that focuses on academics, development, and the Bible. This curriculum incorporates learning into the toddler's and preschooler's day instead of controlling it, allowing the child to explore, play, and learn new things.

We also participate in Jitterbugs and Ballerbugs. For more information regarding these programs please reach out to your child's teacher or the Director.

The Power of Play

At Raising Hope, we strongly believe in the power of play and how it impacts the development of a growing child. Below is a snippet of an Article on the NAEYC website expressing the power of play. We encourage you to further looking to the benefits of learning through playing.

**10 Things Every Parent Should Know About Play
By: Laurel Bongiorno**

1. Children learn through their play.

Don't underestimate the value of play. Children learn and develop:

- cognitive skills – like math and problem solving in a pretend grocery store
- physical abilities – like balancing blocks and running on the playground
- new vocabulary – like the words they need to play with toy dinosaurs

- social skills – like playing together in a pretend car wash
- literacy skills – like creating a menu for a pretend restaurant

2. Play is healthy.

Play helps children grow strong and healthy. It also counteracts obesity issues facing many children today.

3. Play reduces stress.

Play helps your children grow emotionally. It is joyful and provides an outlet for anxiety and stress.

4. Play is more than meets the eye.

Play is simple and complex. There are many types of play: symbolic, sociodramatic, functional, and

games with rules—to name just a few. Researchers study play’s many aspects: how children learn through play, how outdoor play impacts children’s health, the effects of screen time on play, to the need for recess in the school day.

5. Make time for play.

As parents, you are the biggest supporters of your children’s learning. You can make sure they have as much time to play as possible during the day to promote cognitive, language, physical, social, and emotional development.

6. Play and learning go hand-in-hand.

They are not separate activities. They are intertwined. Think about them as a science lecture with a lab. Play is the child’s lab.

7. Play outside.

Remember your own outdoor experiences of building forts, playing on the beach, sledding in the winter, or playing with other children in the neighborhood. Make sure your children create outdoor memories too.

8. There’s a lot to learn about play.

There’s a lot written on children and play. Here are some NAEYC articles and books about play. David Elkind’s *The Power of Play* (Da Capo, 2007 reprint) is also a great resource.

9. Trust your own playful instincts.

Remember as a child how play just came naturally? Give your children time for play and see all that they are capable of when given the opportunity.

10. Play is a child’s context for learning.

Children practice and reinforce their learning in multiple areas during play. It gives them a place and a time for learning that cannot be achieved through completing a worksheet. For example, in playing restaurant, children write and draw menus, set prices, take orders, and make out checks. Play provides rich learning opportunities and leads to children’s success and self-esteem.

Laurel Bongiorno, PhD, is the director of Champlain College’s graduate program in early childhood education, with specializations in teaching and administration, in Burlington, Vermont. She has taught preschool, directed early childhood programs, and studied parents’ perceptions of preschoolers’ learning through play.

Reference: Bongiorno, Laurel. “10 Things Every Parent Should Know About Play.” *NAEYC*, OAD, www.naeyc.org/our-work/families/10-things-every-parent-play.

Developmental Skills Checklist

Testing is not a reliable source for this age. Instead, our teachers observe children and what they are doing. They then make notations and keep parents informed on the developmental growth. Our

teachers have developmental skills checklists (varies by age group) that they will go over with parents on where their child is at.

Kindergarten Readiness

We want to guarantee that once it is time for your child to go to kindergarten, they are ready! Our curriculum does follow all the necessary skills and requirements for kindergarten and starts them at an early age. We strive to be the best and will send a survey 10 weeks into the school year. We request that you gauge your child's knowledge against the Arkansas' Kindergarten Readiness Indicators. See page 36-37 for the Kindergarten Readiness Checklist.

27

Special Provisions

Early intervention is critical for a child's success. While we do our normal and developmental observation if we notice a possible delay we will be in contact with parents. If the parent is in agreement, there are free resources to professionally screen your child.

If therapy is necessary, you are welcome to have it be done in our facility. We will require documentation from the parent that includes the name of the therapist, company, contact information and authorization that the therapist may provide services on the Raising Hope Campus. We will also need the copy of the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP). We will require that all therapists will need to have a background check and wear their ID badge at all times while present in the Center. Your child's success is important to us and we want to partner with parents and therapists to ensure that your child is getting the support and guidance required in the classroom. We will work hand in hand with both to reinforce the specific goals and objectives as a part of your child's daily routine in the classroom.

Daily Schedule EXAMPLE (schedule is subject to change based on classroom)

Infants Daily Schedule

***Diapering, feedings, and naps are done on an individual need. They routinely change diapers every two hours if not needed before.**

- | | |
|----------------|---|
| 7:30 – 8:00: | Play |
| 8:00 – 8:30: | Breakfast (for those on baby food and table food) |
| 8:30 – 8:45 | Diapers/Feedings |
| 8:45 – 9:00 | Crafts |
| 9:00 – 10:30 | Fine Motor/ Gross Motor Play |
| 10:30 – 11:00 | Outside Play (weather permitting or gross motor area) <ul style="list-style-type: none">• We use a bye-bye buggy to stroll our infants around outside. They only stay in our parking lot or on our walkways if outside in a buggy. They may lay in our toddler playground on a mat if the weather is permitting |
| 11:00 – 11:30: | Lunch (for those on baby food and table food) |
| 11:30 – 11:45 | Diapers/ Feeding |
| 11:45 – 1:30 | Fine Motor/ Gross Motor Play |
| 1:30 – 2:00 | Outside Play (weather permitting or gross motor area) <ul style="list-style-type: none">• We use a bye-bye buggy to stroll our infants around outside. They only stay in our parking lot or on our walkways if outside in a buggy. They may lay in our toddler playground on a mat if the weather is permitting |

2:00 – 2:15	Afternoon Snack (for those on baby food and table food)
2:15 – 2:30	Diapers/ Feedings
2:30 – 3:00	Reading / Music
3:00 – 4:15	Fine Motor/ Gross Motor Play
4:15 – 4:30	Diapers
4:30 – 4:45	Extended Care Snack (for those on baby food and table food)
4:45 – 5:30	Fine Motor/ Gross Motor Play

Toddler Daily Schedule

7:00 – 8:00:	Play
8:00 – 8:15:	Diaper/ Wash Hands
8:00 – 8:30	Breakfast
8:30 – 9:00	Clean Up
9:00 – 9:45	Outside Play
9:45 – 10:00	Diaper/ Wash Hands
10:00 – 10:30	Morning Meeting/ Art
10:30 – 1100	Play
11:00 – 11:15	Diaper/ Wash Hand
11:00 – 11:30	Lunch
11:30 – 12:00	Clean Up/ Nap Prep
12:00 – 2:00	Nap Time
2:00 – 2:15	Diaper/ Wash Hands
2:15 – 2:30	Afternoon Snack
2:30 – 3:00	Play
***** Extended Care *****	
3:00 – 3:45	Play
3:45 – 4:15	Outside Play
4:15 – 4:30	Diaper/ Wash Hands
4:30 – 4:45	Extended Care Snack
4:45 – 5:30	Play

Preschool Daily Schedule

7:00 – 8:00	Play
8:00 – 8:15	Potty/Wash/Prep
8:00 – 8:30	Breakfast
8:30 – 9:15	Morning Meeting/ Art
9:15 – 10:15	Play
10:15 – 11:00	Outside Play
11:00 – 11:15	Potty/Wash/Prep
11:00 – 11:30	Lunch
11:30 – 12:00	Story/ Nap Prep
12:00 – 2:00	Nap
2:00 – 2:15	Potty/Wash/Prep
2:15 – 2:30	Afternoon Snack
2:30 – 3:00	Play
***** Extended Care *****	
3:00 – 3:45	Play
3:45 – 4:15	Outside Play

4:15 – 4:30	Potty/Wash/Prep
4:30 – 4:45	Extended Care Snack
4:45 – 5:30	Play

Family Education

SIDS

Did you know?

29

Know The Truth... SIDS is NOT Caused By:

- About one in every five sudden infant death syndrome (SIDS) death occurs while an infant is in the care of someone other than the parent. Many of these deaths happen when babies who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver.
- When a baby is not used to sleeping on their tummy it increases the risk of SIDS. It is 18 times more likely for an infant to dies from SIDS if placed on their tummy to sleep when used to being on their back.

You can reduce your baby’s risk of dying from SIDS by talking to those who care for your baby, including child care providers, babysitters, family, and friends, about placing your baby to sleep on their backs during naps and at night time.

Who is at risk for SIDS?

- SIDS is the leading cause of death for infants between 1 to 12 months old.
 - SIDS is most common in infants that are between 1-4 months old, but it can occur until they are 1 year old
 - Immunizations
 - Vomiting or choking
-

What Can I Do Before My Baby Is Born To Reduce The Risk Of SIDS?

Take care of yourself during your pregnancy and after your baby is born. While pregnant, before you give birth you are able to greatly reduce the risk of SIDS! **Do not smoke or expose yourself to others’ who smoke while you are pregnant and after baby is born. Do not consume alcohol or drugs while pregnant or breastfeeding.** Keep up with prenatal checkups to reduce risk of having low birth weight or a premature baby.

Safe Sleep Practices

Raising Hope follows all specific guidelines listed from DHS Minimum Licensing for Infant Sleeping. Infants (children 12 months of age and younger) shall be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome. If a child rolls over on his/her own, the facility is not required to reposition the child. If there is a medical reason that a child cannot sleep on his/her back, then a signed statement from the child’s physician must be in the file stating the reason, the sleep position indicated, and the time frame this is required. Infants’ sleep space shall be free of loose bedding. If your child does need a light blanket, we ask that you supply us with a sleep-sack instead, as those lessen the risk of suffocation. Swaddling infants shall not be practiced except as directed in writing by the child’s physician. This includes use of swaddling blankets or other swaddling devices. Pillows (including nursing or “boppy” pillows), bumpers/bumper pads, and stuffed animals shall not be placed in cribs. This does include any type of “lovie” for a child under the age of 12 months.

Other helpful tips

- Don't lay baby on their side because they are more likely to accidentally roll onto their tummy's and the side position can be just as dangerous as the tummy position.
- Try not to let your baby get too hot. Your baby may be too hot if you notice sweating, damp hair, red or flushed cheeks, heat rash or rapid breathing. Dress your baby light for sleeping and set the room temperature in a range that is comfortable for a lightly dressed adult.
- Try using a pacifier at nap and bedtime. Do not use a pacifier cord or clip because this could cause strangulation.

Safe Sleep Environment

- Place your baby on a firm mattress that is covered by a fitted sheet that meets current safety standards. Visit <http://www.cspc.gov> for those standards.
- Always place the crib in an area that is smoke free
- Don't place babies to sleep in adult beds, chairs, sofas, waterbeds, pillows or cushions.
- Keep toys, soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with your baby. Loose bedding like sheets and blankets should not be used for they can impair your baby's ability to breathe if too close to their face.
- Sleep clothing like sleep sacks, sleepers and wearable blankets are a better alternative to blankets.

Tummy For Play And Back To Sleep?

- Place babies on their back to sleep to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and still not advised for the risk of turning over to tummy is greater. Babies sleep comfortably on their backs and no special equipment or extra money is needed.
- "Tummy Time" is for playtime when your baby is awake and placed on their tummy while someone is watching them. Tummy time helps development.

Hope Academy's Commitment to Safe Sleep

Raising Hope follows all specific guidelines listed from DHS Minimum Licensing for Infant Sleeping.

- Infants (children 12 months of age and younger) shall be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome.
- If a child rolls over on his/her own, the facility is not required to reposition the child. If there is a medical reason that a child cannot sleep on his/her back, and then a signed statement from the child's physician must be in the file stating the reason, the sleep position indicated, and the time frame this is required.
- Infants' sleep space shall be free of loose bedding. If your child does need a light blanket, we ask that you supply us with a sleep-sack instead, as those lessen the risk of suffocation. Swaddling infants shall not be practiced except as directed in writing by the child's physician. This includes use of swaddling blankets or other swaddling devices. Pillows (including nursing or "boppy" pillows), bumpers/bumper pads, and stuffed animals shall not be placed in cribs. This does include any type of "lovie" for a child under the age of 12 months.
- A pacifier may be used but no clip will be allowed.
- Caregivers will visually and physically check sleeping infants every 15 minutes. They will confirm that your child is breathing normally and visually checking skin color for abnormalities. If any is detected, you will be notified immediately.
- In order to develop head, neck and core control, caregivers will offer many opportunities for supervised tummy time.

Shaken Baby Syndrome

- When a child less than 1 year old is shaken, it can damage the child's brain, causing blindness, brain damage, paralysis or even death. This damage occurs because babies have large heads with very weak neck muscles. When a baby is shaken, the brain moves inside their skull, this motion can cause their brain to tear, swell, and bleed.
- Older children may also be injured. No child of any age should ever be shaken and is considered a form of child abuse. In America, every year, treatment is sought for an estimated 1,200 – 1,400 children who are shaken, and of these victims 25-30% will die as a result of their injuries.
- Some symptoms of Shaken Baby Syndrome are irritability, vomiting, sluggishness, not sucking or swallowing, eyes not focusing or tracking movement, or pupils are unequal in size.
- It is important to help prevent Shaken Baby Syndrome by educating others about the dangers of shaking children. Talking to your early childhood provider, babysitter, family members and anyone else who might be caring for your baby is the best way to communicate with them.
- If your child is crying, check to see if your baby is hungry or wet; gently walk with the baby or try to rock them. Take the baby for a ride in a stroller or car, place the baby in a safe place, such as a crib or playpen. Allow yourself some time to calm down for a few minutes.
- Ask for help! Call a friend, neighbor or relative to help. Singing or talking to the baby, comfort them by rubbing their back or offering a noisy toy or playing calming music.
- There is a period of time in a baby's life where they do cry more than any other time. This is called The Period of PURPLE Crying. Visit <http://purplecrying.info> to watch a great video and gain more information about the period of PURPLE Crying.
- Above all else remember how much your child loves and depends on you. You are their EVERYTHING.

Immunization Requirements

Table I:

Immunization Requirements for Child Care and Early Childhood Education Facilities

Instructions for utilizing Table I: Table I is not a recommendation of vaccines to get, but of doses required to already have at that age. To determine what vaccines are required for a child to attend a licensed child care facility, refer to Column 1 on the left to see what age range is correct for the child. Then all the vaccines on the same row as the child's age are required for attendance in a licensed child care facility. Vaccines are required based on the current age of the child. Column 1 is not an age range for when a child can be vaccinated.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Current AGE of child	DTaP DTP/DT	POLIO	Hib **	HEPATITIS B	MMR ****	VARICELLA ****	PNEUMOCOCCAL **	HEPATITIS A
1-2 Months	None	None	None	None (1-2 doses possible)	None	None	None	
3-4 Months	1 dose	1 dose	1 dose	1 dose (1-2 doses possible)	None	None	1 dose	
5-6 Months	2 doses OR 1 dose within last 8 weeks	2 doses OR 1 dose within last 8 weeks	2 doses OR 1 dose within last 8 weeks	2 doses OR 1 dose within last 8 weeks	None	None	2 doses OR 1 dose within last 8 weeks	
7-12 Months	3 doses OR 1 dose within last 8 weeks	2 doses OR 1 dose within last 8 weeks (3 doses possible)	2-3 doses OR 1 dose within last 8 weeks	2 doses OR 1 dose within last 8 weeks (3 doses possible)	None	None	2-3 doses OR 1 dose within last 8 weeks	
13-15 Months	3 doses OR 1 dose within last 8 weeks	2 doses OR 1 dose within last 8 weeks (3 doses possible)	2-3 doses OR 1 dose within last 8 weeks (4 doses possible)	2 doses OR 1 dose within last 8 weeks (3 doses possible)	None (1 dose possible)	None (1 dose possible. A medical professional history of disease may be accepted in lieu of receiving vaccine.)	2-3 doses OR 1 dose within last 8 weeks (4 doses possible)	
16-18 Months	3 doses or 1 dose within last 8 weeks	2 doses or 1 dose within last 8 weeks (3 doses possible)	3-4 doses with last dose on/after 1 st birthday OR 2 doses if first dose is administered at age 12 - 14	2 doses OR 1 dose within the last 8 weeks (3 doses possible)	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine.	3-4 doses with last dose must be on/after 1 st birthday OR 2 doses on/after 1 st birthday	

			months and doses are at least 8 weeks apart OR 1 dose on/after 15 months of age if no prior doses					
19-48 months	4 doses OR 3rd dose within last 6 months OR 1 dose within last 8 weeks	3 doses OR 1 dose within last 8 weeks	3-4 doses with last dose on/after 1 st birthday OR 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8 weeks apart OR 1 dose on/after 15 months of age if no prior doses	3 doses *** OR 1 dose within last 8 weeks	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine.	3-4 doses with last dose must be on/after 1 st birthday OR 1 dose on/after 24 months of age if no prior doses OR 2 doses on/after 1 st birthday	For 19-24 months: 1 dose on or after first birthday (2 doses possible) For 25-48 months: 2 doses with one dose on or after 1 st birthday and at least 6 months from first dose
≥49 months	5 doses * OR 4 th dose within last 6 months OR 1 dose within last 8 weeks OR 4 doses with last dose on/after 4 th	4 doses with a minimum interval of 6 months between the 3 rd and 4 th dose OR 1 dose within last 8 weeks	3-4 doses with last dose on/after 1 st birthday OR 2 doses if first dose is administered at age 12 - 14 months and doses are at least 8	3 doses *** OR 1 dose within the last 8 weeks	1 dose	1 dose A medical professional history of disease may be accepted in lieu of receiving vaccine.	3-4 doses with last dose on/after 1 st birthday OR 1 dose on/after 24 months of age if no prior doses OR 2 doses on/after 1 st birthday Not required on/after 5th birthday	2 doses with one dose on or after 1 st birthday and at least 6 months from first dose

	birthday		weeks apart OR 1 dose on/after 15 months of age if no prior doses					
			Not required on/after 5th birthday					

*5th DTaP/DTP/DT (Pre-school dose) must be given on/after the child's 4th birthday. Interval between 4th DTaP/DTP/DT and 5th DTaP/DTP/DT should be at least 6 months. If a child is currently ≥ 49 months of age and does not meet the above criteria or is in process within 15 days, they are not up-to-date and should be scheduled for immunization.

** For Hib and Pneumococcal, children receiving the first dose of vaccine at age 7 months or older require fewer doses to complete the series.

*** 3rd dose of hepatitis B should be given at least 8 weeks after the 2nd dose, at least 16 weeks after the 1st dose, and it should not be administered before the child is 24 weeks of age.

**** Vaccine doses administered up to 4 days before the minimum interval or minimum age can be counted as valid for doses already administered. Exception: The minimum interval between doses of live vaccines (such as MMR and Varicella) must be 28 days.

*****A medical professional is a medical doctor (MD), advanced practice nurse (APN), doctor of osteopathy (DO), or physician assistant (PA). No self or parental history of disease will be accepted.

Kindergarten Readiness Checklist



Arkansas's Definition of School Readiness: School ready children have the social and academic knowledge, skills and behaviors for school success and lifelong learning. School readiness occurs when families, schools and communities support and serve ALL children, so they are successful in school and in life. This list of indicators identifies skills, knowledge and behaviors that will help your child be prepared for that special day – going to kindergarten. The checklist is NOT a test. It is a tool that you can use to help your child make the transition to kindergarten.

SOCIAL & EMOTIONAL DEVELOPMENT

- Separates from caregiver to another trusted adult
- Shares, takes turns and plays cooperatively with other children
- Expresses basic emotions such as happy, sad, mad or scared
- Responds sympathetically to others' distress with words and actions
- Recognizes similarities and differences in self and others (for example, boy or girl, hair and skin color)

COGNITIVE DEVELOPMENT

- Is curious, interested and willing to try new things
- Completes a task such as working a puzzle
- Adapts to new situations
- Focuses and pays attention during an activity such as story time
- Engages in memory games such as "What's Missing" and simple memory matching card games

- Uses number- and letter-like forms and/or drawings to represent ideas or feelings

PHYSICAL DEVELOPMENT & HEALTH

- Gallops, slides, hops, leaps and skips
- Steers a tricycle, balances on beam or sandbox edge
- Catches a ball with both hands
- Tosses or throws balls
- Kicks moving ball while running
- Pours liquids without spilling and builds with Legos® or blocks
- Uses a 3-point finger grip on pencil, crayon or paintbrush
- Makes a variety of lines and shapes such as O, —, +, □ and △
- Uses scissors correctly to cut simple shapes and pictures
- Buttons, zips, laces and buckles

- Names a variety of foods and begins to classify food items as either fruits or vegetables
- Is aware of safe behavior and follows basic safety rules and routines
- Takes responsibility for personal self-care routines such as hand washing, brushing teeth, dressing and toileting
- Can express own health needs such as, "I'm hungry", "My head hurts", and "I'm tired"

LANGUAGE DEVELOPMENT

- Understands an increasing number and variety of words for objects, for actions, and to describe things
- Comprehends who, what, why and where questions
- Performs up to three-step directions
- Uses four- to six-word sentences
- Tells increasingly detailed stories or ideas
- Communicates clearly enough to be understood by most people
- Takes turns in conversation with others
- Responds to the English language
- Speaks and expresses self in English



Division of Child Care and
Early Childhood Education

www.ARBetterBeginnings.com • 1-800-445-3316

Click here to visit our Resource Library. You'll find activities and tips to help you prepare your child for life.

Adopted by the
Arkansas Early Childhood Commission
on 1/17/17



Kindergarten Readiness Indicator Checklist for Parents



EMERGENT LITERACY

- Listens, tells and engages in story being read
- Participates in singing songs and saying rhymes
- Retells stories from favorite books and personal experiences
- Decides if two words rhyme for example, cat and bat
- Holds books right side up, turns pages one at a time from front-to-back
- Recognizes print they see in their everyday life (for example, stop signs and logos for Wal-Mart and McDonald's)
- Recognizes and names some letters of the alphabet, especially in their own name
- Produces the correct sounds for some of the letters of the alphabet
- Writes some letters correctly, especially those in own name

MATHEMATICAL THINKING

- Counts in sequence up to 20
- Understands and uses terms such as first, second and last
- Counts objects using one number for each object

- Recognizes four objects in a group without counting

- Recognizes numerals 1-10
- Sorts objects by color, shape and size
- Recognizes and repeats patterns such as triangle, square, triangle, square
- Measures and compares height of objects
- Arranges objects from shortest to longest (for example, shoe sizes or different lengths of yarn)
- Recognizes and names familiar shapes such as square, triangle, circle and rectangle
- Understands and uses words such as inside, outside, up, down, over and under

SCIENCE & TECHNOLOGY

- Asks questions about the world around them (for example, "What do plants need to grow?")
- Recognizes that living things change over time (for example, babies grow and become adults and seeds grow and become plants.)
- Recognizes and names these five colors: red, blue, yellow, green and black
- Uses simple technology devices such as touch screen, e-book reader or digital camera

SOCIAL STUDIES

- Knows own first and last name, age, and knows names of family members
- Understands and talks about today, yesterday, tomorrow, after lunch, day and night
- Is aware of familiar buildings and special places in the community such as home, school, grocery store and park

CREATIVITY & AESTHETICS

- Enjoys singing and moving to the beat and speed of music
- Explores drawing with crayons and markers
- Enjoys pretend play (for example, rocking a baby doll, driving a truck or pretending to talk on a toy telephone)



Division of Child Care and Early Childhood Education

www.ARBetterBeginnings.com • 1-800-445-3316

Click here to visit our Resource Library. You'll find activities and tips to help you prepare your child for life.

Adopted by the Arkansas Early Childhood Commission on 1/17/17

your child @™

birth

highlights of what's happening at this stage of your child's development ...

This is an exciting and challenging time. Enjoy it, but don't be afraid to ask for help if you need to.

Your child's health

The Well Visit Your baby should have a full check-up before he leaves the hospital. He may get a vaccination. If he is healthy, your baby should have his first well visit during his first month and another at 2 months.



Let your doctor know if your baby:

- Sucks poorly or feeds slowly.
- Does not blink in bright light.
- Rarely moves arms and legs, seems stiff or floppy.
- Moves his lower jaw all of the time, even when he is not crying or excited.

Sleep For the first 6 weeks, your baby will not know day from night. So, her sleep will not have a schedule.

SIDS Sudden Infant Death Syndrome (SIDS) used to be called crib death. To greatly reduce the risk of SIDS:

- Always put your baby to sleep on his back. Tell other people to do so, too.
- Do not put toys, stuffed animals, or other small items in the crib.
- Do not let your baby sleep on water beds, sofas, soft mattresses, pillows, or blankets.
- Keep your baby's room at a comfortable temperature. Do not make it too warm or too cold.
- Never smoke near your baby.

Tip

Call your doctor if you have any questions or concerns.

Nutrition Breast milk is the best food for infants. Formula is also good. If you want to breast-feed and need help, talk to your doctor.

Made possible through the generous support of the **A.L. Mailman Family Foundation.**

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @ birth

Your child's health, continued

Nutrition, continued Infants who are breast-feeding generally eat every 2 to 3 hours. Infants on formula will need to eat every 3 to 4 hours. Make sure to burp your baby after each feeding.

Cleaning and Bathing *Sponge Baths*
Your infant's belly button stump will fall off 10 to 20 days after she is born. Until then, wipe your baby's body with a clean, warm, and wet washcloth. Do not use a bathtub.

Tub Baths
After the belly button heals, wash your baby in the sink or a baby tub.

Tip

Call 1-877-KIDS-NOW to see if your baby can get free or low-cost health care.

Nurturing your child

Early Care *Take Care of Yourself.* Make sure you get lots of help from friends, family, or local groups. Do not be afraid to ask for help. Call your doctor if you feel the "baby blues."

Understand and Answer Your Baby. You cannot spoil an infant. So, answer his cries. Try things like holding, hugging, or singing.

Talk, Sing, Read, and Play With Your Baby. Hold your baby and look at him while you interact with him.

Safety Tip

By law, your baby must ride in a secure, rear-facing car seat. He must ride in the back seat of your car.

Your child's safety

General Safety

- Do not tie things, like pacifiers, to your baby or the crib.
- Always hold the baby's head and neck when you move her body.
- Never leave your baby alone on any surface above the floor.
- Never shake your baby.

Born Learning™ is a public engagement campaign helping parents, caregivers, and communities create early learning opportunities for young children. Designed to support you in your critical role as a child's first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6, and Civitas. For more information, visit us online at www.bornlearning.org.



better beginnings
EVERY CHILD DESERVES OUR BEST

This Civitas tool was adapted for the Born Learning campaign. © 2007 Civitas
YC-LI/E/0207

ARBetterBeginnings.com 1-800-445-3316

your child @TM

2 months

highlights of what's
happening at this stage of
your child's development ...

Help your baby grow! Spend lots of time holding, cuddling, playing, and reading with your child.

Your child's health

The Well Visit At your baby's 2-month visit, your doctor will give vaccinations that will keep your child healthy and strong. Schedule your next visit for when your baby is 4 months old.



Let your doctor know if your baby:

- Does not notice his hands.
- Does not smile at the sound of your voice.
- Does not follow objects with his eyes.
- Does not respond to loud noises.

Call 1-877-KIDS-NOW to see if your baby can get free or low-cost health care.

Safety Tip

Always put your baby to sleep on her back to reduce the risk of SIDS.

Sleep Begin to put your baby to sleep between 6 and 10 pm. Turn off the lights and keep the area quiet. Your baby should sleep for 4 to 6 hours each night. He is still too young to have a daytime nap schedule.

Crying There are many ways to soothe a crying or fussy baby:

- Let her suck on a pacifier, bottle, hand, or wrist.
- Gently rock or swing your baby, or take her for a drive or walk.
- Wrap her tightly in a blanket.
- Create "white noise." Run a fan or a vacuum cleaner near your baby.

Remember to stay calm. Your baby will sense when you are stressed.

Nutrition At this age, your baby only needs breast milk or formula. Your baby will generally eat 4 to 5 ounces per feeding, or 20 to 25 ounces per day.

Made possible through
the generous support of the
A.L. Mailman Family Foundation.

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @ 2 months

Nurturing your child

Early Care *Take Care of Yourself.* Call your doctor if you feel sad, anxious, or restless.

Create Regular Routines for Your Baby. Make routines during everyday activities, such as singing the same song as you change his diaper.

Respond to Your Baby. Pick up your baby whenever he cries. You cannot spoil an infant.

Safety Tip

Never shake or spank your baby. Shaking will cause brain damage.

Early Learning

Your baby will learn and grow as you read, talk, sing, and play with her.

- Read with your baby. Use cloth or board books with pictures of babies or common objects.
- Play together. Make silly faces. Tickle her. Move objects slowly in front of your baby and watch as she follows them with her eyes.
- Sing songs again and again. Play fun music at play time or relaxing lullabies at bedtime.
- Talk with your baby throughout the day. Let her answer with her coos, squeals, and gurgles.

Your child's safety

In the Crib

- Do not put blankets, pillows, or stuffed animals in a crib. If they cover your baby's face, he could stop breathing.
- Keep your baby's room at a comfortable temperature. Don't make it too warm or too cold.

In the Car

By law, your baby must ride in a secure, rear-facing car seat. She must ride in the back seat of your car.

Born LearningSM is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child's first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas
YC-11/E/1006



ARBetterBeginnings.com 1-800-445-3316

your child @TM

4 to 6 months

highlights of what's happening at this stage of your child's development ...

Watch your baby coo, wiggle, kick, roll over, and try to sit up all by herself.

Your child's health

The Well Visit

At the 4-month visit, your doctor will give vaccinations that will keep your child healthy. Remember to schedule your next visit for when your baby is 6 months old.



Let your doctor know if your baby:

- Does not respond to loud noises.
- Does not reach for or hold toys.
- Does not coo or try to copy your sounds.
- Has trouble following objects with her eyes.

Nutrition

At this age, your baby only needs breast milk or formula. But you can start giving cereals, such as rice or oatmeal, at around 4 to 6 months. Here are tips for starting with solid foods:

- Mix simple solids (like rice cereal) with breast milk or formula.
- Start with 1 feeding of solids a day. Add another when your baby can eat 2 to 3 tablespoons at a feeding.
- When your baby is used to eating cereal, move on to smooth, single-ingredient foods (like smooth carrots or applesauce, or "stage 1" jars of baby food).
- Wait for 2 to 3 days before starting a new food to make sure your baby is not allergic. Call your doctor if you think your child has had a reaction.

Sleep

Your baby should sleep about 15 hours per day and may take 2 or 3 daytime naps. He may be getting up 2 times each night to eat. To help your baby sleep:

- Put him to bed between 6 and 8 pm every night.
- Start a bedtime routine. Give him a bath, sing a song, read a book, hug or rock him, and then put him to sleep.

Made possible through the generous support of the **A.L. Mailman Family Foundation.**

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @ 4 to 6 months

Your child's health, continued

Sleep Safety

- Always put your baby to sleep on his back (do not worry if he rolls over on his own).
- Put the mattress at its lowest level, if your baby can sit up.
- Don't put stuffed animals, pillows, or blankets in the crib with your baby.
- Keep your baby's room at a comfortable temperature. Do not make it too warm or too cold.

Safety Tip

Never shake or hit your baby. Shaking can cause brain damage.

Nurturing your child

Behavior

Discipline is never right for babies this age. Always check on your baby when she cries. You can't spoil your baby.

Early Learning

Help your baby learn by reading, talking, and playing.

- Play with your baby. Use toys your baby can chew on, such as rattles and teething rings.
- Place your baby on his tummy for several minutes, a few times a day to help build his strength.
- Give him cloth or board books to play with. Read to him every day.
- Talk and sing to him all the time. Look at him and listen for him to coo or squeal back at you.

Your child's safety

Around the House

- Never leave your baby on a bed, couch, or chair. She could roll off and get hurt.
- Do not drink or carry hot liquids when you are holding your child or are near children.
- Always check the water temperature in the bath. Never leave your baby alone near water.



In the Car

By law, your baby must ride in a secure, rear-facing car seat. He must ride in the back seat of your car.

*Born Learning*SM is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child's first teacher, *Born Learning* educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



ARBetterBeginnings.com 1-800-445-3316

This Civitas tool was adapted for the *Born Learning* campaign. © 2006 Civitas
YC-11/E/1006

your child @TM

6 to 9 months

highlights of what's happening at this stage of your child's development ...

By now, your child might be rolling, reaching, and laughing his way through the day.



Your child's health

The Well Visit

Your baby should visit the doctor at 6 months. Your doctor will give vaccinations that will keep your child healthy and strong.

Let your doctor know if your baby:

- Seems very stiff or floppy, or cannot sit with help.
- Does not laugh or squeal.
- Does not actively reach for objects.
- Does not roll over from front to back.

Schedule your next visit. Your baby will need to come back at 9 or 12 months.

Sleep

At this age, your baby still needs 2 or 3 naps a day. Put your baby to sleep at night between 6 and 8 pm. She may get up for a night feeding, especially if she's breast-fed.

To help your baby sleep, create a regular bedtime routine. Give her a bath, sing a song, read a book, or give her a hug and say good night.

Nutrition

Your baby should drink up to 24 ounces of breast milk or formula per day. You may have started to give your baby cereals over the past few months. Once your baby gets used to eating baby cereal, move on to smooth, single-ingredient foods.

- Start with fruits and vegetables. Talk to your doctor about starting meats and other foods.
- Introduce 1 type of food at a time.
- Serve it for at least 2 to 3 days to make sure your child is not allergic. Call your doctor if you think your child has a reaction.

Made possible through the generous support of the **A.L. Mailman Family Foundation.**

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @™

6 to 9 months

Nurturing your child

Behavior At this age, babies do not understand discipline. Instead, as they explore, focus on safety. You can:

- Distract or move your baby from unsafe objects or activities.
- Childproof your home. Keep all dangerous objects out of reach of your child.
- Never shake, spank, or hit your child.

Play Learn about your child's interests by watching and playing with him. You can:

- Let him play on his tummy. This will strengthen his neck, back, and arms.
- Give your child musical instruments or objects to play with. A pot and a spoon make a great drum.
- Move your play time outside when you can. You can go for walks, look for birds or airplanes, or just sit with your child on a blanket on the grass.

Language You are your child's first teacher. To encourage her language skills you can:

- Read and tell stories together every day.
- Hold and hug your baby when you talk and read with her.
- Ask your child a question, and wait for her to answer with her babble or a smile.
- Provide books that are made of cardboard or cloth to make page turning (and chewing) easier.

Safety Tip

By law, your baby must ride in a secure, rear-facing car seat. He must ride in the back seat of your car.

Your child's safety

- Around the House**
- Cover electrical outlets. Tie up cords hanging from blinds.
 - Put safety latches on cabinets, drawers, and toilets.
 - Keep her away from toys or items with small parts. These can cause choking.
 - Keep cleaning supplies, medicines, and sharp objects out of reach.
 - Call poison control right away if you think your child has swallowed poison: 1-800-222-1222.

Born Learning™ is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child's first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas YC-LL/E/1006



ARBetterBeginnings.com 1-800-445-3316

your child @TM

9 to 12 months

highlights of what's
happening at this stage of
your child's development ...

As your child approaches her first birthday, she may be crawling and trying to take her first steps.

Your child's health



The Well Visit Your baby should visit the doctor at 9 months. Your doctor will give vaccinations that will keep your child healthy and strong. Schedule your next visit. Your baby will need to come back at 12 months.

Let your doctor know if your baby:

- Drags one side of her body after crawling for over a month.
- Does not point to objects or pictures.
- Does not look for objects that she sees you hide.

Sleep At this age, your baby still needs 2 or 3 naps a day. Put your baby to sleep at night between 6 and 8 pm.

Safety Tip

Never give your baby whole grapes, popcorn, raw vegetables, hot dogs, nuts, or candy.

Nutrition Your baby should drink up to 24 ounces of breast milk or formula and eat 3 meals per day. It is important to let your baby practice picking up food and feeding himself. Serving tips include:

- Give soft finger foods such as small pieces of cheese, cooked vegetables, soft fruit, or Cheerios.[®]
- Cut food into safe, bite-sized pieces.
- Around your child's first birthday, talk with your doctor about switching from a bottle to a cup.

Watch your baby as he eats. Is he refusing or having a hard time chewing the pieces of food? Then stop serving. But be sure to try again in a few weeks.

Nurturing your child

Behavior At this age, you will need to set limits for your baby.

- Stay one step ahead. Distract a child from unsafe objects and show her an activity that may get her attention.

Made possible through
the generous support of the
A.L. Mailman Family Foundation.

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @™

9 to 12 months

Tip

Never spank or hit your child.

Nurturing your child, continued

Behavior, continued

- Save “no” for safety issues. If a child hears “no” too much, it will lose meaning to her. Instead, let your child know what she can or should do.
- Use signs and signals to let your child know how to act. Give a shoulder pat or thumbs up when your child is doing something good.

Attachment Your child may have a hard time when her parent or caregiver leaves. To help, you can:

- Say goodbye. Explain that you are going to leave but that you’ll return. Do not sneak out.
- Give her a teddy bear or a blanket to help her feel close to you.

Early Learning

Encourage your baby’s natural curiosity through talking, reading, singing, and playing with him.

- Play hide-and-seek with objects. Your child will like to see things come and go.
- Look at your baby when you talk and read with him.
- Point to the objects and people you see all the time and name them.
- Sing nursery rhymes and songs that repeat and have hand motions. Try *The Wheels on the Bus*.

Your child’s safety

Around the House

- Put gates at stairs. Cover edges of furniture. Put safety latches on drawers, cabinets, and toilets.
- Cover electrical outlets. Tie up cords hanging from blinds.
- Keep cleaning supplies, medicines, and sharp objects out of reach.
- Call poison control right away if you think your child has swallowed poison: 1-800-222-1222.

In the Car By law, your baby must ride in a secure, rear-facing car seat. He must ride in the back seat of your car.

Born Learning™ is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child’s first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas YC-LL/E/1006

ARBetterBeginnings.com 1-800-445-3316

your child @TM

12 to 18 months

highlights of what's happening at this stage of your child's development ...

As your child begins to walk, run, and climb, she needs freedom to explore and clear limits to keep safe.

Your child's health

The Well Visit Make sure your child has a 1-year check-up. Your doctor will give vaccinations and ask you questions about your child's development.



Let your doctor know if your baby:

- Does not crawl.
- Drags 1 side of his body after crawling for over 1 month.
- Cannot stand while supported.
- Says no single words.
- Does not point to objects or pictures when asked.
- Does not use gestures such as waving or shaking the head.

Schedule your next visit. You will probably need to come back at 15 or 18 months.

Sleep At this time, some children start giving up their morning nap and take just 1 afternoon nap each day.

Nutrition By 12 months, your baby is ready to stop drinking formula. Now, he should drink up to 16 to 24 ounces of whole milk a day. Also, put milk or water in a cup instead of a bottle.

At 12 months, your child might not eat a lot at each meal. Give her 5 or 6 small healthy meals a day instead of 3 larger ones. Cut foods into small pieces to avoid the risk of choking.

Do not give your child:

- Raw vegetables
- Hot dogs
- Popcorn
- Candy
- Nuts
- Whole grapes

Made possible through the generous support of the **A.L. Mailman Family Foundation.**

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @™

12 to 18 months

Nurturing your child

Language Read, sing, and talk to your baby all the time.

- Ask questions as you look at pictures and read stories.
- Provide board books on topics of interest to your child, like animals or babies.
- Teach new songs and use hand movements, such as *The Itsy Bitsy Spider*.

Tip

No matter how angry you are, never spank or hit your child.

Behavior For safety, now is the time to set a few limits. Make simple and clear rules and use the same rules over and over again. You can also try to:

- Distract your child from unsafe objects or activities.
- Save “no” for safety issues. If your child hears “no” too often, she will start to tune it out.
- Give a stern or firm look for little things and move to a safer activity.

Play Use play to teach your child to imagine, invent, and solve problems.

- Plan time for her to play with friends as well as alone.
- Play inside using different objects and toys, like stacking boxes or cups, and play outside when possible.

Your child's safety

Around the House

- Use safety latches on drawers, cabinets, and toilets.
- Keep hot liquids out of reach.
- Never leave your child alone near water, open windows, or fireplaces.
- Cover sharp edges and electrical outlets and put gates on stairs.
- Call poison control immediately if you think your child has eaten or drunk something poisonous: 1-800-222-1222.

In the Car At 12 months old and 20 pounds, your child can ride in a forward-facing car seat. By law, he must always ride in the back seat of the car.

Born Learning™ is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child's first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas
YC-LL/E/1006



ARBetterBeginnings.com 1-800-445-3316

your child @TM

18 to 24 months

highlights of what's happening at this stage of your child's development ...

Your child is becoming his own person. Watch him as he starts to walk, run, and climb with ease.



Your child's health

The Well Visit Your child will get vaccinations at 18 months and will have a well visit again at 24 months.

Let your doctor know if your baby:

- Cannot walk on his own.
- Walks only on his toes.
- Does not speak at least 15 words.
- Does not know how to use common objects like a brush, telephone, fork, or spoon.

Nutrition By 18 months, your child should:

- Eat most foods cut up into small pieces.
- Be drinking from a cup rather than a bottle.

Sleep Your child should sleep about 14 hours a day. She may now take only one nap a day, usually from about 1 to 3 pm. She should go to bed between 6 and 8 pm.

Nurturing your child

Behavior Your child is starting to understand rules and consequences. So, it is time to teach your child the right way to behave.

- Praise good behavior. If you point out the good things your child does, he will want to do more of them.
- Ignore small things.
- Never spank. If you are angry, count to 10 before reacting.
- Limit your use of the word "no."
- Be consistent with your rules.

Made possible through the generous support of the **A.L. Mailman Family Foundation.**

Sources: *Your Baby's First Year and Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @™

18 to 24 months

Nurturing your child, continued

- Attachment** Your child is excited about being independent. But he will not go too far from you. To help your child move away from you:
- Say goodbye when you leave. If you do not say goodbye, he will fear that you may slip out at any time.
 - Make sure your child is busy with an activity when you are about to leave.

- Language** Help your toddler learn. Talk and read with her throughout the day.
- Add to what your child says. If she says “kitty,” you can say, “Yes, the kitty is little and soft.”
 - Ask questions about “where,” “what” and “when.” It doesn’t matter if your child can’t speak yet.
 - Sing lots of songs and rhymes, such as *Rock-a-Bye Baby*, at bedtime.
 - Help your child scribble, draw, or pretend to write.



- Play** Your child now likes pretend play and doing things for himself. You can help him play along.
- Practice naming objects. Place three familiar objects in front of your child and say, “Please give me the ...”
 - Set up play dates. It is time to learn to play with other children. But do not expect your child to share well.

Your child’s safety

- Around the House** Always put your child’s safety first.
- Block off dangerous rooms and objects. Put gates on stairs. Put latches on cabinets, toilets, and drawers. Cover sharp edges.
 - Keep hot liquids out of reach.
 - Call poison control right away if you think your child has swallowed poison: 1-800-222-1222.

- In the Car** By law, your child should be riding in a forward-facing car seat in the back seat of the car.

Born Learning™ is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child’s first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas
YC-LL/E/1006

ARBetterBeginnings.com 1-800-445-3316

your child @TM

24 to 36 months

highlights of what's happening at this stage of your child's development ...

By 36 months, your child will probably be able to say about 900 words and use short sentences.

Your child's health

The Well Visit By 2, your child should have received most of his vaccinations. Use this visit to catch up on any missed shots. Your doctor may do a blood test.

Let your doctor know if your child:

- Does not follow easy directions.
- Does not copy actions or words.
- Walks only on toes.
- Does not use 2-word sentences.



Nutrition Children this age may be fussy eaters and lose interest in food. Give her healthy choices, if possible. If she doesn't want it today, try it again next week. Avoid junk food.

Sleep It may be time to leave the crib and move to a bed.

- Make the change exciting. Talk about the big bed. Talk about what might go in it, like a favorite stuffed animal.
- Keep the same bedtime and routines. Teach your child to stay in bed after he's been kissed good night. Your child may get out of bed. Quietly take him back until he learns to stay there.

Remember
Accidents happen; do not punish your child for them.

Toilet Training Your child may begin to show signs that she is ready to potty train. Does she:

- Pull her pants up and down?
- Show interest in the potty?
- Dislike wearing a dirty diaper?
- Have long dry periods?

Starting the Process

- Buy a potty seat or attachment for the toilet. Let your child practice sitting on it.
- Teach her to sit and wipe.

Made possible through the generous support of the A.L. Mailman Family Foundation.

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @

24 to 36 months

Your child's health, continued

- Toilet Training, continued** *Remember*
- Encourage your child. Be patient.
 - Take it slowly. Learning may take time.

Nurturing your child

Behavior *The Testing Twos*
Your child will test his independence. He may have temper tantrums and use the word “no” a lot.

Tips for Surviving Tantrums

- Try to stay calm, instead of getting angry.
- Do not spank. Instead, give consequences that relate to the bad behavior. For example, take your child out of the store if he acts up.
- Stay in control. Do not allow your child to be the boss. Don't buy him treats just to stop a tantrum.
- Avoid situations that may cause problems. Does your child have a fit when he is hungry? Remember to carry healthy snacks with you.

- Early Learning** Read, write, and create with your child every day.
- Read together every day. Point to words and ask questions when you read.
 - Give her paper and a crayon to color, draw, or pretend to write.
 - Help her use her imagination. Use blocks as flying cars or zoo animals.
 - Limit TV and computer time. You are a better teacher than any TV or computer program.

Your child's safety

In the Car By law, your child must be buckled in an approved car seat, secured in the middle of the back seat.

Born LearningSM is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child's first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas
YC-11/E/1006

ARBetterBeginnings.com 1-800-445-3316

your child @TM

3 years

highlights of what's
happening at this stage of
your child's development ...

Your “little baby” is off to preschool. Her world will get so much bigger. She'll need you to guide her.

Your child's health

The Well Visit Take your child to the doctor for check-ups and blood pressure readings when he turns 3 and again when he turns 4. Ask your doctor about shots that your child may need before starting school. And catch up on any missed vaccinations.

Let your doctor know if your child cannot:

- Jump in place.
- Scribble holding a crayon between his thumb and fingers.
- Use sentences with more than 3 words.
- Socially connect with other children.



The Dentist Let your child brush her teeth. Then help her to make sure her teeth get cleaned. She should:

- Brush teeth twice a day (especially at night).
- Use a child-size toothbrush with a pea-size bit of fluoride toothpaste.
- Visit the dentist.

Nutrition At this age, offer your child the same foods, at the same times, as you eat.

Choking is still a hazard, so avoid things like candy and cherries with pits. Be careful with:

- Grapes (cut them in half).
- Hot dogs (slice in half the short and the long way).
- Raw vegetables like carrots and celery.
- Spoonfuls of peanut butter, especially crunchy.

Made possible through
the generous support of the
A.L. Mailman Family Foundation.

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @ 3 years

Your child's health, continued

Sleep *Goodbye Nap time.* Between 3 and 4 years, children often give up their afternoon naps. On days when your child doesn't nap, be prepared for some fussiness. You may have to put him to bed earlier that night.

Hello Bedtime Battles. Your child may begin to fight going to bed. To help:

- Try to stick to the bedtime routine and set limits such as how many books you will read each night.
- Give your child choices. Let him pick out his pajamas and books to read.
- Help him feel safe. Use night-lights, security blankets, or stuffed animals.

Remember
Accidents happen. Don't get angry or make a big deal about them.

Toilet Training At this age, some toddlers are toilet trained. Some are not. Either way, help her have success:

- Dress her in clothes that are easy for her to pull up and down.
- Use the potty right before bed. And make sure she can get to the potty at night.

Nurturing your child

Sharing

- *Show How to Share.* Give your child a toy in return for one of his toys. And let him see you share with others.
- *Choose Toys to Share.* Before a friend comes over to play, put away toys that your child does not want to share.
- *Practice.* Play indoor and outdoor games where you take turns, like board games or hide-and-seek.

Media Time Limit media watching (TV, computer, video games, etc.). 1 hour per day is more than enough.

Your child's safety

In the Car Check your state laws to see when your child is ready for a booster seat, usually not until age 4.

Born LearningSM is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child's first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas
YC-LL/E/1006

ARBetterBeginnings.com 1-800-445-3316

your child @TM

4 years

highlights of what's
happening at this stage of
your child's development ...

At the end of this year, your child will finish preschool and prepare for kindergarten. Get ready for him to learn new things.

Your child's health

The Well Visit Take your child to the doctor for a check-up when she turns 4. Ask your doctor about shots that your child may need before starting school. And catch up on any missed vaccinations.

Let your doctor know if your child:

- Is very afraid, shy, or aggressive.
- Does not want to play with other children.
- Is unhappy or sad a lot of the time.
- Has trouble eating, sleeping, or using the toilet.



Sleep Your child probably sleeps between 10 to 12 hours per night and does not nap.

Nighttime troubles may be:

- Bad dreams. If your child has a bad dream, comfort him until he is able to go back to sleep.
- Night terrors. If your child suddenly sits up in bed and cries, screams, or kicks, do not wake him. Stay with him until the terror ends and he is calm.
- Bed-wetting. Reward your child for dry nights. Do not punish for wet nights. Tell your doctor if the problem lasts.

Nutrition Encourage good eating habits:

- Offer 3 healthy meals each day, plus 2 small snacks.
- Talk about how eating the right foods (fruits, vegetables, low-fat meats, and whole grains) helps the body grow.
- Let your child help plan and prepare meals with you.
- Be a good example. Eat foods that are good for you.

Made possible through
the generous support of the
A.L. Mailman Family Foundation.

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @ 4 years

Nurturing your child

Behavior Here are some ways to help your child behave:

- Try not to say “no” all the time. Use positive words. Say, “Let’s jump off the pillows instead of off the bed.”
- Give choices. Let your child choose between 2 or 3 things. “Would you like to do a puzzle or read a book?”
- Make rules clear. Set up rules that are easy to understand and use them again and again. For example, tell your child that he can play outside when he cleans up his toys.
- Know your child’s limits and try not to push him too far. For example, if he is tired, don’t bring him shopping.
- If your child falls apart, stay calm instead of getting angry. Gently take him away from the situation.

Toilet Training Talk to your doctor if you have general concerns about toilet training, or if your child:

- Stays dry at night for a while, but then begins to wet at night again and must go back to wearing training pants.
- Is 5 and still consistently wets the bed.
- Is completely toilet trained for at least 6 months but suddenly begins to have many accidents during the day and night.

Your child’s safety

Around the House

- Never leave your child alone near water, even if he can swim.
- Put cleaning supplies, medicines, and vitamins out of your child’s reach.

Street Safety

- Be sure your child wears a bike helmet while riding a scooter or bicycle.
- Teach your child to look and listen for cars before he crosses a street or a parking lot.

In the Car Your child should ride in his booster seat until the adult seat belt fits, usually between ages 8 and 12 and about 4’9” tall.

Born Learning™ is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child’s first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas
YC-LL/E/1006

ARBetterBeginnings.com 1-800-445-3316

your child @TM

5 years

highlights of what's
happening at this stage of
your child's development ...

5 is a big year! It brings the start of kindergarten, new friends, new skills, and independence.

Your child's health

The Well Visit Take your child to the doctor for a check-up when he turns 5. Ask your doctor about shots that your child will need before school starts. And catch up on any missed vaccinations. Your doctor may also test your child's hearing and sight.



Nutrition The start of school means that your child will eat at least 1 meal per day outside of your home. To get her ready:

- Talk about and model good eating habits. Explain that it is OK to eat a treat, but only after eating healthy foods.
- Make sure that she knows about any food allergies that she has, and that she knows to tell others about them.

Sleep Fighting going to or staying asleep? Try this:

- What is the reason? Does your child need attention? Is he scared of something? Talk with him to understand the problem. Then make changes such as changing the bedtime or turning on a night-light.
- Add choices into his bedtime routine. For example, let him pick the book to read.
- Keep the same bedtime rules each night. Don't give in to his requests or demands.

Nurturing your child

Behavior *Handling Back Talk, Lies, and Acting Out*
Ideas to help you guide your child's new independence:

- Respect your child and praise good behavior.
- Pick your battles. Try to let the little things go.
- Avoid situations that might cause your child to act out, such as taking her shopping when she is tired.

Made possible through
the generous support of the
A.L. Mailman Family Foundation.

Sources: *Your Baby's First Year* and *Caring for Your Baby and Young Child*, American Academy of Pediatrics, Steven P. Shelov, MD, FAAP, editor in chief; *Understanding Children*, Civitas and Richard Saul Wurman; *KidBasics*, Civitas; *Healthy Sleep, Happy Child*, Marc Weissbluth, MD.

Civitas thanks **Parents as Teachers**, an international early childhood parent education and family support program, for their ongoing support.

your child @

5 years

Nurturing your child, continued

Behavior, continued *Talking Back or Tantrums*

These can be a sign of anger, frustration, or fear. Here's what to do:

- Stay cool. Speak quietly and calmly. Do not yell.
- Offer support. Tell him you see that something is bothering him. But also tell him that he cannot act that way.
- Have rules. Teach him that when he yells, you will ignore him or walk away. Tell him that if he speaks nicely, you will listen.



Preparing for Kindergarten

Going to kindergarten is a big deal. Before he goes, help him understand what to expect:

- Talk about what he will do during the day, how many kids will be in his class, what his teacher's name is.
- Take your child through his new routine. Drive or walk to school and back. Walk through the school. Show him his classroom and the bathroom.
- Be supportive. Listen to your child's concerns. Answer questions. Read books about starting school. And be patient if he has a rough start.
- Keep it calm at home. Stick to your regular routines. Be sure he is eating and sleeping well.

Your child's safety

Strangers Teach your child to be careful around strangers. Tell her that she should always walk away from a stranger who:

- Asks her for help or to take her picture.
- Tells her that there is a family emergency.
- Calls her by name even though she doesn't know him.

In the Car Your child should ride in his booster seat until the adult seat belt fits, usually between ages 8 and 12 and about 4'9" tall.

Born LearningSM is a public engagement campaign helping parents, caregivers and communities create early learning opportunities for young children. Designed to support you in your critical role as a child's first teacher, Born Learning educational materials are made available through the efforts of United Way, United Way Success By 6 and Civitas. For more information, visit us online at www.bornlearning.org.



better beginnings
EVERY CHILD DESERVES OUR BEST

This Civitas tool was adapted for the Born Learning campaign. © 2006 Civitas
YC-LL/E/1006

ARBetterBeginnings.com 1-800-445-3316

Your Medical Home

Your Medical Home



A publication of the Arkansas Foundation for Medical Care,
under contract with the Arkansas Department of Human Services,
Division of Medical Services

To find
out more:

ConnectCare
(ARKids First and Medicaid)

1-800-275-1131

www.arbetterbeginnings.com
(Division of Child Care and
Early Childhood Education / Better Beginnings)

1-800-445-3316



Arkansas Foundation
for Medical Care
www.afmc.org



This material was prepared by the Arkansas Foundation for Medical Care Inc. (AFMC) under contract with the Arkansas Department of Human Services, Division of Medical Services. The contents presented do not necessarily reflect Arkansas DHS policy. The Arkansas Department of Human Services is in compliance with Title VI and VIII of the Civil Rights Act. WAC-AR-1801-2119

How to pick a Medical Home

- ✓ The doctor and nurse believe that you know the most about your child.
- ✓ You are as important as the doctor and nurse when it comes to your child's health.
- ✓ You respect and trust the doctor, and the doctor respects and trusts you.
- ✓ The doctor respects your culture and beliefs. If you want a certain kind of treatment or care, the doctor agrees if he or she can.
- ✓ Your doctor asks you about what your child needs, and works with you and others to meet those needs.
- ✓ Your child gets his or her shots, check-ups and urgent care.
- ✓ Someone at your doctor's office helps you if your child needs a specialist or other services.
- ✓ The doctor makes sure everyone who helps take care of your child has the information they need.
- ✓ The people at your doctor's office help you if your child gets sick or has a special need. They help you learn about the problem and may help you find other resources.
- ✓ The doctor makes sure you know what your choices are when your child needs treatment.

What is a medical home?

It may sound like a building, but a medical home isn't an actual place. It's a doctor you or your child go to for check-ups or when you get sick. This doctor is called a "primary care physician," or PCP.

Why should you have a medical home?

It may seem easier to see any doctor you can when you or your child is sick. But having a medical home — one doctor or clinic you call every time — means you are more likely to get the best care possible. If you see the same doctor every time, that doctor will know what sicknesses and health care you have had. You and the doctor will also get to know each other.

When should you go to the doctor?

If something is wrong with your health or your child's health, you should see your doctor. Health problems are easier to treat or manage when



they are new. You should also see your doctor for check-ups. Your doctor should know what problems to check for, and what shots or medicines you need to stay healthy.

What is "well-child care"?

Medicaid and most other insurance programs pay for children to see the doctor even when they're not sick. At these visits, the doctor will make sure your child gets all the shots he or she needs. These shots protect your child from sicknesses like measles, tetanus and chicken pox. The doctor will also check for health problems and



make sure your child is growing and developing as expected. If problems are found early, they are easier to treat or manage.

What should I do for help when my doctor's office is closed?

Most doctors have a number you can call after hours or on weekends or holidays. If you feel like you need to get care for a health problem that is not life-threatening, call your doctor first. Your doctor can tell you if you need care right away, or if you can wait until the clinic opens again.



The Patient-Centered Medical Home in Arkansas is an approach to providing comprehensive primary care for children, youth, and adults. The Patient-Centered Medical Home in Arkansas is a health care setting that facilitates partnerships between individual patients and their personal physicians and, when appropriate, the patient's family.

—American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP)