Enrollment and Orientation Paperwork will be completed remotely due to COVID-19 Pandemic, signatures are waived during this time with the exception of the CACFP and the Emergency Contact/Pickup form.

**Parent Orientation Checklist/Acknowledgement**

Child’s Name_________________________________ Parent/Guardian Signature______ N/A __________________

Center Name/Number___________________________ Print Parent Name Consulted______________________________

Head Start Staff Completing________________________ Date Completed with Parent______________________________

**Things to cover at Parent Orientation:**

➢ Forms to Be Completed and reviewed by Parent and Staff:

☐ (All Children All Programs) Childcare Food Program Enrollment Form (CACFP)

☐ ABC Students Only 2019-2020 Household Application for Free and Reduced-Price School Meals *(this is in addition to the above Childcare Food Program Enrollment Form)*

☐ (Under 12 months old - ONLY) Obligation to Serve Infants in the CACFP *(this is in addition to the Childcare Food Program Enrollment Form)*

☐ Behavior Guidance Policy (Rev.6/19) GEN002
  Give copy to Parent and Keep one for File – form is a front/back

☐ Parent Consent/Permission Acknowledgement (Rev.6/19) SE009

☐ Parental Request for Medication (Rev.6/19 – green form back of Health Care Plan/Special Nutrition Plan (Form #17) if applicable HL014

☐ Education & Arkansas Kindergarten Readiness Indicator Checklist Acknowledgement (Rev.6/19) ED003
  Give copy to Parent and Keep one for File – form is a front/back

☐ Consent for Emergency Treatment with Child Pick Up (Pink Sheet) HL003

☐ Consent to share Information with School Districts HL006

➢ Items to be Discussed with Parent

☐ Parent Handbook

☐ Substitute Opportunities and required training

☐ _________________________________ (Any other item needing discussion)
Enrollment and Orientation Paperwork will be completed remotely due to COVID-19 Pandemic, signatures are waived during this time with the exception of the CACFP and the Emergency Contact/Pickup form.

☐ Parent Pack (Materials include):
  - Parent Involvement Information Sheet PI002
  - Conscious Discipline
  - Mental Health Orientation (MH003)
  - Attendance Information Brochure ER003 (DOES NOT APPLY TO ABC)
  - When Should I Keep My Child Home? (Health Informational handout) HL028
  - Shaken Baby Syndrome (For EHS ONLY) SE013 N/A Head Start/ABC Child – UNLESS
  - WIC Fact Sheet mom is pregnant or has new baby < 18 months
  - Building for the Future – CACFP
  - Pedestrian Safety Handout (National Safe Kids Campaign handout – English/Spanish version) SE015
  - Parent, Family, and Community Engagement brochure
    - (This starts the Family Partnership Agreement Process - Explain the purpose of this according to Performance Standards so that parents can be thinking about any potential goals for later visits)
      - If you have a child that is not potty-trained – begin the goal wheel for potty-training
      - If child needs physical/dental or primary physician/dentist identified – begin goal wheel
  - OOI Agency Brochure

☐ Hand out parent resources for each family according to the family’s interests/needs

Was any resource information given out during this visit    Yes    No (Circle One)
  - Staff Note: Remember to input this data into ChildPlus
CHILD CARE FOOD PROGRAM
ENROLLMENT FORM
(to be completed by parent or guardian)

Provider's Initial: _______
Date: ____________________

You have chosen a daycare that participates on the USDA Child and Adult Care Food Program (CACFP). It is our goal to assist in providing your child with nutritious meals/snacks. This enrollment information may be verified. The meal times, the meal pattern and the daily menus should be posted and available for parents at all times. If you have questions, or comments, or would like to learn more about the Child and Adult Care Food Program, contact our office.

Name of Day Care Facility

Address

Telephone

Address

The following information is required by USDA Federal Regulation CFR 226.15(e)(2).

I wish to enroll my child(ren), whose names and enrollment information are given below, in the USDA Child and Adult Care Food Program. I understand this program reimburses day care facilities for serving nutritious, well balanced meals/snacks to day care children.

My child(ren) will be served the following meals: (Please Circle) Breakfast AM Snack Lunch PM Snack Supper Late Snack

Child(ren) Information (please print)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Birthdate</th>
<th>Hrs of Care</th>
<th>Days of Week</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>SAT - SUN</td>
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<td>M - T - W - TH - FR</td>
<td>F</td>
</tr>
</tbody>
</table>

Note here any food allergies or special needs your child(ren) have: __________________________

Doctor's Name: ___________________________ Doctor's Telephone: ___________________________

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any scheduled meal service and receive meals. I understand that the day care facility cannot and will not discriminate for reasons of race, color, national origin, sex, or disability. There is to be no discrimination in admission policy, meal service, or use of facility. Any complaints should be addressed to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

In case of emergency, please call: HOME # ______________ WORK # ______________

Parent Address: ____________________________

Parent Signature: __________________________ Date: __________________

(form valid one (1) year from this date)

(ENR updated 02/17cd)
**2020-2021 Household Application for Free and Reduced Price School Meals**

Complete one application per household. Please use a pen (not a pencil).

### STEP 1
List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

<table>
<thead>
<tr>
<th>Definition of Household Member: &quot;Anyone who is living with you and shares income and expenses, even if not related.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price</td>
</tr>
</tbody>
</table>

### STEP 2
Do any Household Members (including you) currently participate in the following assistance program: Supplemental Nutrition Assistance Program (SNAP)?

If NO, go to STEP 3. If YES, write a case number or identifier here then go to STEP 4. (Do not complete STEP 3.)

Write only one case number or identifier. Case Number or Identifier:

### STEP 3
Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

<table>
<thead>
<tr>
<th>Child income</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write ‘$0’. If you enter ‘$0’ or leave any fields blank, you are certifying (promising) that there is no income to report.

<table>
<thead>
<tr>
<th>Name of Adult Household Members (First and Last)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Earnings from Work |
|---|---|---|---|
| Weekly | Bi-Weekly | 2x Month | Monthly |
| $ | | | |

<table>
<thead>
<tr>
<th>Public Assistance/Child Support/Alimony</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pensions/Retirement/Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

| X | X | X | X |

**Disclosure (Optional)**

I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children’s Health Insurance Program (ArKids 1st).

**STEP 4**
Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available)

Apt #

City

State

Zip

Daytime Phone and Email (Optional)

Printed name of the adult signing the form

Signature of adult

Today's date
### Annual Income Review

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Changes in Gross Income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Changes in Net Income</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
</tr>
</tbody>
</table>

**source of income**

- Government benefits (social security, unemployment, housing assistance, etc.)
- Work income
- Child support
- Investments and dividends
- Interest from savings and investments
- Rent from real estate properties
- Income from self-employment
- Other income

**Exist Income**

- Public assistance (food stamps, Medicaid, etc.)
- Child support
- Investments and dividends
- Interest from savings and investments
- Rent from real estate properties
- Income from self-employment
- Other income

**Other Income**

- Child support
- Investments and dividends
- Interest from savings and investments
- Rent from real estate properties
- Income from self-employment
- Other income

**Savings and Investments**

- Stocks and bonds
- Retirement accounts
- Real estate investments
- Business and investment income
- Other savings and investments

**Child Support**

- Child support
- Investments and dividends
- Interest from savings and investments
- Rent from real estate properties
- Income from self-employment
- Other income

**Financial Aid**

- Student loans
- Scholarships
- Federal grants
- Work-study programs
- Other financial aid

**Social Security**

- Social security
- Disability payments
- Medicare
- Other social security benefits

**Unemployment**

- Unemployment
- Disability payments
- Medicare
- Other social security benefits

**Retirement**

- Retirement
- Disability payments
- Medicare
- Other social security benefits

**Other**

- Other income
- Child support
- Investments and dividends
- Interest from savings and investments
- Rent from real estate properties
- Income from self-employment

**Total Income for Children**

- Child support
- Investments and dividends
- Interest from savings and investments
- Rent from real estate properties
- Income from self-employment
- Other income

**Financial Needs**

- Cost of living
- Education expenses
- Medical expenses
- Transportation expenses
- Other expenses

**Financial Plan**

- Create a budget
- Save for emergencies
- Invest for retirement
- Pay off debt
- Build credit

---
Obligation to Serve Infants in the CACFP

Dear Parents/Guardians:

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula and meals to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant’s meals instead.

Please complete the following information:

Name of Provider/Child Care Center/Ministry: ________________________________

Name of Infant: ____________________________

Birth date: ____________________________

Type(s) of formula offered:

- [ ] I accept the type(s) of formula offered by my provider/childcare center/ministry.

- [ ] I declined the type(s) of formula offered by my provider/childcare center/ministry.

  I will provide __________________ formula/breast milk for my infant.

  * * * * * * * * * *

- [ ] I accept the meals and snacks offered by my provider/childcare center/ministry.

- [ ] I decline the meals and snacks offered by my provider/childcare center/ministry.

  I will provide meals and snacks for my infant.

SIGNATURE OF PARENT/GUARDIAN ____________________________ DATE ____________________________

---

1. This form must be kept on file for each infant enrolled in childcare.
2. As situation change, such as a medical authority changing the infant’s formula, a new form should be completed.
3. This form must be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula and the provider provides meals and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snacks, meals and snacks may NOT be claimed for reimbursement.

NUTR 009 Form # 2 Revised 04/2017
Ozark Opportunities, Inc.
Head Start Program
Behavior Guidance Policy

Page 1

A. Behavior Guidance techniques used in a Head Start classroom will be “Redirection and Conscious Discipline.” Redirection of the child is the first step when the child is exhibiting undesirable behavior. If the child continues the undesirable behavior, then time-out may be used on a limited basis on a one minute per year of age for children two years and older.

B. If the child is hurting himself/herself, other children, staff (biting, hitting, kicking, or other aggressive behaviors), or is destroying the classroom, the child’s parents will be called and the parent will be asked to come sit with the child and help with the behavior/s for the remainder of the day. The Mental Health Coordinator and/or Head Start Director will be notified immediately and prior to any child being sent home. The parent will be asked to work with the classroom staff so that their child will have a successful experience in the classroom. The parent will be asked to have a conference with the classroom teacher prior to the child returning to the classroom. The teacher and parents will discuss ways for the child to be more successful in the classroom without the aggressive behavior. The teacher may gather information from the parent to determine if the child has a medical issue or other issues that could be affecting the child’s behavior.

C. When the child returns to the center, if the child still exhibits aggressive behavior, the parent will be called to come to the center and discuss alternative arrangements for classroom scheduling and to discuss ways for the child to be more successful in the classroom with the teacher and Mental Health Coordinator. The Mental Health Coordinator may request a Behavior Specialist or other professional to observe the child in the classroom. The professional may meet with the parent and the teacher and may request permission to provide a mental health developmental assessment. The professional may have suggestions and/or develop a plan for the parent and teacher to use in the classroom and at home.

D. After the child returns to the classroom if the aggressive behavior persists, and the parent has declined any outside services (Mental Health/behavior services), the parent will be asked to put the child on a 30-day leave of absent from the classroom to work with the behaviors at home. When the child returns to the classroom, a parent or guardian must stay with the child during their stay or until behaviors improve or services are in place. Once behaviors improve the parent or guardian will not need to accompany the child in the classroom until such time as behaviors return. This behavior policy reinforces the school requirements and prepares the child for school readiness.

E. The Mental Health Coordinator and/or Head Start Director shall be notified prior to any child being sent home or parent being called.
Behavior Guidance
Licensing Requirements
Page 2

1. Behavior guidance techniques will not be humiliating, frightening, or physically harmful to children. Behavior Guidance techniques will be consistent and individualized for each child, and will be appropriate to the child’s level of understanding and be directed toward teaching the child acceptable behavior.

2. Behavior guidance techniques will not be associated with adding or withholding food, rest, or associated toileting issues. Staff will not label a child as “bad,” “naughty,” etc.


Bullying Policy
Ozark Opportunities, Inc. has an obligation to and is committed to providing a safe learning environment for its children/staff. For the purposes of this policy, bullying is defined as “any written or verbal expression or physical act or gesture, or a pattern thereof that is intended to cause distress or fear upon one or more child/staff.”

A child/guardian will be found in violation of policy if his/her conduct has been found to have the effect of humiliation or embarrassment of a child/staff and is sufficiently severe, persistent, or pervasive, that it limits the child/staff ability to participate in, or benefit from, and OOI Early Childhood Program.

After completing an investigation of the reported incident, a child/guardian who has been found at fault of participating in bullying behavior can be dropped/expelled from the OOI Early Childhood Program. This action will be at the discretion of the OOI Chief Executive Officer.

I HAVE READ AND UNDERSTAND THE BEHAVIOR GUIDANCE POLICY, BEHAVIOR GUIDANCE LICENSING REQUIREMENTS, AND BULLYING POLICY OF THE HEAD START PROGRAM.

Parent/Guardian Signature

Date

Witnessed by Staff

*Parents keep one copy; One copy for the child’s file.

Behavior Guidance Policy 2 pgs.

Revised 06/2019
PARENT CONSENT/PERMISSION/ACKNOWLEDGEMENT FORM

Please indicate whether or not your child __________________________ may participate in the activities as specified below. If you circle “Yes”, it is understood that consent/permission IS granted. If you circle “No”, it is understood that consent/permission is NOT granted, and your child will then be excluded from that particular service or activity.

1. Picture taking (Mark through any item to which you object).
   Permission is granted for my child’s picture to be taken during Head Start activities for (a) Program Scrapbooks, (b) Display in the center, (c) Showing in Parent Group Meetings, and/or (d) Multi-Media.

   CIRCLE ONE: YES NO

2. Application of sunscreen products:
   I give my permission for sunscreen to be used on my child as needed.

   CIRCLE ONE: YES NO

   If permission is denied, indicate in the Comments section below.

3. Acknowledgement of Child Maltreatment Policy
   I understand, per Arkansas Minimum Licensing Requirements PUB002 (Rev. 02/06) Sec. 200-3; that my child may be “subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. (Child interviews do not require parental notice or consent.)”

4. Consent for Immunization Records:
   I give my permission for OOI staff to access updated shot records from the State of Arkansas Immunization Database.

   CIRCLE ONE: YES NO

5. Consent for Hand Lotion:
   I give my permission for OOI staff to dispense a small amount of hand lotion to my child as needed.

   CIRCLE ONE: YES NO

<table>
<thead>
<tr>
<th>Parent’s Name</th>
<th>Child’s Name</th>
<th>Date (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Head Start Staff</th>
<th>Center</th>
<th>Date (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

COMMENTS:_____________________________________________________________

______________________________________________________________

SE 009 Form #8a Revised 7/2018
Ozark Opportunities, Inc. Child Development Program
PARENTAL REQUEST FOR MEDICATION

Date: _______ Child’s Name: ___________________________ Date of Birth: __________

Center: _________________ Classroom: ___________ Teacher: _________________

Parent/Guardian Name: ___________________________ Phone # __________________

Concerning my child: _______________________________, the OOI Head Start/Early Head

(Child name)

Start staff at ___________________________ and/or ___________________________

(Center name) (Name of other designee)

have my

permission to administer to my child the following medication:

Drug name and/or prescription # ___________________________

For (diagnosis) ______________________ by (physician name) ______________________

Amount of Dosage to be given ______________________ Time ______________________

Date to begin medication ______________________ Date to end medication __________

Medication to be taken: (1) with food (2) at mealtime (3) with water only (circle one)

| Arrangements have been made with the school nurse to give this medication. |
| Arrangements have been made with the parent/guardian to give this medication. |

NOTE: I hereby release all OOI Head Start/Early Head Start Program personnel from any liability should an adverse reaction result from the medications I have requested above. In case of an anaphylactic reaction, follow-up care and transportation are to be as follows:

First Call __________________________________________

__________________________________________________

Parent’s Signature: ___________________________ Date: ____________

Staff Witness: ________________________________ Date: ____________
EDUCATION ACKNOWLEDGEMENT

Dear Parents,

This year, you and your child will be involved with many different activities. We encourage all of our students to attend every day to receive the full benefits from our program.

These benefits include:
- Learning to cooperate and play with other children,
- Experimenting with various learning materials,
- Enjoying the exploration of the new concepts and ideas,
- Listening to stories in a loving and caring environment,
- Learning through playing and outside activities.
- Preparing your child for elementary school (School Readiness)

As a parent, you will be notified of parent teacher conferences, home visits, parent meetings and parent activities. Your child will be assessed every three months. This assessment includes cognitive, fine motor and pre-writing, social emotional, language and literacy, gross motor and self-help. This assessment meets all the Head Start Outcomes and the Arkansas Frameworks. Observations will provide you with additional information pertaining to your child’s academic and emotional development. This will give you, the parent, vital information about your child’s skills and abilities.

Our staff welcomes all parents to come in and volunteer at any time throughout the year.

Sincerely,

Ryan Clayborn
Program Manager
Head Start
Ozark Opportunities, Inc.
(870) 741-9406

__________________________   __________________________
Parent Signature              Teacher’s Signature

__________________________   __________________________
Date                          Date

OP  ED003  GIVE PARENT COPY
Arkansas Kindergarten Readiness Indicator 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.

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 circle, dash, plus sign, square and triangle.
- 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 care routines such as hand washing, brushing teeth, dressing and toileting

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
- Takes turns in conversation with others
- Responds to the English language: Speaks and expresses self in English

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 aphabet, 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
- Measures and compares height of objects
- Recognizes and repeats patterns such as triangle, square, triangle, square
- Arranges objects from shortest to longest
- 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
- 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)
Ozark Opportunities, Inc. Head Start/Early Head Start Program
CONSENT FOR EMERGENCY TREATMENT
TRANSPORTATION AND RELEASE OF INFORMATION

As parent/legal guardian of _______________________________ Date of Birth ______________________

I hereby give my consent for: emergency medical or dental treatment for my child while he/she is in the OOI Head Start/Early Head Start Program and for transportation of my sick/injured child, by a licensed driver, to and from the source of emergency treatment. I also consent to the release of medical/health history upon the request of the attending physician or dentist. This emergency care may include examinations and any tests deemed necessary or advisable by the attending physician or dentist. This DOES NOT include the right to perform surgical operations without my further consent, EXCEPT WHEN AN EXTREME EMERGENCY EXISTS THAT THREATENS MY CHILD’S LIFE AND AFTER ALL EFFORTS HAVE BEEN UNSUCCESSFUL IN CONTACTING ME OR ONE OF THE INDIVIDUALS LISTED BELOW.

In the event my child needs emergency care, please contact the following persons in the order listed until a listed individual is successfully notified of the nature of the emergency: (local area only)

1. Parent/legal guardian: ______________________________ Name of child’s dentist: ______________________________
   Relationship to child: ______________________________ Dentist’s address: ______________________________
   Phone: home ___________________________ work ___________________________
   Employer: ______________________________
   Hours worked: _________ days: _________
   Name: ______________________________
   Relationship to child: ______________________________
   Phone: home ___________________________ work ___________________________
   Employer: ______________________________
   Hours worked: _________ days: _________
   Name: ______________________________
   Relationship to child: ______________________________
   Phone: home ___________________________ work ___________________________
   Employer: ______________________________
   Hours worked: _________ days: _________

   Name of child’s doctor: ______________________________
   Doctor’s address: ______________________________
   Town/City: ______________________________
   Phone number: ______________________________
   Town/City: ______________________________
   Phone Number: ______________________________

   If, for any reason, my child is unable to return to the Head Start Center, directions for getting from the Center to my house are: (Please include 911 address) ________________________________

   ______________________________

   Mailing & Physical Address

   By my signature, I confirm that the purpose of this consent has been explained to me and I acknowledge that I understand its purpose and content.

   ___________________________________________ Date: ______________________________
   ______________________________
  ________________________________________`
   Head Start/EHS Center
   ______________________________
   ______________________________
   Head Start/EHS Staff Signature Date: ______________________________
   October
   January
   March

   OP
   HL003
   Revised 06/2019
Ozark Opportunities, Inc. Head Start/Early Head Start Program
Consent to Share Health Information with School Districts

Child’s Name ____________________________ Date of Birth __________________

Center ____________________________ School District __________________

For Head Start Children only:
For the safety and wellness of my child, I give Ozark Opportunities Inc. (OOI) Head Start and ____________________________ School district permission to share information with each other regarding the health and care of my child.

I give the school district nursing staff permission to treat my child in medical issues such as, but not limited to: Accidents, Medication administration, visible rashes, spots, or sores.

For Head Start and Early Head Start Children:

___ By my initials I consent for OOI Head Start/Early Head Start Staff to release any relevant medical information necessary to Emergency Medical staff in case of an emergency situation with my child.

Parent Name ____________________________ Phone Number __________________

Parent’s Signature (indicates permission to share information) __________________ Date __________________

HL006
Form # 29a
Revised 04/2017
PARENTS!

We love our babies and we love our families. We are here for the children but we are here for their families too! Should you ever have a “need” and need help...or if you ever have an idea to help better yourself and need support and assistance. PLEASE let us know. Any teacher or Center Director would be happy to be your cheerleader and look into better helping you! Our families are VERY important to us. We are here to help!

HERE IS WHAT WE NEED/EXPECT FROM YOU:

“you will learn more about these from your teachers”

- Attend one Parent Meeting a month (approx. 30 minutes long). We will work to fit your schedule and if you can’t make it, send any adult in your place. 😊
- Attend one craft meeting a month. This is approx. 30 min long and is a chance for you and your child to have one on one time doing an activity in the classroom. Again, if you are unable to attend, please send any adult in your place.
- Return any Home Tasks assigned to the child. These will be sent out weekly and will be very simple and short.
- Volunteer at least one hour a month in the classroom or helping at home. We’ll explain at your first Parent Meeting why this is so important and how it works. You can Volunteer 15 minutes at a time or the entire hour at once (or more if you want!).

POLICY COUNCIL: We will explain this at your first Parent Meeting. It’s a fantastic opportunity to be a leader for your entire center and make big decisions on behalf of Head Start and Early Head Start!
What is Conscious Discipline?

Conscious Discipline is a comprehensive classroom management program and a social-emotional curriculum that is used in the OOI Early Childhood Program. It is based on current brain research, child development information, and developmentally appropriate practices.

Conscious Discipline has been specifically designed to make changes in the lives of adults first. The adults, in turn, change the lives of children.

Conscious Discipline is a way of organizing schools and classrooms around the concept of a School Family. Each member of the family—both adult and child—learns the skills needed to successfully manage life tasks such as learning, forming relationships, communicating effectively, being sensitive to others' needs and getting along with others. Conscious Discipline empowers teachers and other adults with the Seven Powers for Self Control.

The Seven Powers of Self Control

- Perception – No one can make you mad without your permission
- Unity – We are all in this together
- Love – See the best in others
- Attention – What you focus on, you get more of
- Acceptance – The moment is as it is
- Free will – The only person you can make change is yourself
- Intention – Conflict is an opportunity to teach
These powers allow teachers to draw from within themselves to become proactive instead of reactive during moments of conflict. Teachers stay in control of themselves and positively influence children.

Self-control is not pretending to be calm in difficult moments. Self-control is the ability to reach out and empathize with others; to accept and celebrate differences; to communicate feelings directly; resolve conflicts in constructive ways; and to enjoy becoming a contributing member of a community.

From the beliefs instilled with the Seven Powers for Self Control emerge the Seven Basic Skills of Discipline.

The Seven Basic Skills of Discipline

- Composure - Becoming the person you want your children to be
- Encouragement - Building a school family
- Assertiveness - Respectfully setting limits
- Choices – Building self-esteem and will power
- Positive Intent - Creating teachable moments, turning conflict into cooperation
- Empathy - Handling the fussing and the fits
- Consequences - Helping children learn from their mistakes

These skills change how adults respond to conflict in such a way as to facilitate the development of the frontal lobes in children. Through the Powers and Skills, adults stay in control of themselves and in charge of children.

As adults begin to change their attitudes and behaviors, so will the children in their care. We cannot teach behaviors and skills that we do not possess ourselves.
Mental Health Orientation

Ozark Opportunities, Inc. Head Start will promote family and children's mental wellness by providing a scheduled mental health services to help to ensure that day to day program practices promote mental health.

A Mental health consultant will be scheduled at each site within the first ninety days of enrollment. The consultant will do classroom observations, and staff and or parent support.

A schedule of the date and time that the Mental Health Consultant will be on-site will be posted and a note sent home to parent. Parents will be able to access the consultant at this time for guidance/strategies to use at home concerning their child/family or to receive information of services available to their community they can access.

Mental Wellness topics throughout the year may focus on a wide variety of topics through parent meetings and written material such as:

- Helping children adjust to changes in family circumstances
- Providing special help for children with atypical behavior/development
- Domestic violence – identification and resources

Positive approaches to strengthen nurturing relationships at home and school

- Have realistic expectations about child's behavior
- Provide opportunities for children to develop emotionally and socially
- Provide a safe interactive environment
- Encourage respect for feelings
- Helping child understand their feelings
- Smile at the child
- Redirect a child away from negative event to a more positive activity
- Offer child choices to help control behavior – example- do you want to pick up your toys first or your shoes?
- Help child learn about consequences of their actions

REVISED 6/14
increase their career and life options.

Children who attend regularly are more

benefit when children are attending school
and caregivers, and the community all
from regular attendance. Teachers, parents
children are not the only ones who benefit

Who else benefits?

as they miss out on
learning. When
is fundamental to

regular attendance

every day.

The most basic: going to school

is one of the most important things your child

One of the biggest factors influencing his/her academic success.

in fact, research has shown that your child's

attendence record may be the biggest

Every day,

The children's robust development.

The Head Start Program is intended to support

Physically, the environment within a Head

Environments help children grow

in a variety of educational activities. In

children who attend Head Start participate

Educational Success Begins

With Attendance

Benefits of daily attendance

Learning multiple social skills, and

participating in the school community,

child is learning how to be a good citizen by

just being present at Head Start, your

0ark Opportunities, Inc.
So what happens when your child needs to miss due to a medical appointment or family trip?

Contact Head Start immediately.

If a child must be absent, the center needs to be contacted as soon as possible; especially if a child will be absent for several days in a row.

What you can do:

As a parent or guardian, it is possible to plan ahead in order to

- limit your child's absences
- make attendance a priority
- help your child succeed

You can do this in the following ways:

- **Plan ahead.** Encourage your child to prepare for the next day by laying out clothes the night before.

- **Create a restful environment.** Make sure that your child can relax before bedtime by doing something quiet, like reading a book together. Ensure that your child gets enough quality sleep — ideal amounts range from 8 to 12 hours. Getting enough sleep will help him/her get up on time, be refreshed in the morning, and feel ready for a full day of learning ahead.

- **Help your child get to Head Start on time every day.** Create a morning “get ready” routine! You can make a chart, use an alarm clock, and limit distractions by keeping the television turned off in the morning.

- **Take an active role.** Stay involved with your child’s daily experiences at Head Start by asking how their day went, and then listening carefully to what your child shares with you — both the successes and struggles.

- **Locate potential sources of anxiety.** If your child frequently appears upset or reluctant to go to Head Start and cannot tell you why, schedule an appointment with his or her teacher to talk about possible sources of the anxiety.

- **Keep updated on events and announcements.** Read the newsletters that your child brings home and take note of important announcements and dates, such as parent meetings and parent-teacher conferences.

- **Limit the amount of time that your child misses due to medical appointments or illness.** If possible, avoid scheduling doctor's appointments during the school day. However, do keep your child at home in the case of contagious or severe illnesses.

- **Schedule family events with your child's school schedule in mind.** Plan holiday celebrations or family trips during weekends or school vacations. In case of family emergencies or unexpected trips, talk to your child’s teacher or other staff so that all are informed.
WHEN SHOULD I KEEP MY CHILD HOME?

It is OOI-Head Start/Early Head Start’s desire to keep all children healthy so each child can learn to his/her potential. When a child is ill it is less likely a child will learn as well, and it is more likely an ill child will spread illnesses to one or more children. PLEASE DO NOT SEND AN ILL CHILD TO SCHOOL if your child is ill with fever, diarrhea, or vomiting within the last 24 hours, your child cannot come to school. If your child has been absent due to illness for three consecutive program days, your child has/had a rash, or your child has been diagnosed with a contagious illness, you must bring a doctor’s note stating your child is no longer contagious. If your child has been diagnosed with a contagious disease, you must notify your child’s center immediately.

<table>
<thead>
<tr>
<th>Child’s Symptoms/Diagnosed Illness</th>
<th>Child May Return to School When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever greater than 100 taken orally</td>
<td>Fever free for 24 hours without the use of Tylenol or other fever reducing medicine</td>
</tr>
<tr>
<td>Rash or rash with fever</td>
<td>Rash disappears or written documentation from health care provider stating what it is and when it is not contagious</td>
</tr>
<tr>
<td>Drainage from eyes, ears, or other body parts</td>
<td>Drainage/discharge must be gone or child must have been on antibiotics for more than 24 hours and have written documentation from health care provider stating the child is not contagious</td>
</tr>
<tr>
<td>Vomiting or Diarrhea (2 loose or watery stools in a 24 hour period). White, clay-colored or bloody stool</td>
<td>Symptom free for 24 hours</td>
</tr>
<tr>
<td>Cough: Deep, barking, congested or productive or colored mucous or coughing until throwing up or gagging</td>
<td>Symptom free or must have been on antibiotics for more than 24 hours and have written documentation from health care provider stating the child is not contagious</td>
</tr>
<tr>
<td>Stiff neck or headache with fever</td>
<td>Symptom free for more than 24 hours and have written documentation from health care provider stating the child is not contagious</td>
</tr>
<tr>
<td>Sore, red, or Strep throat diagnosis by health care provider</td>
<td>Must have been on antibiotics for more than 24 hours and have written documentation from health care provider stating the child is not contagious</td>
</tr>
<tr>
<td>Lice, bed bugs, or other pestilent infestation</td>
<td>Treated and all signs removed from child</td>
</tr>
<tr>
<td>Open sores, oozing sores, or other undocumented areas</td>
<td>All signs/symptoms gone or have written documentation from health care provider stating the child is not contagious</td>
</tr>
<tr>
<td>Unusual behavior (crying, lethargic, overly-hyper, etc.)</td>
<td>When your child is feeling better and acting more like him or herself</td>
</tr>
</tbody>
</table>

These are some reasons your child will need to be absent from Head Start/Early Head Start or we will call you to come get your child. If a staff member contacts you to pick up your child for illness purposes, your child will need to be kept out for the next school day of that week, as a minimum. When in doubt, it is best practice to contact your health provider.
Shaken Baby Syndrome

When a child less than one-year-old is shaken, it can damage the child’s brain, causing blindness, brain damage, paralysis, or even death. This is because babies have large heads and very weak neck muscles. When a baby is shaken, the brain moves inside the skull, and this motion can cause the brain to tear, swell, and bleed.

Older children can also be injured. No child or any age should ever be shaken. It is a form of child abuse. In America, every year, treatment is sought for estimated 1,200-1,400 children who are shaken. Of these victims, 25-30% will die as a result of their injuries.

Some symptoms of Shaken Baby Syndrome are:
- Irritability
- Vomiting
- Sluggishness
- Difficulty breathing
- Not smiling or making noises
- Seizures
- Not sucking or swallowing
- Eyes are not focusing or tracking movement
- Pupils are unequal in size

Help prevent Shaken Baby Syndrome by telling others about the dangers of shaking children. Talk to your daycare provider, babysitter, family members, and anyone else who will be caring for your baby/children.

Never lose control and shake your crying baby. If your baby is crying:
- Check to see if the baby is hungry or wet
- Gently rock or walk with the baby
- Take the baby for a ride in the stroller or car
- Place the baby in a safe place (like a crib) and leave the room for a few minutes
- Call a friend, neighbor, or relative to help
- Sing or take to the baby
- Gently rub the baby’s back
- Offer the baby a noisy toy
- Think about how much you love your baby and how much he/she depends on and loves you

Information taken from the National Center on Shaken Baby Syndrome website at www.dontshake.com

Information on this page is not intended to replace advise by a Health Care Professional. If you are concerned about your child’s health, please consult a physician.
The purpose of the Arkansas WIC Program (Special Supplemental Nutrition Program for Women, Infants and Children) is to improve the nutrition of eligible pregnant, breastfeeding and postpartum women, infants and young children during periods of critical growth. The Program provides checks for specific foods that participants redeem at local grocery stores, nutrition education and referrals to other services.

Pregnant, breastfeeding and postpartum women, infants and children under age five are eligible for WIC if they:

- **Live in Arkansas.** There is no waiting period to meet the residency requirement.

- **Meet income guidelines.** These guidelines are set at 185% of poverty. Applicants must provide proof of household income. Recipients of Medicaid, Arkids First, TEA and/or SNAP (Food Stamps) are automatically income eligible for WIC.

- **Are nutritionally eligible.** Conditions such as anemia, certain medical disorders, weight (underweight, overweight, pattern of gain or loss, weight in relation to height, etc.), number and frequency of pregnancies, and inappropriate nutrition practices are some of the factors considered in a nutritional assessment. This assessment is performed by a nurse, nutritionist or physician in the Local (County) Health Unit.

**Foods provided to children and women may include:**

- Milk
- Cheese
- Juice
- Iron-fortified cereal
- Dried or canned beans or peas
- Eggs
- Whole grains
- Fresh or frozen fruits & vegetables
- Peanut butter
- Canned fish

**Foods provided to infants include:**

- Special food packages for breastfeeding mothers

AND/OR

- Iron-fortified infant formula
- Infant cereals
- Infant foods

**For more information**

**Call:** 1-800-462-0599  
**Click:** www.healthy.arkansas.gov/wic

WIC is available in every Arkansas county at the Local (County) Health Units.

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**INCOME GUIDELINES (Arkansas WIC Program, effective July 1, 2017)**

<table>
<thead>
<tr>
<th>Family/Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Gross Income</td>
<td>$22,311</td>
<td>$30,044</td>
<td>$37,777</td>
<td>$45,510</td>
<td>$53,243</td>
</tr>
</tbody>
</table>

(Add $7,733 per year for each additional family member.)

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, age, or disability and provides equal access to programs and activities on the basis of race, color, national origin, sex, age, or disability. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.
El propósito del Programa WIC de Arkansas (Programa especial de nutrición complementaria para mujeres, bebés y niños) es mejorar la nutrición de mujeres embarazadas, lactantes y en posparto, y de infantes y niños durante los períodos cruciales de crecimiento, si reúnen los requisitos necesarios. El Programa proporciona cheques para alimentos específicos que los participantes pueden canjear en los supermercados locales, información sobre la nutrición y referencias a otros servicios.

Las mujeres embarazadas, lactantes y en posparto, y los bebés y niños menores de 5 años pueden participar en WIC si:

- **Viven en Arkansas.** No se requiere cumplir con un tiempo de espera para cumplir con el requisito de residencia.

- **Cumplen con los requisitos de ingreso.** Estos requisitos han sido fijados a un 185% de pobreza. Los solicitantes deben proporcionar prueba del ingreso familiar. Los recibientes de Medicaid, ARKids First, TEA y/o SNAP (estampillas de alimentos) son automáticamente elegibles para WIC por su ingreso.

- **Son elegibles nutricionalmente.** Algunos de los factores que se toman en cuenta durante una evaluación nutricional son: anemia, ciertos trastornos médicos, peso (bajo peso, sobre peso, patrón de aumento o pérdida, peso en relación a la estatura, etc.), cantidad y frecuencia de embarazos, y prácticas inapropiadas de nutrición. Una enfermera, un nutricionista o un médico llevan a cabo estas evaluaciones en la Unidad de Salud Local (condado).

Los alimentos provistos a niños y mujeres pueden incluir:
- Leche
- Queso
- Jugo
- Cereal fortificado con hierro
- Fríojoles o guisantes secos o enlatados
- Huevos
- Granos enteros
- Frutas y verduras frescas o congeladas
- Manteca de cacahuate (maní)
- Pescado enlatado

Los alimentos provistos a bebés incluyen:
- Paquetes de alimentos especiales para madres lactantes y/o
- Fórmula fortificada con hierro para bebés
- Fórmula para bebés
- Alimentos para bebés

Para obtener más información
**Llame al:** 1-800-462-0599
**Visite:** www.healthy.arkansas.gov/wic
WIC se encuentra disponible en todos los condados de Arkansas en las Unidades de Salud Local (condado).

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**REQUISITOS DE INGRESO**
(Programa WIC de Arkansas, vigente desde el 1 de julio de 2017)

<table>
<thead>
<tr>
<th>Tamaño de familia/hogar</th>
<th>1</th>
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<th>3</th>
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<th>5</th>
</tr>
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<td>$45,510</td>
<td>$53,243</td>
</tr>
</tbody>
</table>

(Agregue $7,733 por año por cada miembro adicional de la familia.)

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA (http://www.usda.gov/wps/portal/usdano/about/officetopic/acrobat/docs2017/Complain_combined_E_6_12.pdf; (AD-3027) que está disponible en línea en: http://www.ascusc.gov/complaint_filing_flyer.html y en cualquiera oficina del USDA; o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9990, haga llegar su formulario lleno o carta al USDA por:

(1) correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410.

(2) fax: (202) 690-7442; o (3) correo electrónico: program.intl@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.
Building for the Future

What is CACFP?
CACFP is the Child and Adult Care Food Program, a Federal program that provides healthy meals and snacks to children and adults receiving day care.

Each day more than 2.6 million children and almost 60,000 older adults participate in CACFP. Through CACFP, participants' nutritional needs are supported on a daily basis. The program plays a vital role in improving the quality of day care and making it more affordable for many low-income families.

In addition to day care, CACFP helps make afterschool programs more appealing to at-risk youth. By offering nutritious snacks in programs serving low-income areas, centers can increase participation and know that youth are having a healthy snack.

Homeless children and children from temporarily displaced families can also receive up to three meals each day through shelters that operate the program.

Who is eligible for CACFP meals?
- children age 12 and under,
- migrant children age 15 and younger,
- functionally impaired adult participants or adults age 60 and older enrolled in an adult day care center, and
- youths through age 18 in afterschool programs in needy areas.

What kinds of meals are served?
CACFP facilities follow the meal patterns established by USDA.

- **Breakfast** consists of a serving of milk, fruit or vegetable, and grains or bread.
- **Lunch** and **dinner** require milk, grains or bread, meat or meat alternate, and two different servings of fruits or vegetables.
- **Snacks** include two different servings of the four components: milk, fruits or vegetables, grains or bread, or meat or meat alternate.

CACFP Facilities
Many different facilities operate CACFP, all sharing the common goal of bringing nutritious meals and snacks to participants.

- **Child Care Centers**
  Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers serve meals to large numbers of children.

- **Family Day Care Homes**
  Small groups of children receive nonresidential day care in licensed or approved private homes.

- **Afterschool Care Programs**
  Centers in low-income areas provide free snacks to school-age children and youth.

- **Homeless Shelters**
  Emergency shelters provide residential and food services to homeless children.

- **Adult Day Care Centers**
  Public, private nonprofit, and some for-profit adult day care facilities provide structured, comprehensive services to functionally impaired nonresident adults.
Pedestrian Safety

Teach your children:

1. Do not cross the street alone if you're younger than 10 years old.

2. Stop at the curb before crossing the street.

3. Walk, don't run, across the street.

4. Cross at corners, using traffic signals and crosswalks.

5. Look left, right, and left again before crossing.

6. Walk facing traffic.

7. Make sure drivers see you before crossing in front of them.

8. Do not play in driveways, streets, parking lots or unfenced yards by the street.

9. Wear white clothing or reflectors when walking at night.

10. Cross at least 10 feet in front of a school bus.

The most IMPORTANT STEPS she'll ever learn.

For more info, visit us at www.safekids.org
Seguridad del Peatón

Enséñele a sus niños a:

- No cruzar la calle solos si tienen menos de 10 años.
- Detenerse en el borde de la acera antes de cruzar la calle.
- Caminar, no correr, mientras cruzan la calle.
- Cruzar en las esquinas, mirando los semáforos y empleando las líneas peatonales.
- Mirar hacia la izquierda, derecha e izquierda antes de cruzar.
- Caminar mirando hacia la dirección del tránsito.
- Cerciorarse de que los conductores los puedan ver antes que crucen frente a ellos.
- No jugar en vías de paso (driveways), calles, estacionamiento o lotes callejeros sin cercado o alambrado.
- Usar vestimenta clara o de reflejos cuando caminen a la noche.
- Al bajarse del bus escolar, cruzar la calle al menos 10 pies delante del bus.

Son los más IMPORTANTES PASOS que su niño aprenderá.
Pedestrian Safety Tips

Whether your kids are walking to school, the park or a friend's house, here are a few simple tips to make sure they get there safely.

Teach Kids the Basics from the Beginning

• Talk to your kids about how to be safe while walking. It's always best to walk on sidewalks or paths and cross at street corners, using traffic signals and crosswalks. Most injuries happen mid-block or somewhere other than intersections. If there are no sidewalks, walk facing traffic and as far away from vehicles as possible.

• Teach kids at an early age to put down their devices and then look left, right and left again when crossing the street.

• Remind kids to make eye contact with drivers before crossing the street and to watch out for cars that are turning or backing up. Teach them not to run or dart out into the street or cross between parked cars.

Let Your Actions Speak as Loud as your Words

• Set a good example by putting devices down when you are driving or walking around cars. If we put our devices down, our kids are more likely to do the same.

• Children under 10 should cross the street with an adult. Every child is different, but developmentally, it can be hard for kids to judge speed and distance of cars until age 10.

Drive with Extra Care

• When driving, be especially alert in residential neighborhoods and school zones and be on the lookout for bikers, walkers or runners who may be distracted or may step into the street unexpectedly.

• Give pedestrians the right of way and look both ways when making a turn to help spot any bikers, walkers or runners who may not be immediately visible.

• When driving, put cell phones and other distractions in the back seat or out of sight until your final destination.

• Enter and exit driveways and alleys slowly and carefully.

Unintentional pedestrian injuries are the fifth leading cause of injury-related death in the United States for children ages 5 to 19. Teenagers are now at greatest risk. Teens have a death rate twice that of younger children and account for half of all child pedestrian deaths.

For more information visit safekids.org.

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Consejos de Seguridad para los Peatones

Tanto si sus hijos van caminando a la escuela, como al parque o a casa de un amigo, aquí encontrará algunos sencillos consejos para asegurarse de que lleguen a su destino con seguridad.

Enseñe a los niños las reglas básicas desde el principio

- Hable con sus hijos sobre la mejor manera de caminar con seguridad. Siempre es mejor caminar por las aceras o sendas y cruzar en las esquinas usando las señales de tráfico y los pasos peatonales. La mayoría de los accidentes ocurren a mitad de la cuadra o en algún lugar distinto a los cruces. Si no hay aceras, camina mirando al tráfico y tan lejos de los vehículos como sea posible.

- Enseñe a los niños, desde pequeños, a dejar de lado sus dispositivos electrónicos y a mirar a la izquierda, derecha e izquierda de nuevo antes de cruzar una calle.

- Enseñe a los niños a hacer contacto visual con los conductores antes de cruzar la calle y a estar atentos a los autos que están girando o haciendo marcha atrás. Enseñales a no correr ni salir dispersos hacia la calle y a no cruzar entre autos aparcados.

Predique con el ejemplo

- Dé un buen ejemplo dejando a un lado sus dispositivos electrónicos cuando está conduciendo o caminando entre los autos. Si nosotros dejamos a un lado nuestros dispositivos, es más probable que nuestros hijos hagan lo mismo.

- Los niños menores de 10 años, deben cruzar la calle acompañados de un adulto. Cada niño es diferente pero, durante su crecimiento, puede resultar difícil para los niños juzgar la velocidad y la distancia de los autos antes de los 10 años.

Conduzca con extremo cuidado

- Cuando conduce, debe estar especialmente alerta en las áreas residenciales y zonas escolares, y muy atento con los ciclistas, peatones y corredores que pueden estar distraídos o pisar la calle inesperadamente.

- Dé preferencia de paso a los peatones y mire en ambas direcciones antes de girar para poder detectar mejor a los ciclistas, peatones o corredores ocultos a primera vista.

- Al conducir, deje sus teléfonos celulares y otras distracciones en el asiento trasero o fuera de la vista hasta llegar a su destino final.

- Entre y salga de los caminos de entrada y de los callejones lentamente y con mucho cuidado.
Take Action Against Distraction

- Teach kids to look up and pay extra attention when using headphones, cell phones or electronic devices such as tablets or games. Make it a rule to put these devices down when crossing the street. It is particularly important to reinforce the message with your teenagers.

- Be aware of others who may be distracted—and speak up when you see someone who is in danger.

- If your kids need to use a cell phone, teach them to stop walking and find a safe area to talk.

- For headphones, pull them down or turn off the volume before crossing the street.
Actúe contra la distracción

- Enseñe a sus hijos a mirar hacia arriba y a prestar una atención especial cuando utilicen auriculares, teléfonos celulares o dispositivos electrónicos, tales como tabletas o juegos. Implante la norma de bajar estos dispositivos al cruzar la calle. Es especialmente importante reforzar este mensaje en sus hijos adolescentes.

- Esté alerta sobre otras personas que puedan estar distraídas y hable alto cuando vea a alguien en peligro.

- Si sus hijos tienen que hablar por teléfono celular, enseñeles a dejar de caminar y a encontrar un lugar seguro para conversar.

- Quitarse los auriculares o bajar el volumen antes de cruzar la calle.
Engagement and Community Partnership

Community Engagement is:

Parent, Family, and Community Engagement

Family, Parents, and Families

School Readiness

Outcomes

Family Engagement and Positive Child Development

Children and families

and support successful transitions for

families and children to needed services

School Partnerships to build better networks, link health, mental health, social service, and

Staff and families work with community

Community Partnership

Community

The child in the classroom, home, and

with staff to set and work toward goals for

Parents share knowledge about their child

Teaching & Learning

Achieve their goals and aspirations

Families work with staff to identify and

Families Partnership

Welcoming Classroom/Staff

Program Environment

Staff Training

Professional Development

Parent Meeting, Survey, Suggestions

Continuous Improvement

Policy Council Participation

Program Leadership

Preparing Children for Kindergarten:

1969

www.ozarkopp.org

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P.O. Box 1400

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Ark Opportunities, Inc.
What Does Parent, Family and Community Engagement Look Like?

It provides opportunities to support Family Engagement and School Readiness. Parents can get involved in many ways:

- Advocating for their child
- Being involved in making educational decisions that have a direct benefit to their child!
- Volunteer in classroom
- Be heard…. What are your dreams for your child….. for your family

It does not have to look the same for all families!

Our program is here to help and support your child and your family.

Do you already have a Family Goal that you are working on with another agency in the community? Great – no reason to duplicate services, we can assist and document along the way.

Family Engagement is:

- Relationships
- Beliefs, attitudes, behaviors and activities of families
- Shared Responsibility

Through Family Engagement, we all benefit!

- Children will be better prepared for Kindergarten
- Families will be more engaged in our program and in public school
- Programs will achieve higher levels of quality in the classrooms
- Communities will provide stronger supports to the next generation
Ozark Opportunities, Inc. (OOI) is a private, non-profit community action agency established in 1969. Our mission is to “partner with organizations, families, and individuals to provide services and empowerment opportunities for those with limited means to improve their quality of life.”

Our six-county service area includes Baxter, Boone, Marion, Newton, Searcy and Van Buren counties, encompassing nearly 4,000 rural and rugged square miles. Many families travel in excess of 50 miles to access services.

OOI is governed by a tripartite eighteen (18) member Board of Directors representing public, private, and low-income sectors. Each county in our service area is represented by three (3) Board members, one from each sector.

OOI offers several opportunities to low-income individuals and families. All services are center around two strategic commitments:

- Family Stabilization
- Family/Child Development & Empowerment

Child Development

- **Head Start** is for children ages 3-5 years old and provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families. The focus is school readiness so children are prepared to transition into kindergarten. Classrooms are in session with the local public school; August through May.

- **Arkansas Better Chance (ABC)** provides comprehensive early childhood education and is operated similarly to our Head Start classrooms. Classrooms are in session with the local public school; August through May.

- **Early Head Start** is for children ages 6 weeks up to 3 years of age. Children are provided (at no charge to parents) age appropriate food, drinks, diapers, pull-ups, wipes, sippy cups, bottles, and bibs among other necessities. Parents provide pacifiers, lovies (favorite stuffed animal/blanket) and changes of clothing. Classrooms are in session from August through June.

**Outreach Services**

- **Low-Income Home Energy Assistance Program (LIHEAP)** There can be up to two program cycles; one in the Winter and one in the Summer. The Winter program normally starts in January and helps with fuel costs associated with heating your home; wood, propane, natural gas, electricity. The Summer program usually starts in July and is for electricity only. There are two sub-programs available; non-emergency and emergency assistance.

  - **Non-Emergency Assistance** is a predetermined benefit amount dependent upon the number of household members and their gross income.

  - **Emergency Assistance** is available for those that are subject to disconnect within 7 days of application, do not currently have service, or have a depleted fuel source.

- **SUCCESS** is a unique, life changing, goal oriented and individual-based program. Once emergency needs are met, extensive family development can be the focus of our families in their journey to break the cycle of poverty and become self-reliant. The mission of SUCCESS is to assist participants to Succeed at Understanding and Conquering Challenges to Establish Stability and Self-reliance.

- **Emergency Solutions Grant**

  - **Homelessness Prevention** is available for those that may soon become homeless due to eviction or change in housing situation.

  - **Rapid Rehousing** is available for homeless individuals to move into permanent housing and achieve stability in that housing.

- **Vehicle Repair Loan** is a revolving loan program for those needing repairs for their vehicle. There is a $500 maximum loan limit and the loan must be repaid within a year.

Additional information is available on our website: www.OzarkOpp.org