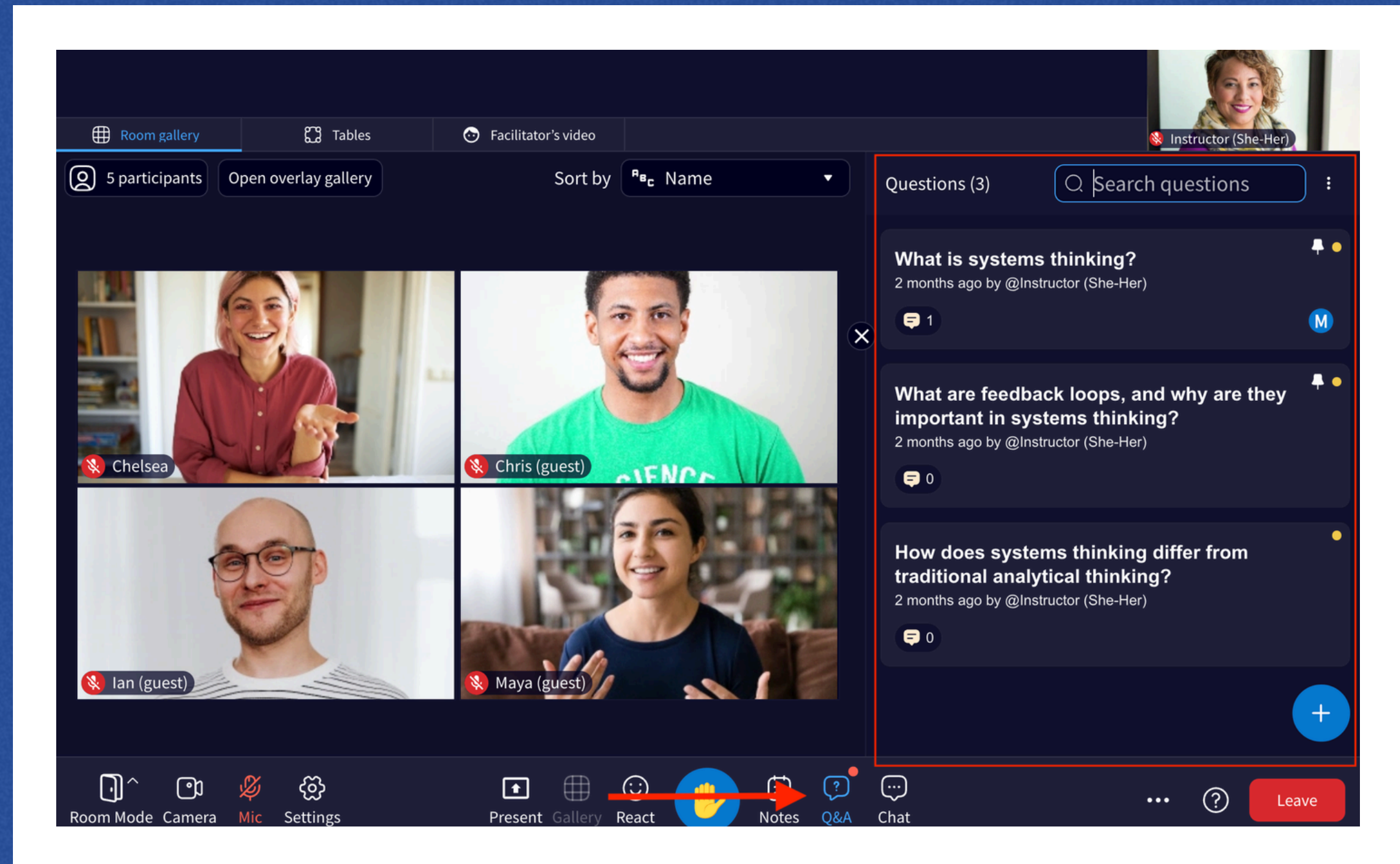


Housekeeping



- Chat feature is no longer available. As a result, we're unable to respond.
- Questions will be answered via the Q&A box and a FAQ Sheet that will be posted to the OEC website.
- Submit your questions early.
- Please use the Q&A Box to submit any questions.





Arkansas Department
of Education

Office of Early Childhood

May 5, 2026

OEC Monthly Provider Call





Dr. Chris Barnes

OEC Fast Facts
Year End System Updates
Market Rate Survey
CLASS Transition Quality Payments

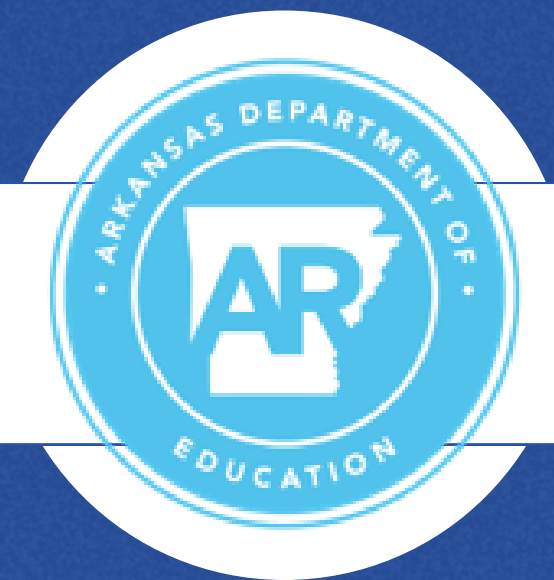
Welcome!





Dr. Chris Barnes

OEC Fast Facts



OEC Fast Facts

The OEC Fast Facts provides a monthly snapshot of data across multiple programs to include information on enrollment, licensed child care sites, and program finances.



Office of Early Childhood
(501) 682-8947

Office of Early Childhood--Fast Facts

Effective Date: 4/22/2026

Program Participation Information

Licensed Providers by Better Beginnings (BB) Level

New Facilities After 10/01/25: 47

BB Level	All Providers	Center-Based	Home-Based	SRA Recipient	ABC Recipient	Closures After 10/01/25*
BB Level 0	436	362	74	0	5	32
BB Level 1	104	85	19	0	15	2
BB Level 2	442	406	36	272	119	24
BB Level 3	439	410	29	243	125	13
BB Level 4	229	222	7	42	94	7
BB Level 5	131	124	7	34	50	1
BB Level 6	96	78	18	21	9	1
TOTAL	1,877	1,687	190	612	417	80

*Number of facilities indicating closure due to financial reasons: 16

Arkansas Better Chance (ABC) Program

Number of Children Dually-Enrolled: 706

Provider Type	Total Providers	Enrollment	Infants/Toddlers	Pre-K
Public School Districts	138	11,672	254	11,418
Education Service Cooperatives	10	3,316	142	3,174
Public Colleges/Universities	3	502	66	436
Community-Based Programs	46	2,386	237	2,149
Family Child Care Homes	3	26	2	24
Home-Visiting (HIPPI/PAT)	21	2,647	633	2,014
TOTAL	221	20,549	1,334	19,215

School Readiness Assistance (SRA) Program

Number of Families Served: 8,586

Category	Total	Center-Based	Home-Based
Number of Children Served	13,287	12,881	406

SRA Enrollment

BB Level	Total	Infants	Toddlers	Pre-K	School Age
BB Level 0	0	0	0	0	0
BB Level 1	0	0	0	0	0
BB Level 2	4,821	310	905	2,026	1,580
BB Level 3	6,298	388	1,374	2,721	1,815
BB Level 4	1,169	57	230	492	390
BB Level 5	455	32	75	170	178
BB Level 6	544	70	183	220	71
TOTAL	13,287	857	2,767	5,629	4,034

SRA Waitlist

Number of Families Impacted: 2,221

Category	Total	Infants	Toddlers	Pre-K	School Age
Impacted Children	3,195	639	798	841	917

Federal Pre-K & ABC Infant Toddler Subsidy (ABC ITS)

Category	Total Providers	Total Children	Infants	Toddlers	Pre-K
Federal Pre-K	74	999	15	82	902
ABC ITS	9	110	23	56	31



Office of Early Childhood
(501) 682-8947

Office of Early Childhood--Fast Facts

Effective Date: 4/23/2026

Program Financial Information

Child Care Development Fund (CCDF) Budget

FY2026 (10/01/25-09/30/26)

Effective: 4/15/2026

Fund Category	Projected Budget	Adjusted Budget*	Total Expenditures	Remaining Balance
CCDF Administrative	\$6,770,931.69	\$4,534,179.80	\$1,876,750.70	\$2,657,429.10
CCDF Quality	\$12,187,677.03	\$8,161,523.64	\$7,517,697.83	\$643,825.81
CCDF Infant-Toddler Quality	\$4,062,559.01	\$2,720,507.88	\$644,516.37	\$2,075,991.51
CCDF Direct Services	\$78,678,226.18	\$63,478,517.20	\$23,090,639.73	\$40,387,877.47
CCDF Non-Direct Services	\$33,719,239.79	\$11,788,867.48	\$1,944,449.50	\$9,844,417.98
TOTAL	\$135,418,633.70	\$90,683,596.00	\$35,074,054.13	\$55,609,541.87

*Adjusted Budget includes funding that has been awarded through a Notice of Award and is available for drawdown.

CCDF Monthly Expenditure by Category

Period: 04/01/2026-04/15/2026

Fund Category	Total Period Expenditures	% of Adjusted Budget*
CCDF Administrative	\$404,185.22	8.91%
CCDF Quality	\$708,489.22	8.68%
CCDF Infant-Toddler Quality	\$0.00	0.00%
CCDF Direct Services	\$2,515,194.87	3.96%
CCDF Non-Direct Services	\$436,504.45	3.70%
TOTAL	\$4,064,373.76	4.48%

Arkansas Better Chance (ABC) Program Budget

SFY 2026 (07/01/25-06/30/26)

Effective: 4/23/2026

Fund Category	Actual Budget	Total Expenditures	Remaining Balance
ABC Operations (Z17)	\$5,700,000.00	\$1,500,000.00	\$4,200,000.00
ABC Grants & Contracts	\$108,300,000.00	\$106,913,790.68	\$1,386,209.32
TOTAL	\$114,000,000.00	\$108,413,790.68	\$5,586,209.32

State General Revenue Budget (State-Match)

SFY 2026 (07/01/25-06/30/26)

Effective: 4/23/2026

Fund Category	Actual Budget	Total Expenditures	Remaining Balance
State GR Administrative	\$1,000,000.00	\$0.00	\$1,000,000.00
State Child Care Grants (BL6)	\$6,500,000.00	\$4,426,245.70	\$2,073,754.30
TOTAL	\$7,500,000.00	\$4,426,245.70	\$3,073,754.30

Arkansas Preschool Development Grant B-5 (PDG)

Award Period: 01/01/26-12/31/26

Effective: 4/23/2026

Grant Priority Category	Actual Budget	Total Expenditures	Remaining Balance
Local Lead Continuation	\$5,151,000.00	\$51,342.39	\$5,099,657.61
Third-Party CLASS Observations	\$1,166,500.00	\$0.00	\$1,166,500.00
Quality Enhancement Grants	\$5,000,000.00	\$0.00	\$5,000,000.00
Workforce Retention Efforts	\$899,340.00	\$0.00	\$899,340.00
Technology Development	\$2,500,000.00	\$0.00	\$2,500,000.00
Travel	\$20,000.00	\$0.00	\$20,000.00
Indirect Costs	\$14,160.00	\$0.00	\$14,160.00
TOTAL	\$14,751,000.00	\$51,342.39	\$14,699,657.61



Dr. Chris Barnes

Year End System Updates



TO: Child Care Providers
FROM: Office of Early Childhood
DATE: May 5, 2026
SUBJECT: AASIS Fiscal Year-End System Shutdown, Transition to S/4HANA, and SRA Payment Processing

This memorandum provides important information regarding the upcoming AASIS fiscal year-end system shutdown, the transition to a new payment management system (S/4HANA), and the impact on School Readiness Assistance (SRA) payment processing.

Each year, AASIS undergoes a required shutdown to complete fiscal year-end processing. During this year's shutdown, the State will also transition from AASIS to S/4HANA. As a result, SRA payment processing will be temporarily paused.

Providers should review the key dates outlined below and plan accordingly.

AASIS Year-End Shutdown and System Transition Timeline

Date	System Status	Provider Impact
June 26, 2026	Last day SRA payments processed	Final day SRA payments will be processed prior to shutdown
June 30, 2026	AASIS system shut down	Payment processing stops due to fiscal year-end and system transition
July 1–13, 2026	Payment processing unavailable	Billing may continue; however, SRA payments will not be processed during this period
July 14, 2026 (Estimated)	SRA processing resumes	Payment processing begins under the new S/4HANA system

Thank you for your continued partnership in serving Arkansas families. For questions, please contact OEC at 501-682-8947.

Sincerely,

OEC

Dr. Chris Barnes





Dr. Chris Barnes

Market Rate Survey



Request for Proposals: Arkansas Child Care Market Rate Survey & Cost Study

Arkansas has released a Request for Proposals (RFP) to hire a contractor to complete a statewide child care market rate survey and cost study. Award is expected in August 2026.

What is the study for?

- To meet federal Child Care Development Fund (CCDF) requirements
- To understand current private-pay child care rates across Arkansas
- To better understand the actual cost of providing child care in Arkansas

How will it be used?

- To support review of child care subsidy payment rates
- To compare market prices charged to families with the real cost of operating child care programs
- To help ensure state decisions are based on current, Arkansas-specific data



Dr. Chris Barnes

CLASS Transition Quality Payments



CLASS Transition Quality Payments

OEC will distribute one-time CLASS Transition Quality Payments to providers using federal Preschool Development Grant (PDG) funds. Payments will be made on a per-provider basis, tiered according to CLASS certification status and participation in CLASS observations.

Tier	Eligibility	Estimated Payment*
Tier 1	A provider from a licensed facility who: <ol style="list-style-type: none"> 1) Is CLASS-certified 2) Has conducted at least two CLASS observations in fiscal year 2025-26 (between August 2025 and June 2026) 	\$3,000
Tier 2	A provider from a licensed facility who: <ol style="list-style-type: none"> 1) Is CLASS-certified 2) Has conducted at least one CLASS observation in fiscal year 2025-26 (between August 2025 and June 2026) 	\$1,000
Tier 3	A provider from a licensed facility who has passed the CLASS reliability test between April 1, 2026, and November 1, 2026.	\$450 <i>Pending remaining funding</i>
Tier 4	A provider from a licensed facility who has: <ol style="list-style-type: none"> 1) Received at least one CLASS observation by November 1, 2026 or 2) Is currently reliable with the CLASS tool 	~\$150 <i>Pending remaining funding</i>

Tentative Payment Timeline	
Date	Activity
Early Summer 2026	Tier 1 & Tier 2 payments distributed
Late Summer 2026	Tier 3 & Tier 4 payments distributed, contingent on available funds
Late Fall 2026	Any remaining funds distributed to Tier 3 & Tier 4

*All payments are contingent on available funds. Tiers 3 and 4 will be funded after Tier 1 and 2 distributions, as funding allows.

CLASS Transition Quality Payments

Allowable Use of Funds: CLASS Transition Quality Payments are intended to support meaningful, lasting improvements in early childhood program quality and must be expended on eligible activities outlined below.

Allowable Activities	
Description	Examples
High-Quality Instructional Materials (HQIM): Adoption of curriculum aligned to quality standards	Approved HQIM from the updated OEC list
Materials to support High-Quality Instructional Materials (HQIM) Implementation: Supplies, resources, and tools that directly support the use of HQIM	Manipulatives or books that directly support HQIM
Professional Development: Trainings, workshops, and learning opportunities for staff	Registration to a conference on behavioral support; online or in-person training on HQIM implementation or adult-child interactions.
Credentialing: Support for staff to obtain or maintain professional credentials or certifications	Certification exam fees; certification renewal fees; course enrollment fees
Quality Enhancement Items: Purchases and activities that directly support or improve program quality	Library books to advance literacy, which is a specific quality goal
Incentives for Quality Improvement: Recognition and rewards tied to measurable improvements in program quality	Classroom supply award given to a teacher who met the quality score goal
Non-Allowable Activities	
<ul style="list-style-type: none"> • Gift Cards: Gift cards of any kind, regardless of purpose • Staff Meals: Lunches, catered events, or food purchased for staff • Bonuses: Staff bonuses or supplemental compensation payments 	





Kelli Hilburn

Licensing Updates





Cassandra Phillips

AR Dept of Health

Measles



Measles

Arkansas Department of Health
DPHP Outbreak Prevention &
Response Branch
May 2026

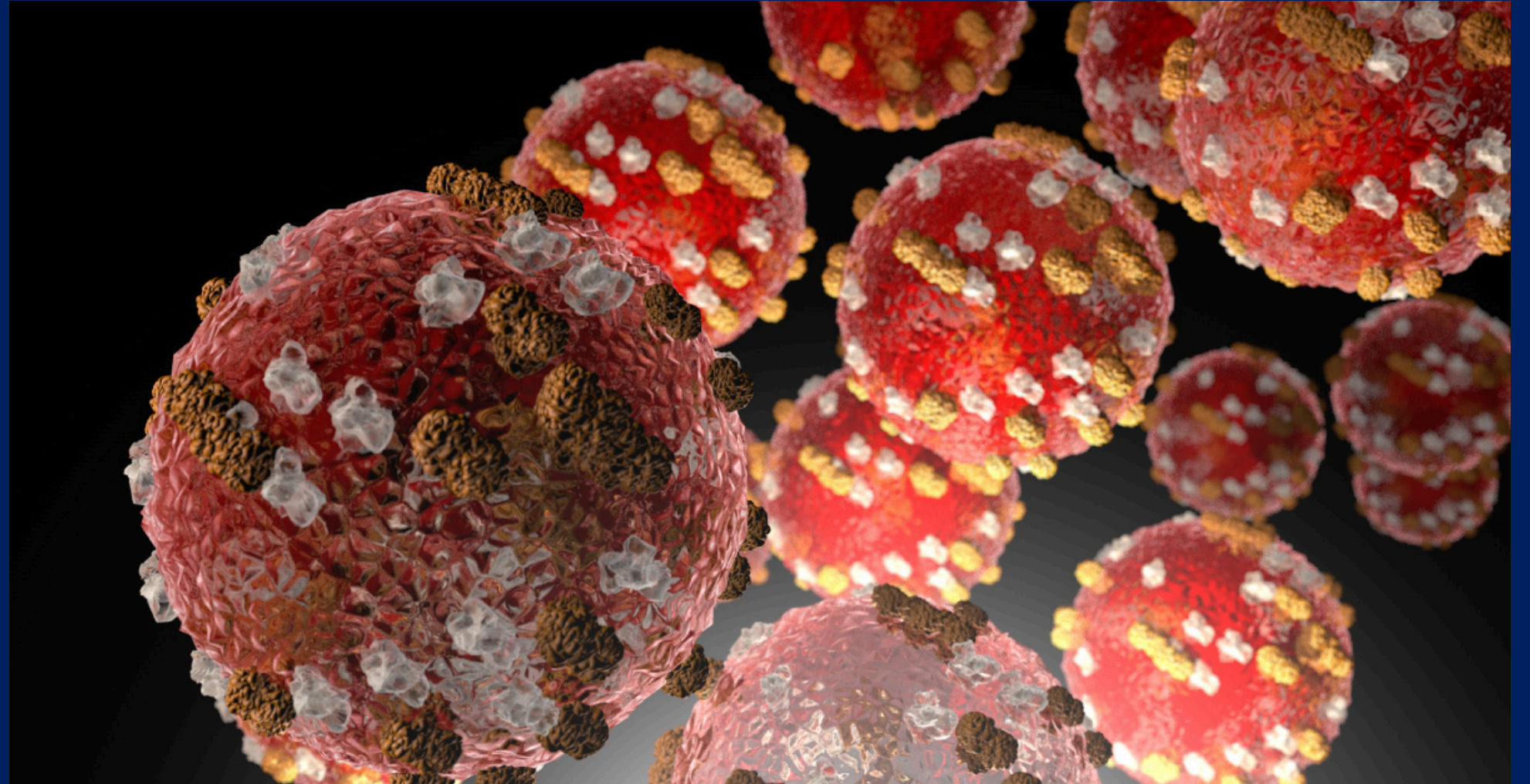


Image Source: [About Measles | Measles \(Rubeola\) | CDC](#)



Measles



- Measles is a highly contagious virus that can lead to serious complications.
- On average, those who become infected typically begin to show symptoms 7-14 days after exposure.
 - First symptoms typically are high fever, dry cough, runny nose, and red, watery eyes.
 - Koplik spots, tiny white spots inside the mouth, do not always develop.
 - Maculopapular rash spreads top down.

An infographic titled 'MEASLES' from the CDC. It features a large red female icon on the left, representing the source of infection, and a group of ten smaller orange icons on the right, representing the people who become infected. The text explains that measles is highly contagious and spreads through the air when an infected person coughs or sneezes. It states that if one person has it, 9 out of 10 people of all ages around them will also become infected if they are not protected. The CDC logo is in the top right corner.

MEASLES

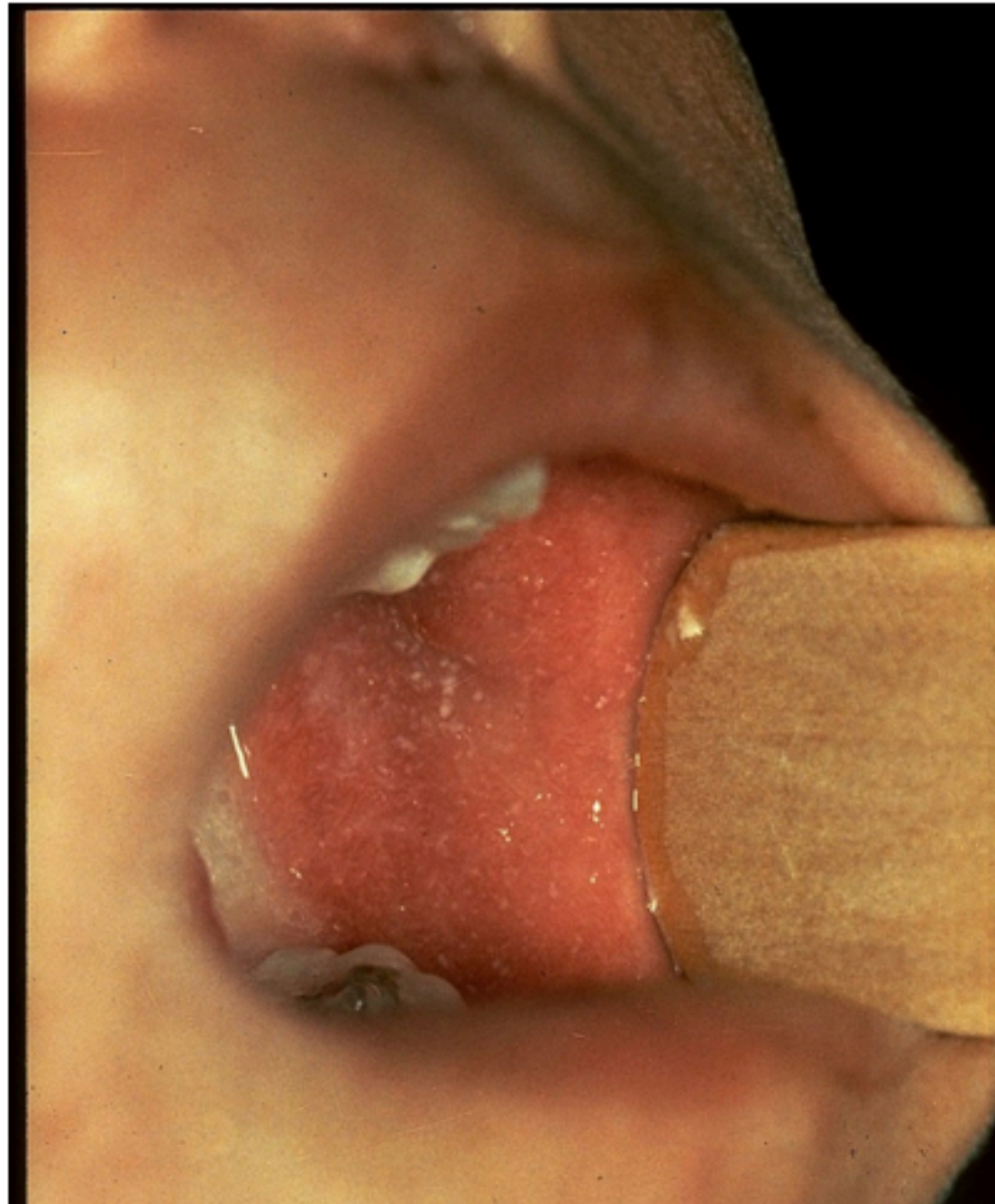
is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.

It is so contagious that if one person has it, **9 out of 10 people** of all ages around him or her will also become infected if they are not protected.

What does measles look like?



Koplik spots



Maculopapular rash



https://www.cdc.gov/measles/signs-symptoms/photos.html#cdc_generic_section_2-koplik-spots

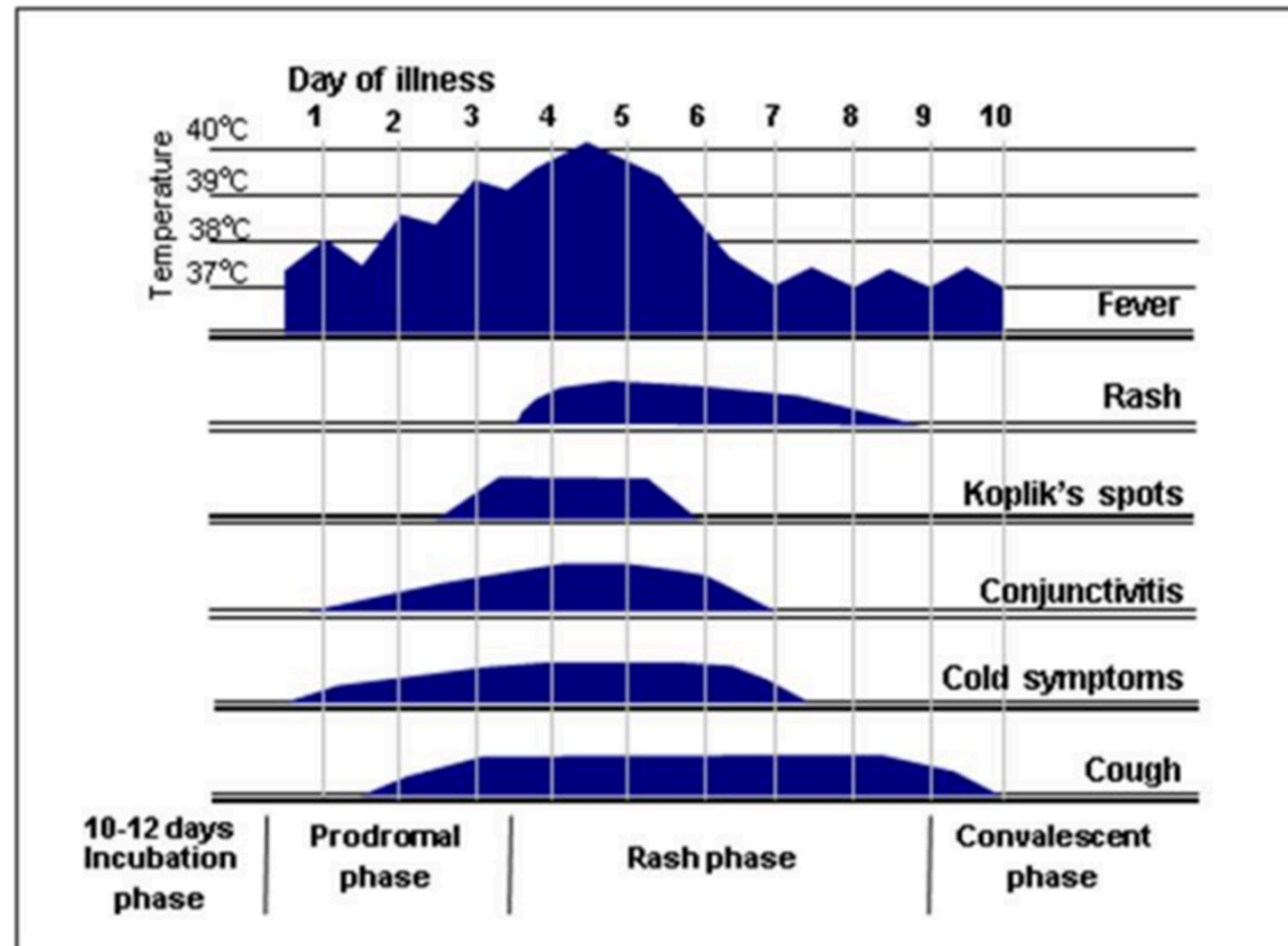
<https://www.immunize.org/clinical/image-library/measles/>

Typical symptom progression



Figure 1.2. Clinical features of primary measles infection – time course from onset of illness

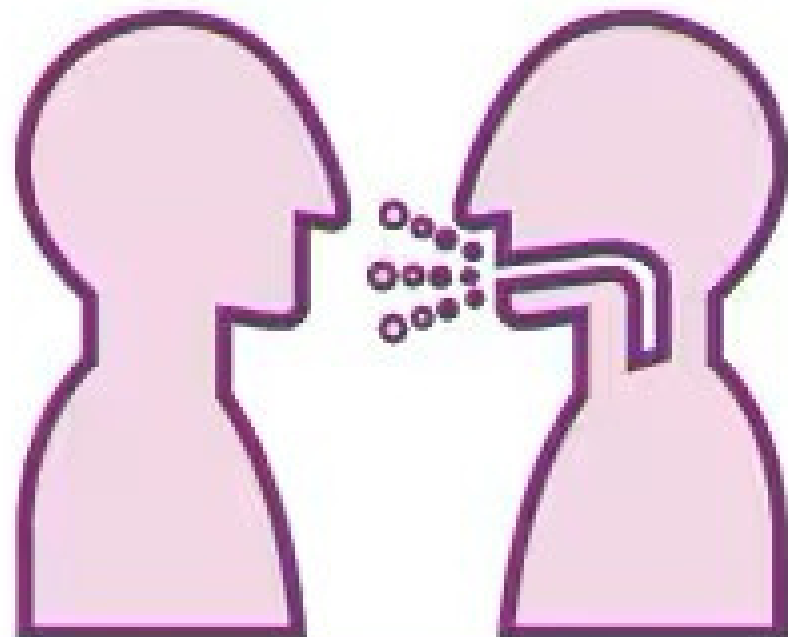
37°C = 98.6° F
38°C = 100.4° F
39°C = 102.2° F
40°C = 104° F



Measles is an airborne virus.



Contact with an Infected Person



Contact with Air Droplets



[How Measles Spreads](#) | [Measles \(Rubeola\)](#) | [CDC](#)

Measles can live for up to
2 hours in an airspace
after an infected person
leaves the area.

[How Measles Spreads](#) | [Measles \(Rubeola\)](#) | [CDC](#)



Who is at risk for severe measles?



- Measles can be serious in all age groups.
- Several groups who are particularly at risk include:
 - Children younger than 5 years old
 - Adults older than 20 years old
 - Pregnant women
 - People with weakened immune systems, such as leukemia or HIV infection



Possible complications of measles



- Hospitalization
- Pneumonia
- Encephalitis
- Death
- Complications during pregnancy

- Immune Amnesia
 - Many deaths related to measles are due to secondary infections.
 - Immune amnesia occurs when the immune system forgets how to fight off infections it successfully dealt with before.
 - Immune amnesia can last for **years**.



[Measles Symptoms and Complications](#) | [Measles \(Rubeola\)](#) | [CDC](#)

[How Measles Causes Immune Amnesia](#) | [Harvard Magazine](#)

Determining who is susceptible



CDC recommendations for presumptive evidence of immunity to measles

- Written documentation of vaccination with 2 doses of Measles, Mumps, and Rubella (MMR)*.
- Laboratory evidence of immunity (IgG).
- Documentation of a previous laboratory confirmation case.
- Born before 1957.



*If the first vaccination occurred before the age of 12 months, this is called a zero dose, and a total of 3 MMRs are required to reach presumptive immunity.

Prevention: Vaccination



One dose of MMR vaccine is:

- 93% effective against measles
- 72% effective against mumps
- 97% effective against rubella

Two doses of MMR vaccine are:

- 97% effective against measles
- 86% effective against mumps

Post Exposure Prophylaxis (PEP)



- PEP is a treatment for confirmed, asymptomatic exposures to help prevent the exposed individual from developing the disease. PEP is a strategy used to prevent or reduce the severity of measles cases in those who have been exposed to the virus.
- PEP is given to exposed individuals who can't provide proof of evidence of immunity against measles.
- **The recommendation for PEP is dependent on timing of the exposure**, the health status of the individual and prior immunization status.
- Two options for PEP
 - Administration of Measles, Mumps, and Rubella (MMR) vaccine.
 - Administration of immune globulin (IG).

DO YOU THINK YOUR CHILD HAS MEASLES?

What to do if you think your child has measles

Measles usually starts with a fever, cough, runny nose, and red eyes that leads to a rash. If someone in your family has measles symptoms:

Keep them away from family members that are not sick.

Everyone in the house should stay home to not get your neighbors or people outside of your home sick.

Call a doctor or hospital right away to let them know someone in your home is sick with measles. They will give you instructions.



When to go to the emergency room

If the person who is sick gets rapidly worse or has any of symptoms below take them to the emergency department of a hospital immediately.

DO NOT WAIT.



Trouble breathing (or breathing faster than normal)



Pain when breathing or coughing



Dehydration (dry nose and mouth, urinating less, crying without making tears)



Fever or headache will not stop



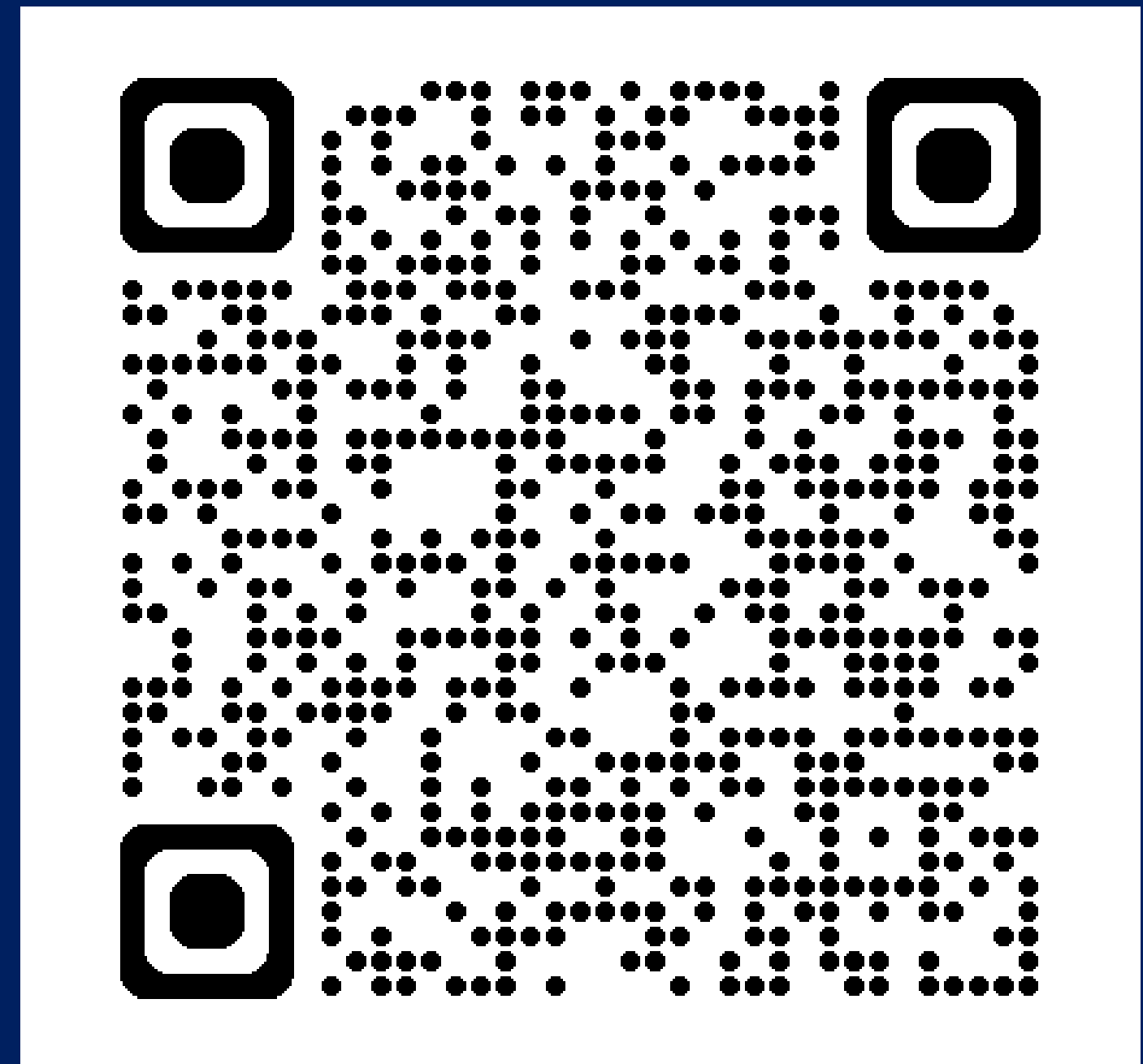
Confusion, decreased alertness, or severe weakness



Blue color around the mouth, low energy, or difficulty feeding (for young children)

Have someone call before you arrive. Let the hospital know a person with measles is coming.

BE READY FOR MEASLES
[cdc.gov/measles](https://www.cdc.gov/measles)



Do You Think Your Child Has Measles?





Fever and Rash? Consider Measles

Measles is highly contagious. Please protect yourself and others!

Before entering this building, please call _____ if you have these symptoms:

- High fever over 101° (may spike to more than 104° F)
- Cough, runny nose, and red eyes
- Rash of tiny, red spots that start at the head and spread to the rest of the body



MEASLES

R U B E O L A

Measles is a highly contagious respiratory virus that causes febrile rash illness. Measles has been eliminated (no sustained circulation) in the United States for decades. However, there can still be measles cases, as it is easily imported by unvaccinated travelers and can spread in under-immunized communities.

DISEASE COURSE

The incubation period is typically 11–12 days from exposure to measles virus until the first symptoms appear (prodromal symptoms). A rash follows the prodromal symptoms 2–4 days later and usually lasts 5–6 days. Measles is infectious 4 days before and 4 days after rash onset.

SYMPTOMS

Prodromal: Fever, cough, coryza, or conjunctivitis. Koplik spots (tiny white spots inside the mouth) may also appear 2–3 days after symptoms first appear.

Rash: A maculopapular rash (rash of both flat and raised skin lesions) begins on the head and face and then spreads downward to the neck, trunk, arms, legs, and feet. The spots may become joined together as they spread from the head to the body.

Fever may spike to more than 104° F when rash appears.

COMPLICATIONS

Most common complications: Diarrhea and otitis media.

Most severe complications: Pneumonia, encephalitis, and death. Patients may require hospitalization.

Children younger than 5, adults older than 20, pregnant women, and immunocompromised persons are at most risk of serious complications.

WHAT TO DO IF YOU HAVE A SUSPECTED CASE

1. Immediately mask and isolate the patient in a room with a closed door (negative pressure room if available). Follow standard and airborne precautions.
2. Only allow health care workers with presumptive evidence of measles immunity* to attend the patient; they must use N-95 masks.
3. Evaluate the patient and order measles confirmatory testing (collect a throat or nasopharyngeal swab for RT-PCR and serum for IgM measles testing).
4. Contact infection control if available at your facility.
5. Immediately report this suspected case to your local and/or state health department.

For questions regarding specimen collection, storage, and shipment, please visit <https://www.cdc.gov/measles/php/laboratories/>

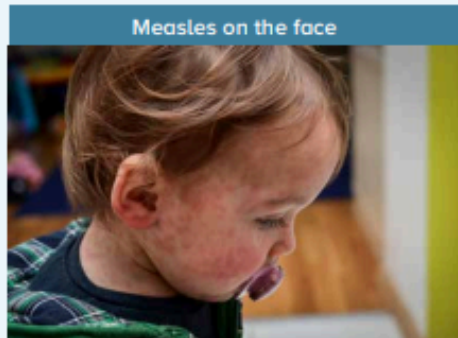
RESOURCES

Measles information for healthcare providers: <https://www.cdc.gov/measles/hcp/clinical-overview/>

Measles vaccine recommendations: <https://www.cdc.gov/measles/hcp/vaccine-considerations/>

Infection control guidelines for measles: <https://www.cdc.gov/infection-control/hcp/measles/>

Surveillance manual chapter on measles: <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt07-measles.html>



* Presumptive evidence of measles immunity for healthcare workers (one of the following): documentation of two doses of measles-containing vaccine, laboratory evidence of immunity (positive IgG), laboratory evidence of disease, or birth before 1957. Consider vaccinating healthcare workers born before 1957 who do not have other evidence of immunity to measles. Self-reported doses and a history of vaccination provided by a parent or other caregiver, or a clinical diagnosis of measles, should not be accepted.



Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

08/02/24

What to Know About Measles

Protect Yourself & Your Community

What is measles?

- Measles is a serious respiratory disease
- It is spread through the air
- It is very contagious
- It can be deadly

What are the symptoms?

- Cough, runny nose, and red eyes
- Rash of tiny, red spots
- Ear infection
- Diarrhea

How does measles spread?

- When a person infected with the measles virus breathes, coughs, or sneezes.
- You can catch measles just by being in a room where a person with measles has been, up to 2 hours after that person is gone.
- You can catch measles from a person even before they have a measles rash.

How do I prevent measles?

Getting vaccinated is the best way to prevent getting or exposing others to measles.

The measles vaccine, known as the MMR (measles, mumps, rubella) vaccine, is safe and effective. Two doses of MMR vaccine are about 97% effective at preventing measles. If you think you have measles or have been exposed, please contact your healthcare provider immediately.




PROTECT YOUR FAMILY.

Vaccinations are safe and effective for children to receive at the recommended ages.



Learn more about
measles and how to
stay protected.

 healthy.arkansas.gov



Preparing and Responding



PREPARING AND RESPONDING TO MEASLES: Checklist for Early Care and Education Centers



WHY SHOULD EARLY CARE AND EDUCATION CENTERS PREPARE FOR MEASLES?

Measles is caused by a highly contagious virus that spreads through the air when an infected person coughs or sneezes. If one person has measles, up to 9 in 10 people nearby will become infected if they are not protected through vaccination or previous infection.

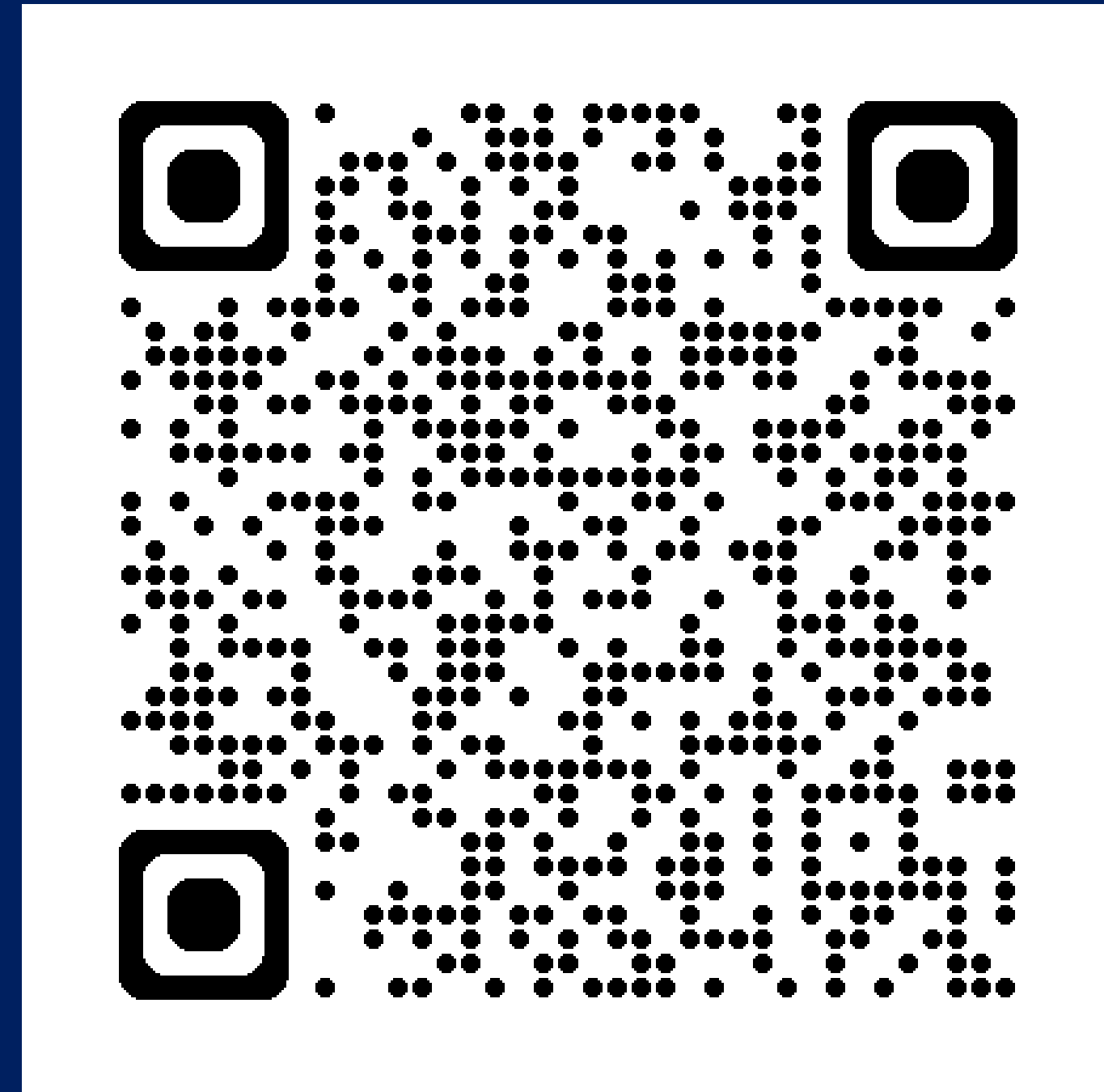
Measles can spread quickly in early care and education (ECE) centers because children and staff spend a lot of time together in close contact. Many younger children (less than 12 months of age) are not yet eligible for vaccination to protect them from infection. Children younger than 5 years of age and pregnant women are more likely to develop severe illness from measles.

Measles is more than just a rash — it can cause serious health complications and even death. About 1 in 5 people who get measles will be hospitalized. The best protection is the measles, mumps, and rubella (MMR) vaccine.

The risk for widespread measles in the U.S. remains low. However, measles cases occur in the U.S. every year when unvaccinated travelers get measles while they are in other countries and return to the U.S. Outbreaks also occur when measles spreads in under-vaccinated communities. Anyone without immunity to measles is at risk.

PREPARE FOR POSSIBLE MEASLES CASES

- Know how to contact your health department when measles is suspected. Ideally, have a point of contact ahead of time and discuss plans for how to respond to a measles case.
- Review health department guidance, local regulations, laws, and licensing rules on measles for ECE centers. Use your program's health experts, such as a childcare health consultant, to stay up to date and to develop policies and procedures to prevent the spread of illness. Consult the National Resource Center for Health and Safety in Child Care and Early Education's [Caring for Our Children Measles Chapter](#) for more information.
- Communicate with staff, families, and caregivers about your center's policies and procedures:
 - » Requirements for children and staff to stay at home when they are sick. Consider proactively sharing information about signs and symptoms of measles so caregivers know when to keep a child at home and when to seek medical evaluation.
 - » Procedures for children with measles symptoms, such as a mask being placed on the child when possible (if 2 years or older), isolating them away from other children, and requiring immediate pick-up by a caregiver and medical evaluation before returning to the ECE center.
 - » Applicable state, local, or ECE center MMR vaccine recommendations or requirements. The best way to prevent the spread of measles is to ensure that all eligible children and staff are vaccinated or immune to measles. If needed, partner with your health department and local vaccine providers, such as pharmacies or pediatric clinics, to set up ECE center-based vaccination clinics and help make MMR vaccination accessible.
- Be watchful for children and staff who may come to the ECE center with fever and other signs and symptoms of measles. Early symptoms can seem like a common cold and include fever, cough, runny nose, red, watery eyes, and/or tiny white spots in the mouth. A rash generally occurs 3-5 days after symptoms begin and usually appears on the face and behind the ears first and then spreads down the body.



- **Make sure your ECE center has a supply of masks** to give a person with measles symptoms. Masks should not be placed on children under 2 years of age.
- **Identify an isolation space** where a child with measles symptoms can wait for a caregiver to pick them up. This will help prevent other people from getting sick.
 - » Choose a separate room (not shared with anyone else) with a door that can close and a window that can open to the outdoors, if available. If there is no separate room available, consider identifying an outdoor space to use, weather and safety permitting.
 - » Consider placing necessary supplies in the isolation space in advance.
- **Maintain documentation of measles immunity status for all children and staff**, including any with medical or other exemptions from vaccination. See [sample documentation template](#).
 - » This information will help the health department identify people who are not immune to measles, so that they can be offered vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
 - » Ensure record keeping is consistent with any state and local legal requirements and considers privacy and confidentiality.

RESPONDING TO MEASLES IN AN ECE CENTER

IMMEDIATE ACTIONS: WHAT TO DO IN THE FIRST 10 MINUTES AFTER MEASLES IS SUSPECTED



When a child or staff member has measles symptoms, take these actions IMMEDIATELY:

- ❑ **Give the person a mask** (if 2 years and older). To limit the spread of respiratory secretions, masks should be well-fitting and cover their mouth and nose.
- ❑ **Isolate the person with measles symptoms to protect others from exposure.**
 - » Move a **child with measles symptoms** to the designated isolation space and contact a caregiver to pick them up. Keep the door closed and windows to the outside open.
 - » An isolated child should be **monitored at all times** and cared for in an age-appropriate manner while in isolation (e.g., diaper changes, feeding).
 - » Staff monitoring an isolated child, and anyone else entering the isolation space, should have **evidence of immunity** to measles and wear a well-fitting **respirator** (preferred) or **disposable mask**. Minimize the number of times staff enter or exit the isolation space when occupied.
- » Instruct a **staff member with measles symptoms** to isolate at home. If they are unable to leave the ECE center immediately, have them wait in the designated isolation space until transportation is arranged.
- » If measles is suspected, advise the caregiver or staff member to seek medical care.
- » After a person with measles symptoms leaves the isolation space, it should remain vacant for at least two hours. Then, clean and disinfect the space with an **EPA-registered disinfectant** suitable for hepatitis B and HIV (these are also effective against the measles virus).
- » For items or surfaces that may be mouthed by a child or used for food preparation, rinse with potable water after the recommended disinfectant contact time to remove residue from the disinfectant.
- » Staff who monitor an isolated child and staff who clean an isolation space after use should have **evidence of immunity** to measles and should wear a well-fitting **respirator** (preferred) or **disposable mask**.

- ❑ **Contact your health department.** They will have further guidance for isolation duration, testing, care, and transport, if needed, as well as other guidance for children and staff in the ECE center. They can also help coordinate ECE center-based vaccination clinics, if needed.
- ❑ **Seek emergency care** if the person who is sick gets **rapidly worse** or if they experience trouble breathing, pain when breathing or coughing, dehydration, a fever or headache that won't stop, confusion, decreased alertness or severe weakness, blue color around the mouth, or low energy. **Notify staff at the healthcare facility of your concern for measles before arrival so that they can put procedures in place to prevent spread.**

RESOURCES

About Measles:

www.cdc.gov/measles/about/index.html

Be Ready for Measles Toolkit:

www.cdc.gov/measles/php/toolkit/index.html

Measles Isn't Just a Little Rash Fact Sheet:

www.cdc.gov/measles/resources/measles-isnt-just-a-little-rash-infographic.html

Do You Think Your Child Has Measles?

www.cdc.gov/measles/downloads/measles-factsheet-seek-care-508.pdf

Preventing Measles Before and After Travel Fact Sheet:

www.cdc.gov/measles/resources/before-after-travel-fact-sheet.html

ADDITIONAL ACTIONS AFTER ISOLATION

Be prepared to work with your health department on the following actions, based on their recommendations:

- **Make a list of people who might have been exposed to the person with suspected measles.** The health department might recommend that children and staff who are not immune to measles be excluded from the ECE center to protect their health and prevent further spread. The health department might also offer them vaccination or medication to prevent infection after exposure, also called **post-exposure prophylaxis**.
- **Gather information** about facility layout and ventilation to share with the health department.
- **Inform families and caregivers** that someone at their child's ECE center has had measles symptoms and let them know if their child has been exposed. Ask them to watch for measles symptoms in their children and other household members for 21 days (even if they are immune) See [sample notification templates](#).
- **Ask staff to watch for measles symptoms** in themselves and children at the ECE center for 21 days and seek medical care if symptoms develop.

BE READY FOR MEASLES
cdc.gov/measles



<https://www.cdc.gov/measles/downloads/measles-checklist-early-care.pdf>



Contact information



ADH Outbreak Response (M-F 8a-4:30p)

(501) 661-2381

ADH.OPR@arkansas.gov

Outside normal business hours:

1-800-554-5738



Michele Snyder

ADE
STEM Integration
Specialist

AR Outdoor Education Initiative



AR Ready for STEM

- [AR STEM Model Program](#) is recruiting new PreK-12 schools for 2026-27. See STEMinars in May.
- Goals are to increase STEM opportunities for students, designate model STEM schools, build partnerships with community stakeholders, & increase STEM teacher pipeline.
- [STEMinars](#) - Recruiting FY27 STEM Model Schools in May
- [Summer PL](#) begins June 9
- [ADE Summit](#) begins July 14
- [Stay connected AR STEM Listserv](#)
<https://bit.ly/2FGMOv3>

Michele Snyder

State STEM Integration Specialist

Michele.Snyder@ade.arkansas.gov



AR STEM Model Schools



STEMinar - Recruiting PreK Schools



<p>May 12 3:30-4:30</p>	<p><u>Pre-K AR STEM Model Program</u> <u>Rubric and Early Childhood</u> <u>STEM Professional Learning</u> <u>Resources</u></p>	<p>ESCWorks # <u>576581</u></p>
<p>May 13, 14, 15</p>	<p><u>AR STEM Model Program</u> <u>Informational Sessions</u></p>	<p>ESCWorks # <u>576583, 576789, 576792</u></p>

AR Outdoor Education Initiative

- [Arkansas Outdoor Education Initiative](#) and [School of Conservation Leadership](#)
 - The 2026-2027 School of Conservation Leadership [application](#) window is now open.
 - Incentives are available for PreK-12 schools who sign up before May 31, 2026.
 - K-8 Outdoor Education Curriculum & Outdoor Recreation CTE Pathways
 - Health and PE Standards revised 2026 - State Board adoption TBA
 - Statewide outdoor education providers [map](#)

Summer Professional Learning:

- **June 11, 2026 - Mapping the Natural State: GIS Across the Curriculum ([EAST](#))**
- **June 17, 2026 - Tapping into the Network of Arkansas Outdoor Education Resources - [VIRTUAL](#)**
- **June 22, 2026 - Teach Where the Wild Things Are - ([Lake DeGray](#))**
- Regional sessions at Arkansas State Parks (TBA)

Nathan Windel, Outdoor Education Specialist
Nathan.Windel@ade.arkansas.gov

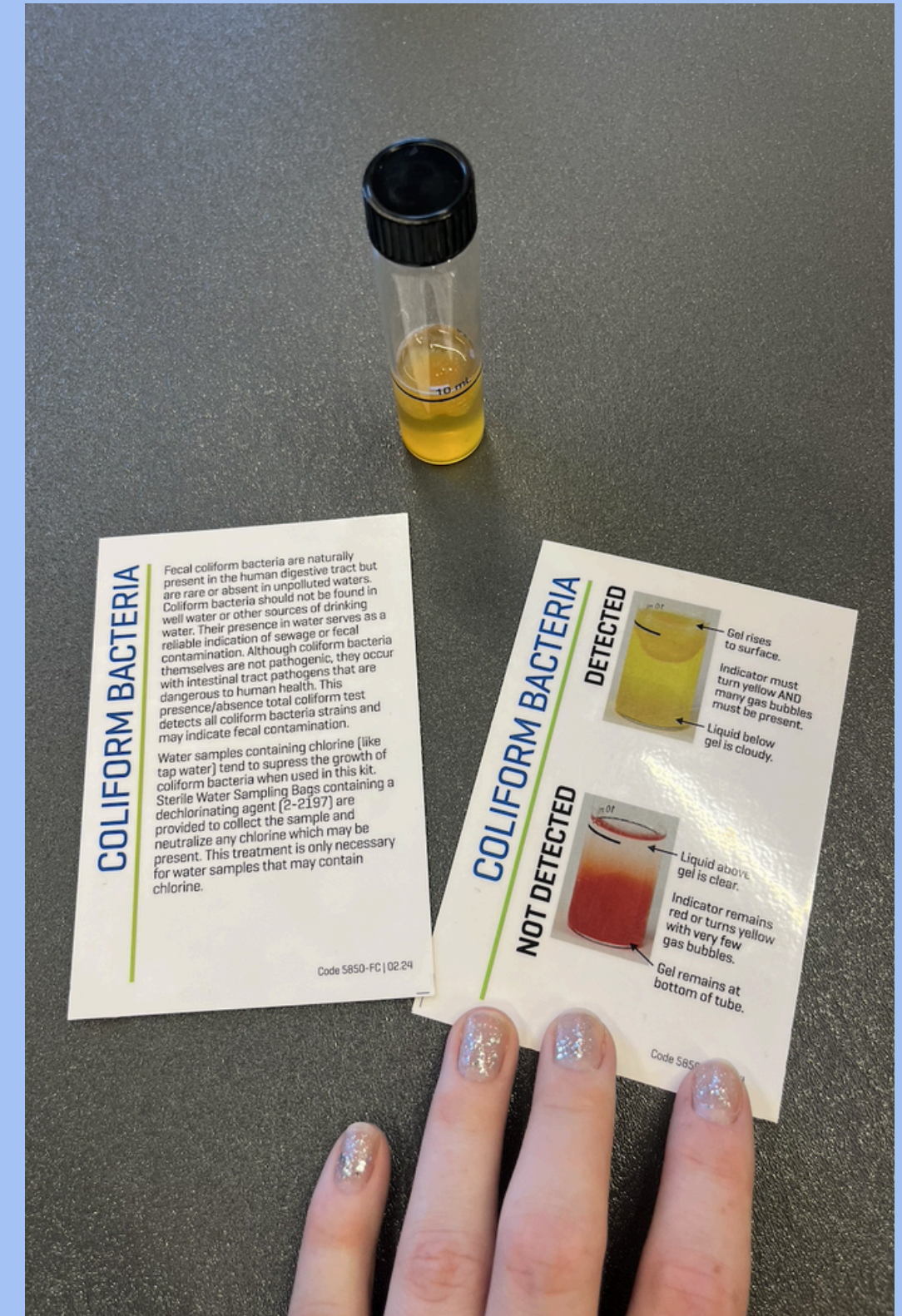




Program Requirements

School of Conservation Leadership schools are committing to 10 required activities and 1 “Choose 1 of 4” activities to earn the designation:

- Required:
 - Fishing in the Natural State
 - **Conservation Art Projects**
 - Applying for a Wildlife Conservation Grant
 - **Staff Professional Development**
 - **A GIS Project**
 - **3 Guest Speakers**
 - Stream Team
 - Offering Hunter’s Ed or Boater’s Ed
 - **Arkansas Outdoor Education Curriculum Resources**
 - Compete in Generation Conservation Summit
- Choose 1 of 4:
 - Visit an AGFC Nature Center or Hatchery
 - Form a Competitive Archery or Youth Shooting Sports team
 - Participate in AGFC Leadership Council (Student, Teacher, or Administrator)
 - Form a Generation Conservation Club





Dr. Chris Barnes



Questions?





Next Provider
Call

June 2, 2026
12:00 P.M.

OEC Monthly Provider Call

