



# Southern Kennebec Child Development Corp. FAMILY HANDBOOK 2016-2017

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We, at Southern Kennebec Child Development Corporation welcome you to the program.

This handbook has been put together to help you learn about the services we offer. For your convenience, information in this handbook can also be found on our web site at: [www.skcdc.org](http://www.skcdc.org). We thank you for your support in the implementation of the services and policies. We appreciate your taking the time to read this handbook and hope that you find it helpful.

It is our firm belief that you, as parents, are your child's first and best teacher. You are the most important person in your child's life. We can partner with you, but never take your place.

Staff are committed to offering a safe, warm, nurturing environment for your child to learn and grow at his or her own special pace.

Open communication between you and the staff is the most important factor for ensuring a successful relationship. We hope that you will feel free to communicate with us whenever you have a question or concern.

We welcome your participation and involvement. There are as many ways to participate as there are parents. You are encouraged to share your ideas and to visit the program at any time.

It is our sincere wish that you and your child have a successful and enjoyable experience.

## Your Child's Center Contact List

Your Center \_\_\_\_\_ Address \_\_\_\_\_

Center Telephone: \_\_\_\_\_ Center Cell Phone: \_\_\_\_\_

Center Email: \_\_\_\_\_

Center Hours: \_\_\_\_\_ Days Children Attend: M T W TH F

Home Based Family Discovery Days: \_\_\_\_\_

### Staff at Your Center:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

## SKCDC's Child Development Programs

### Chelsea/Windsor Preschool Partnership

Chelsea Elementary School  
566 Togus Rd., Chelsea

### Monmouth Preschool Partnership

Henry L. Cottrell Elementary School  
169 Academy Road, Monmouth

### Vassalboro Preschool Partnership

Vassalboro Elementary School  
1116 Webber Pond Road, Vassalboro

Windsor Preschool Partnership

Windsor Elementary School

366 Ridge Road, Windsor

### Readfield Preschool Partnership

Readfield Elementary School  
84 South Road, Readfield

### Winthrop Preschool Partnership

Winthrop Grade School  
23 Highland Avenue, Winthrop

### Gardiner -Head Start Center Based and Combined Option and Child Care

12 Plummer Street, Gardiner

### Webster - Head Start Center Based and Combined Option Head Start

34 Franklin Street, Augusta

### South Gardiner

Early Head Start Combined Option and  
Early Head Start/Head Start Home Based  
721 River Road, South Gardiner

### Lake Region - Head Start Combined Option and Early Head Start/Head Start Home Based

165 Lakeview Drive, So. China

### Magic Years Center -Head Start, Early Head Start, Child Care

25 Industrial Drive, Augusta

## SKCDC Management

### Agency Director

Cristina Salois 582-3110 ext. 22

### Finance Director

Monique Morin 582-3110 ext. 15

### Human Resources Director

Lucinda Long 582-3110 ext. 21

### Child Care Options Director

Rita Fullerton 582-3110 ext. 27

### Project Director

Debbie Vinci-Hall 582-3110 ext. 14

### Program Manager

Penny Poolman 582-3110 ext. 41

### Program Manager

Sue Robinson 582-3110 ext. 18

### Disabilities/Mental Health Manager

Susan Daniels 582-3110 ext. 19

### Program Manager

Carly Lowell 582-3110 ext. 45

### Family/Community Services Manager

Lynn Richards, LSW 582-3110 ext. 35

### Family Services /ERSEA Manager

Kathy Beauregard 582-3110 ext. 16

### Health /Nutrition Manager

Sue Guptill, RN 582-3110 ext. 38

# General Policies

## Emergency Procedures

### CENTER BASED

If your child is hurt, we will call you at home, at work or use the emergency contact person(s) you have identified. We provide first aid and take the child to the hospital/doctor if needed. It is very important that we have current phone numbers for emergencies.

### HOME BASED

In the event of an emergency, staff will support parent(s) to provide first aid and take the child to the hospital/doctor if needed. It is very important that we have current phone numbers of a contact person should the emergency involve the parent.

**PLEASE KEEP US UP-DATED ON ANY CHANGES TO YOUR FAMILY CONTACT INFORMATION.**

## SKCDC Evacuation Procedures Followed by Staff

- Evacuate the building
- Remain calm
- Close, but do not lock windows and doors
- Take Go Bag which includes classroom clip board
- Do not stop for coats, etc.
- Line children up and guide them to the closest and safest way out as posted (use secondary route if primary route is blocked or hazardous)
- Go to designated outdoor area away from areas where emergency vehicles may enter or access
- Take attendance
- Report missing children, staff, parent/volunteer and injuries to responders
- Notify Center Supervisor of center staff/consultants not on site
- Wait for further instructions

## Building Evacuations

In and Out of Neighborhood Evacuations are practiced during the program year.

### CENTER BASED

In the case of an emergency, we notify parents where to go. Parents are expected to pick their children up at the reunification site. Individual site evacuation plans are discussed and reviewed with parents. The Parent/Child Reunification process, to minimize confusion and ensure child safety, requires that children are released in the following order - children with special needs, infants, toddlers, preschoolers. Parents/guardians report to the assigned reunification site and give the name of their child/children. The parent or guardian must present a picture I.D. to ensure the person requesting the child/children matches the name on the emergency release card. A staff person goes to the children's assembly area and gets the child/children requested by the parent or guardian. A staff person escorts the child/children back to the pick-up area and they are released to parent/guardian.

### HOME BASED

In case of emergency or building evacuation during Family Discovery Days, parents will be asked to take their children home.

## Fire Drill Policy

1. Line up at the door as orderly and quickly as possible. One staff person:
  - a. turns off lights
  - b. closes but does not lock windows and doors
  - c. takes Go Bag which includes the classroom clip board.
2. Always one staff person in front of line and one staff person in back of line.
3. A designated staff person is always the last to leave the building after checking building.
4. Proceed immediately outside (do not stop for coats, etc.).
5. Go to designated outdoor area away from areas where emergency vehicles may enter or access.
6. Staff person takes attendance to be sure all children are at designated outdoor area.
7. Report missing children, staff, parent/volunteer and injuries to responders.
8. Notify Center Supervisor or center staff/consultants not on site.
9. Remain outside until “all clear” signal is given.

Fire drills are conducted monthly using varying days and times for all children and adults present. Each classroom has at least two exits and both exits are utilized intermittently during monthly drills. Emergency evacuation floor plans and the Classroom Emergency Response Aid which contains emergency phone numbers are posted in each room utilized by children with two (2) means of exiting identified by Route #1 and Route #2.

## Releasing Children

To ensure security and proper evacuations of facilities during an emergency, all visitors are required to sign the volunteer/consultant Sign in/Sign out sheet. Center Staff consistently monitor people entering or leaving our sites. If staff are not familiar with a visitor, a photo I.D may be requested.

### CENTER BASED

We do not let your child leave the Center with anyone unless you give us permission in writing. A photo I.D. of the person you are authorizing to pick up your child may be required before we release your child.

SKCDC staff do not accept children before the center opens in the morning and children must be picked up before the center closes.

A parent/guardian/approved person (“parent”) must stay with their child until s/he is safely in the classroom and the parent has informed the child’s teacher or other classroom staff that they are there.

Children must be picked up by a parent by the established closing time. If the parent is late, they will be required to initial the classroom In/Out Sheet acknowledging they are picking up past the closing time. If the center staff have not heard from a parent at the time of closing, they will contact the parent/guardian at that time. If there is no response, the center staff will contact all persons on the emergency pickup list. If there is no response, the center staff will, within a reasonable timeframe, notify the Police Department that the parents/guardians are unreachable.

If a parent is late in picking up their child more than once, the Center Supervisor will give the parent a written warning and the parent will work in case management to set goals and action steps to ensure their child is picked up on time every day.

If a parent is unable to comply with the program opening and closing schedule and/or they do not meet the action steps and goals on the goal plan, they will be asked to transfer to another program option that better meets their needs.

## Attendance

Children learn best when they attend on a regular basis. The hours and days your child attends are determined at the time of enrollment. For all children, research shows that regular attendance is vital for positive school readiness outcomes. Children learn best when they attend school or participate in Home Based home visits on a regular basis and keep to a set routine. If you need support to assure your child attends regularly, please speak to your child's teacher or home visitor.

### CENTER BASED

If your child is going to be absent on a day he/she is normally scheduled to attend, we ask that you call to inform the Center as early as possible. If we haven't heard from you, the Teacher will call. Maybe there is something we can do to help.

### HOME BASED

Parents are expected to participate in weekly home visits and to accompany their child to group Family Discovery Days. If you are unable to participate, we ask that you contact your Home Visitor. Maybe there is something we can do to help.

## Transportation

Families are responsible for transporting children to and from programs. We assist families in accessing community based transportation services and financial supports. Transportation stipends are available for eligible families. Support with transportation is available for Home Based Family Discovery Days.

To ensure the health and safety of children and staff, we request, when bringing children to or picking children up from programs, that no vehicles be left running and that no children be left unattended in vehicles.

The Maine Child Safety Seat law requires that all children up to 8 years of age and 80 lbs ride in approved car seats or booster seats. Staff have an obligation to ensure that children are transported safely and that families receive information on available resources for car seats/booster seats. We are also available to discuss strategies that may help a family who is struggling with challenging behaviors. Please ask your Staff for help.

### CENTER BASED

Children with identified disabilities, as part of their IEP, are eligible for transportation to and from the Center on days special services occur at the site, following the CDS school calendar. Transportation reimbursement is also available on those days through Maine Care/CDS.

## Pedestrian Safety

Pedestrian Safety education materials are provided to all families during home visits. Classroom staff plan opportunities for children to practice pedestrian safety throughout the year.

## Smoking

SKCDC's centers, playgrounds and vehicles are tobacco free zones. **Smoking is not allowed during home visits.** We request that all home visits be smoke free to provide children, families and staff a healthy learning environment.

## Safety on Home Visits

Parents must provide a safe environment for scheduled home visits with staff. When there are unsafe conditions in the home, such as: icy walkways, unsecured animals, unsecured weapons, threatening behavior, cigarette smoke, toxins, or other unsafe or unhealthy conditions, SKCDC staff will work with parents to provide home visit services in an alternative place, while working with the family to support a safe, healthy home environment.

## Weapons

SKCDC does not allow weapons on agency property, except by authorized law enforcement personnel. Persons in possession of a weapon (guns, knives etc.) are prohibited from SKCDC properties. Persons determined to be in possession of a weapon will be required to leave the property.

## Child Abuse

If there is reason to believe your child has been abused or neglected, we must, as mandated reporters, contact the Department of Health & Human Services, Child Protective Services. SKCDC Staff are available to help support families who are dealing with the many challenges of raising children.

## Photo Permission

With your permission, staff are authorized to take pictures in the classrooms and at family/center events for the following purposes: portfolio samples, classroom labeling, educational projects. With permission, families are authorized to take pictures during family/center events. **Pictures taken either by staff or families must not be posted on the internet or sent by email to any other individual.** Staff ensures that any child for whom photo permission has not been received are excluded from all pictures taken.

## Sex Offender Registry Policy

In response to Public Law Chapter 393 An Act to Prohibit Unauthorized Contact of Persons Convicted of Sex Offenses Against Persons Under 14 Years of Age, SKCDC will prohibit anyone identified as a sex offender from unauthorized presence on property that is defined as a “sex offender restricted zone” (*per statute means, “the real property comprising a public or private elementary or middle school; the real property comprising a childcare center, a child care facility, a daycare operated by a family child care provider, a nursery school or a small childcare facility”*).

A person guilty of prohibitive contact with a minor is defined as:

- has been convicted of an offense
- has a duty to register with the State of Maine Registry
- has unauthorized direct or indirect contact in a sex offender restricted zone with another person who has not attained 14 years of age.

Please inform Center Staff of anyone in your household who is prohibited or restricted from contact with children. The Family/Community Services Manager completes a monthly review of the Sex Offender Registry.

## Records

We keep a record of services received by you and your child. You may arrange to see these records at any time. Records are not sent to public school or any agency without written consent from you. We make every effort to share information and

to provide opportunities for involvement with both biological parents/legal guardians. SKCDC adheres to the Family Educational Rights and Privacy Acts regarding confidentiality of client records.

It is necessary that the records are kept up-to-date at all times. **Please inform the staff in writing of changes in address, phone numbers, place of work, emergency numbers, dates of immunizations, etc.**

## Consultants

During the year, a Nutritionist, Therapists or Mental Health Consultants may be in the classroom or home, helping staff to learn new skills. These consultants are also available to work with parent groups or with you individually. Please ask the Teacher, Home Visitor or Family Services Coordinator for more information. If we think your child should be evaluated, we will talk to you first. We need your permission to have your child evaluated. Results are discussed with you and no action is taken unless you agree.



# Child Care Fee Schedule & Policies

## Full Day Child Care

A \$25.00 registration fee, non-refundable, is due at the time of enrollment.

Fees are due on Monday of the week during which care is provided and are assessed for the full week, including holidays.

<b>Program</b>	<b>Private Non Subsidized Rate</b>
Infant Program	\$185.00/week
Toddler Program	\$185.00/week
Preschool Program	\$160.00/week

Two weeks of vacation (scheduled Monday - Friday) per year (year starts on date of enrollment) during which time your child is not in attendance, requires no fee. For any additional weeks that your child is absent, payment of the regularly scheduled weekly fee is required.

Child care fee subsidies are accepted. Voucher participants may be required to pay a weekly fee, based on their income, as determined by the Office for Family Independence or the Office of Child & Family Services.

ASPIRE and TANF Transitional voucher participants who access child care in SKCDC programs must designate that their child care subsidy be paid directly to SKCDC.

Parents must sign a written fee agreement for services.

If 15% of the child population at any one time is diagnosed with pandemic type influenza, the agency will suspend the childcare fees for up to 2 weeks for families of children who are less than 6 months of age who choose not to send their child to the program. An extension may be possible depending upon a continued 15% diagnosis.

Effective Date: June 1, 2015

NOTE: Fees are reviewed annually and are subject to change with written notice.

# Keeping Children Healthy and Well

## Communicable Diseases

SKCDC is committed to the health, wellness and safety of the children who attend our programs. Effective procedures such as routine hand washing prevent and reduce the spread of communicable diseases to other children, adults, and their families throughout the program and community. **Please call the center if your child is not coming to the Center, the Family Discovery Day or is not well enough for the Home Based home visit.**

Children are temporarily excluded from the Center, Home Visits or Family Discovery Days if:

- 1) The child's illness prevents them from participating in the daily routine of the classroom.
- 2) Having the child participate poses an increased risk to the child, other children or the adults with whom the child comes in contact.

3) CENTER BASED The illness requires more care than the staff are able to provide without compromising the health and safety of the other children in the group.

When can a child return to the Center, Home Visits or Family Discovery Day? Staff do all they can to support a child and family through any illness or injury in order for a child to quickly return to his/her normal daily routines. Children may return to the program if the exclusion criteria are resolved, the child is able to participate, and [CENTER BASED] the staff person determines that they can care for the child without compromising their ability to care for the health and safety of the other children in the group. If you have questions about your child's illness and/or want to discuss if s/he can return to school please call the Health/Nutrition Manager. (Her phone number is at the front of the handbook)

There may be additional return criteria for specific conditions as determined by specific SKCDC policies, the Maine CDC, the child's health care provider, and recommendations in *Managing Infectious Diseases in Child Care and Schools*, American Academy of Pediatrics, 3rd Ed., 2013. Note: If there is a difference between SKCDC policies and the recommendations of others the Health/Nutrition Manager should be consulted. A complete copy of SKCDC's Communicable Disease & Vaccine Preventable Illness Temporary Exclusion Policy is available at all centers.

## Immunizations

SKCDC requires parents to provide immunization records within 30 days of your child's first day of attendance at the Center or Family Discovery Days. An exemption statement must be written and signed yearly by parent/legal guardian for a religious or philosophical reason; and by the child's doctor if your child has a medical exemption.

### **In the event of a disease outbreak:**

Children who are not vaccinated because of the exemptions noted above or are not old enough to receive immunizations are excluded from the program until the outbreak no longer exists or until the child receives the necessary immunization.

## Medication

### CENTER BASED

#### **Families can request that staff give medications at the center when:**

- The dosage times cannot be adjusted to permit home administration, or
- The child has a chronic medical problem such as asthma and/or an allergy which requires emergency medications.

#### **For medication (prescription or non-prescription) to be given at the center:**

- The medical provider must provide documentation of the treatment/medication needed, and
- The documentation must include the child's name, name of the medication, dosage information and the length of treatment, and
- The Health/Nutrition Manager has met with the parent/guardian to complete the Individual Health Plan and Authorization to Dispense Medication Forms, and
- The Health/Nutrition Manager has reviewed the plan with staff and staff have been trained to administer the medication/treatment.

With the exception of Emergency Medications (ie: Epi Pens), new medications will be given at home by the parent/guardian and monitored for 24 hours.

**NOTE: For the health and safety of the child, the child will be excluded until all the above criteria are met.**

To ensure the integrity of non-prescription medications, SKCDC will purchase all non-prescription medications.

### HOME BASED

For Medication Administration during Family Discovery Days, the Health/Nutrition Manager will discuss medication/treatment needs with the parent or guardian. When medication/treatment is needed during Family Discovery Days, the procedure will be the same as when medication/treatment is needed in a Center.

## Transportation of Medication

All medication must be transported by the parent/guardian. For the health and safety of children, medications will not be transported by children or in their backpacks.

### CENTER BASED

When children are transported by someone other than the parent, parents are responsible to bring the medication to and from the center or make appropriate arrangements with the transporter to safely transport the medication.

### PREK PARTNERSHIP CLASSROOMS

Public school have "standing medication orders" that the school nurse or trained staff member will administer for different conditions / illnesses. These can only be administered with the parent's consent.

# Health and Safety

## Non-prescription Topical Preparations Policy

### CENTER BASED

SKCDC will apply the following non-prescription topical preparations to children with the permission of their parent/guardian:

- Diaper Rash Cream/Ointment: Desitin supplied by SKCDC.
- Insect Repellent: 30% DEET, for children ages 12 months and older: supplied by SKCDC.
- Sunscreen Lotion: SPF 30 or higher, for children ages 6 months and older supplied by SKCDC

If a child cannot use products provided by SKCDC due to allergic reaction and/or parental preference, a note from a medical provider will be needed. The Health/Nutrition manager will meet with the parent/guardian to complete the Individual Health Plan.

### HOME BASED

Parents will apply any non-prescription topical preparations. Parents will provide the products, except Sunscreen Lotion, SPF 30 or higher, for children ages 6 months and older, which will be supplied by SKCDC

## Sun Safety Policy

SKCDC recognizes that overexposure to ultraviolet radiation (UVB & UVA rays) from the sun can cause skin damage and increase the risk of skin cancer. To help prevent skin damage and to decrease your child's risk of exposure to UV rays, children and parents receive instruction, encouragement and environmental support to avoid overexposure to the sun when they are outdoors. The following recommendations for sun safety in our centers are followed:

### *Hats & Protective Clothing*

Children are allowed and encouraged to wear hats and other sun-protective equipment (long-sleeved shirts) while participating in outdoor activities. Sunglasses are also encouraged during summer months to protect the eyes from damaging UV rays.

### *Sunscreen*

SKCDC provides Sunscreen Lotion SPF 30 for children over 6 months of age who are in attendance and have a signed permission slip from a parent/guardian. Sunscreen is applied 30 minutes before outside activities and exposure to the sun's damaging UVB/UVA rays. The sunscreen is reapplied after outdoor water play, excessive sweating or towel drying.

### HOME BASED

Parents apply sunscreen to their child.

If your child is under 6 months of age, you must consult with your physician regarding the use of sunscreen and provide written physician permission on the type of sunscreen that can be used for your infant, and its appropriate use.

## **Insect – Borne Disease Safety**

We recognize that there is a risk of exposure to insect-borne disease in Central Maine. Insect repellants help prevent the spread of diseases by keeping mosquitoes and ticks away. Lyme disease (spread by deer ticks), West Nile Virus (spread by mosquitoes), and Eastern Equine Encephalitis [EEE] (spread by mosquitoes) are all present in Maine.

To reduce the risk of insect-borne disease the following methods are implemented:

### **CENTER BASED**

Written parental permission is obtained at enrollment and updated annually. Staff apply repellant to children's exposed skin.

### **HOME BASED**

Parents will apply insect repellants to their child's exposed skin.

Repellants should be washed off with soap and water at home at the end of the day. Children are encouraged to wear shoes, socks, long pants and a long-sleeved shirt when outdoors for long periods of time. Wearing light colored clothing increases the likelihood that ticks will be spotted. Staff visually scans children's clothing and skin after being outdoors for the presence of ticks.

There are many types of insect repellants available. The American Academy of Pediatrics (AAP) recommends the use of a repellant that contains 30% DEET on children 12 months of age and older. The concentration of DEET varies from product to product. Products with more than 30% DEET are not recommended for children. Please discuss any questions with your Primary Care Provider.

## **Diapering Policy**

Many children in program settings are not toilet trained and diaper changing is necessary. SKCDC will provide the same diapers you use at home.

### **CENTER BASED**

Staff receive training in techniques to reduce the spread of germs when handling any body fluids or items contaminated with body fluids as well as training in SKCDCs Diapering Procedure. Diaper changing guidelines are posted in all changing areas at programs. Families of infants and toddlers are given daily updates regarding diaper changes and any concerns that may arise. Older toddlers and preschool children are supported through the process of potty learning. Staff are available to offer support and strategies to families as well. Please feel free to discuss your questions and concerns with your child's or provider.

### **HOME BASED**

Parents will change their children's diapers in the designated areas and dispose of diapers in the designated diapers container.

## Meal Times

Children in full day Child Care programs receive breakfast, lunch and a snack. Children in part day programs receive breakfast and lunch. Children and families involved in Home Based receive a hearty snack during Family Discovery Days.

Infants are fed on demand. Breastfeeding is supported as the most appropriate first food for infants. Formula fed infants are fed the same formula at Early Head Start as the parent/guardian is feeding the child at home. Staff and families work together to plan individual infant feeding schedules and to introduce new foods.

### ***Free & Reduced Price Policy***

*All participants in the Child and Adult Care Food Program under the jurisdiction of Southern Kennebec Child Development Corporation are served meals at no separate charge.*

*The USDA non-discrimination Statement is on the next page.*

When age appropriate, meals are served family style. Children learn to serve themselves and to pour their own milk. They are encouraged to try new foods and to help with food preparation as part of the curriculum.

To protect children, families and staff from food-borne illnesses, SKCDC has a practice of No Food In and No Food Out. We do not allow food to be brought into the center and/or leftover meals to leave the center. Snacks for parent meeting and center sponsored activities will be provided by SKCDC.

## Special Diets / Allergies

SKCDC's Nutrition Consultant is available to meet with parent groups and with individual parents on request. The Child and Adult Care Food Program (CACFP) Specialist completes program site visits 3 times per year in order to offer technical assistance and to monitor compliance.

If your child has food allergies, food sensitivities or is on a special diet the Health/Nutrition Manager will meet with you to complete a Nutrition Accommodation Plan. If your child's treating therapist recommends a feeding plan, we will work to make those accommodations.

## Oral Health Care

Tooth-brushing with fluoride toothpaste happens daily after a meal. For infants and toddlers, whose teeth have not erupted, staff wipe the child's gums daily.

## USDA Non-Discrimination Policy, June 2016

In accordance with Federal civil rights law 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, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

# In the Classroom & in the Home

## Developmentally Appropriate Practice for Early Learning

Developmentally Appropriate Practice acknowledges that play, along with purposeful adult planning and guidance, is vital to early childhood and promotes the development of the whole child. Through play, in a content-rich and nurturing environment, children begin to make sense of the world around them and lay the foundations for future successful experiences in school and the world beyond.

**Effective early childhood environments address each child's needs in the following domains (areas):**

### *Personal and Social Development*

Children learn about themselves and others who share their world. Staff validate children's excitement in all things and sincerely acknowledges what is important to them.

*Examples: acknowledging children's birthdays, role playing in housekeeping, experiences that promote sharing, turn-taking, and conflict resolution.*

### *Social Studies*

Children demonstrate an understanding of themselves as part of a family, group, and community. Families are encouraged to share their traditions and culture within our curriculum framework throughout the year. Holiday celebrations or activities do not occur in the classroom or at socializations. We believe holiday celebrations or activities are best done at home where a family's approach can be carried out.

*Examples: diversity in books and classroom materials, sharing family recipes, experiencing a variety of music and dance, learning about local culture.*



### *Health and Physical Education*

Children develop independence in taking care of themselves and understanding why it's important.

*Examples: dental health, fire and pedestrian safety, healthy food choices, self-help skills.*

Children develop fine and gross motor skills through a variety of indoor and outdoor experiences.

*Examples: stringing beads, cutting with scissors, balance and coordination activities.*

### *Approaches to Learning*

Children engage in experiences that promote exploration and support their natural curiosity, interests, and learning style. Staff encourage persistence and reflection.

*Examples: consistent daily routine, following directions, problem-solving opportunities, responding to open-ended questions.*



### *Creative Arts*

Children develop their own ideas and experiences using a variety of materials. Activities are open-ended and focus on the process.

*Examples: self-portraits, gluing, painting, collage.*

### *Early Language and Literacy*

Children develop the ability to communicate and express themselves. Staff use a variety of literature to promote a love of books, to expose children to our diverse world, and to develop pre-reading/writing skills.

*Examples: puppets, story tapes, finger plays, story time, songs, magazines, books.*

### *Science*

Children develop an interest in the natural world. Seasonal changes provide opportunities for hands-on observation and exploration.

*Examples: collecting leaves, planting, snow in water tables, feeding and watching birds and water activities.*

### *Mathematics*

Children develop an understanding and appreciation of math and problem-solving strategies.

*Examples: puzzles, cooking, games, block play, setting the table at meal time.*

## Curriculum and Assessment

SKCDC believes in providing a safe, healthy, nurturing and inclusive environment that encourages young children's growth, development and school readiness skills. SKCDC's early childhood programs are designed to support each child's development in the social-emotional, physical, language, cognitive, literacy, mathematics, science and technology, social studies, and the arts domain areas. This is accomplished through child centered experiences that recognize children learn individually, in sequence and at their own pace. We believe that it is essential to meet children where they are at and partner with families as the most important educator. **Parents and family members are the "forever" people in a child's life. We are partners in the learning process.**



In Head Start, we use the Creative Curriculum for Preschool to provide the framework and philosophy for curriculum. We use the Opening the World of Learning (OWL) curriculum to provide solid content that captures children's natural curiosity about their world into an activity-centered day. We also use the Pyramid Model. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003) is a positive behavioral intervention and support framework early educators can use to promote young children's social and emotional development and prevent and address challenging behaviors.

In Early Head Start, we use the Creative Curriculum for Infants, Toddlers and Twos, which emphasizes essential aspects of responsive care:

- Building a trusting relationship with each child
- Providing individualized care
- Creating environments that support and encourage exploration
- Recognizing the importance of social-emotional development
- Building a foundation for lifelong learning
- Developing partnerships with families

*(Adapted from The Creative Curriculum for Infants, Toddlers and Twos, Volume 1 The Foundation)*

Children's growth and development is assessed throughout the year using the Teaching Strategies GOLD Assessment System. Along with parent input, this information is used to plan curriculum and develop individual goals for children.

In the Expectant Family Program, we utilize the Partners Florida State Prenatal Curriculum and the Healthy Families Great Beginnings Prenatal Curriculum, which emphasize:

- Establishing trusting nurturing relationships
- Enhancing parent/child interactions
- Conducting risk assessments for prenatal health and mental health
- Ensuring healthy outcomes for the mother and for the child in the early months of life

In all program options, parents are valued as their child's first and primary educator. We support family engagement in:

- Active participation in the process of goal development for their children
- Sharing information about their child, family, culture, beliefs, traditions, and values
- Sharing their talents and interests
- Participation in ongoing formal and informal communication with caregivers
- Participation in Family Goal Development, Home Visits, Parent/Teacher Conferences, Parent Committee and volunteering

## Program Approach

### Infant Toddler Program

The emphasis is on the individual developmental needs of each child and the provision of the utmost security, love and nurturance for each child in the program. We provide a primary caregiver model to support infant's emotional security. Each infant's eating/sleeping schedule is honored to allow for their optimal development.

In order to offer an environment in which children can explore freely, we ask that everyone remove their shoes before entering a classroom serving infants. Booties are provided outside of the classroom or stocking feet may be worn.

The consistent daily routine for toddlers helps them become familiar with and secure in their surroundings. Daily activities include group time, large motor activities, stories, a variety of creative exploration and fine motor activities, and time for

free play each day. Classrooms are language rich, providing many opportunities for enhancing literacy development. Children are given assistance to identify and deal appropriately with emotions and feelings. Learning social skills is encouraged throughout the day as teachable moments present themselves. We encourage cooperative play while fostering independence and responsibility. When signs of readiness for toilet learning are shown, we provide patient guidance to help establish proper toilet habits.

## Home Based

The Home Based program offers child development services through weekly home visits and Family Discovery Days for parent(s) and their children, ages 6 weeks through 5 years old. Using the Partners for a Healthy Baby Curriculum and the Creative Curriculum Learning Games, the Home Visitor assists parents to plan developmentally appropriate activities for their child with an emphasis on strengthening the parent-child relationship using daily routines and materials readily available in the home environment. Parents connect goals for their child's development by planning activities for the group Family Discovery Days. Family Discovery Days occur each month at a licensed facility equipped with materials to promote school readiness and parent-child interactions by utilizing the Parents Involved with Infants (PIWI) philosophy approach. Home visitors collaborate with parents in providing developmentally supportive environments for their children by expanding on families' knowledge and understanding of their children. Children's development is enhanced when parents recognize and act on their own important roles in supporting their children's developmental agendas. The primary role of the home visitor is to support and enhance parent-child relationships.

## Preschool Program

Each child is unique, learning in his or her own way. Activities are planned to meet the individual needs of each child. Children may choose small or large group activities or a child may also choose to do an activity alone. Young children learn best through a combination of direct instruction and self-directed exploration supported by an adult. The child development environment is set up with interest areas. Each of these areas gives the child a chance to discover new things, learn to solve problems, create wonderful artwork, make choices, and to develop a sense of competence. The teacher visits each family in their home and schedules parent conferences during the year in order to share the child's progress, develop goals with the family, suggest things families can do at home with their child, and listen to parents' ideas for program activities.

Children go outside to play every day unless the weather is bad. In the winter, boots, hats, and mittens are needed. Please send slippers or shoes for your child to wear inside. Dress your child in comfortable play clothes and safe, sturdy footwear. Sand, water, paint and play-dough are a part of your child's play world. We ask that you send an extra set of clothes to be kept in your child's cubby. Any time you need help with resources for any of the above, please call your Center.

## School Readiness Goals

School Readiness Goals are the outcomes that have been established for the learning and development of children. These skills are what we would hope to see most children demonstrate upon their entrance into kindergarten and are skills that will support their long-term success in school. It is important to note that children grow, learn and develop at different rates and these goals *are not* intended to be a list of everything that a child must know before entering kindergarten.

The Teaching Strategies GOLD Assessment System is an observational assessment tool that allows us to gather information on children’s developmental progress from 6 weeks to five years old. The intent of this assessment process is for Teaching Staff and Home Visitors, in partnership with parents, to learn where each child is developmentally, to help each child strengthen and build upon the skills that they have already acquired, and to help each child move further along the continuum of development. The teachers, home visitors and parents look at the areas where a child is doing well and also at the areas where a child might need a little extra help. This information is used to guide instruction and support curriculum development.

## Children with Special Needs

SKCDC serves children with special needs. As part of a team, we work with you and community agencies, including CDS, to plan and provide the best possible program for your child and family. If we are concerned that the program is not meeting your child’s needs, there is a process that parents and staff follow to ensure services that will be best for your child.

### CENTER BASED

#### Rest Time

Each infant, toddler, and preschooler is provided with their own crib, cot or mat, as appropriate. Rest time for infants and toddlers is individualized to meet their needs. Preschool full day Child Care classrooms have a designated rest time. Preschoolers in full day Child Care who do not sleep have a rest period based on their individual needs. Our daily program includes plans and activities for children who do not nap.

#### Toys from Home

Bringing toys from home is discouraged. If toys are brought in, children/staff put them in the child’s cubby to be brought home at the end of the day. Some classrooms have a weekly “Show and Tell” which is discussed with parents by their child’s Teacher. Items that are brought in for sharing are kept in children’s cubbies except during “Show and Tell”. Children in full day programs may bring in a naptime cuddly that remains in their cubby except during naptime.

## Community Connections

Throughout the year, we make every effort to reach out to local businesses, individuals and organizations and encourage their involvement in our programs. Some examples may include: visits from local librarians, firefighters or policeman. Other opportunities may include walks to the post office (where possible) or presentations by area artists and musicians. We encourage your involvement and ideas.

## Animals in the Classroom

We recognize that exposure to live animals presents a wonderful opportunity for young children but are also cognizant of the need to ensure the health and safety of children, adults and animals. We limit live animals who reside in our classrooms to fish or hermit crabs. This allows children to observe and take some responsibility for the care of another living creature, but also recognizes that many children have health considerations that would preclude having any animals with fur or feathers as classroom pets. Additionally, reptiles, amphibians and chickens (including eggs) are known to be carriers of salmonella and are not allowed in our classrooms due to potential risk of contamination. Staff ensures that pet cages and containers are kept clean and odor free and that all related tasks are completed by adults only. Close supervision is ensured at all times.

## Preschool Child Guidance Practices

SKCDC's **Child Guidance Practices** outline expectations for adults relative to pre-school child guidance. The techniques that follow are suggestions for effective child behavior management. They are rooted in solid early childhood principles and are based on a model of trust and respect for the individual. SKCDC adheres to the Maine Department of Education Rule Chapter 33: Governing Physical Restraint and Seclusion. Preschool staff are trained and have been certified in "Safety Care"™ Behavioral Safety Training, per these regulations.

It is important to keep in mind that all expectations are developmentally appropriate and approaches are individualized for **each child**. Additionally, staff are more likely to meet with success if they use available resources, meet often with and keep the child's family informed through daily contact i.e., daily notes, communication logs, phone calls and personal contact. Additionally, parents are kept informed through home visits, parent/teacher conferences and discussing goals and progress with parents regularly. Remember, what works with one child may not work with another, and what worked yesterday, may not work today. Remain flexible and hopeful!

### Behavior Management Techniques

#### *Know the Age and Developmental Level of the Child*

An age-appropriate environment with age-appropriate expectations is most important. Adults need to have reasonable expectations based on the child's age, developmental level, and temperament.

*Example: It is unreasonable to expect most young children to share, instead provide duplicate toys/materials.*

#### *Consistency*

Establish routines and rules that are predictable, that remain the same each day and that apply to all children. When you set a limit with a child make sure you follow-through so that a child knows you mean what you say. Consistency also means all adults support the rule.

#### *Setting Limits/Expectations*

Rules are necessary to help children feel safe and secure in their environment. Boundaries help children know what is expected and support children in developing trusting relationships with adults. Keep them simple, positive, and behavior specific. Use frequent reminders. Again, consistency is the key.

#### *Positive Reinforcement*

Children naturally want to please adults. Praise which is specific and genuine is a simple way to reinforce desired behaviors and gain cooperation. Praise both successes and attempts!

*Examples: "Thank you for putting the book back on the shelf when you were done"*

*"You did a great job taking turns with the truck"*

*"You tried really hard to zip your own coat."*

#### *Positive Guidance*

Using positive language to guide children sets a tone of respect and enhances self-esteem. It clearly states what behavior is expected as opposed to what to stop.

**Instead of ...**

*“Don’t hit!”*

*“Quit running!”*

*“Stop that grabbing!”*

*“That’s not the way to do that.”*

*“Stop screaming.”*

**Try this ...**

*“Be gentle; touch your friends like this.”*

*“Running is for outside. Inside, we walk.”*

*“It’s her turn now. You may have the next turn.”*

*“Let’s try another way!”*

*“Please use a quiet voice.”*

### *Behavior Specific Directives*

Using behavior specific directives lets a child know exactly what is expected and focuses on the behavior, not the child.

*Examples: “Sit at the table to use scissors.” vs. “You’re being unsafe.”*

*“Remember we touch our friends gently.” vs. “Be good.”*

### *Active Listening*

Active listening is a technique that adults can use to show empathy for a child’s strong feelings. Sometimes it is enough for a child to know that you understand and accept their feelings. They still need to follow the directive, but having an adult accept and acknowledge their feelings allows them to move to a level of acceptance as well.

*Example: “We have to go in now and you really wanted to stay outside longer.”*

### *Redirection*

Redirection is one of the most effective behavior management strategies adults can use in working with young children. This works best if you can anticipate the behavior and redirect the child before the problem erupts. Redirecting helps re-focus a child to engage in another activity or classroom area where they might be more successful.

### *Ignoring*

Unless there is a concern for safety, behaviors can often be ignored. If children aren’t getting adult attention for negative behaviors they will often stop the behavior. Pick your battles. If it is not hurting anyone or property, is it worth it? Prioritize behaviors that you wish to help them change. Ask yourself: Does it really matter?

### *Choices*

Giving age-appropriate choices is a way for an adult to support a young child’s emerging independence and sense of autonomy. Look for ways to structure a situation so a child has some level of control. Makes the situation a win-win instead of a win-lose scenario. The adult ensures that the rule is followed, but gives the child some responsibility in deciding how to do it. Offer only choices you intend to honor.

**Instead of ...**

*“Do you want to go inside?”*

*“Are you ready to go to sleep?”*

**Try this ...**

*“It’s time for us to go inside now. Do you want to hold my hand or Sally’s?”*

*“It’s time to rest now. Would you like to have your shoes on or off?”*

### *Humor*

Never underestimate the power of a little bit of levity. Sharing a laugh with a child can diffuse a tense situation so that it can be dealt with more effectively. It is important, however, to ensure that it is shared laughter and for adults to understand that sarcasm is inappropriate.

## *Natural Consequences*

Young children learn by doing. Allowing them to make choices and experience the natural or logical consequence can support them in learning to direct their own behavior. Depending on the situation, adults can simply let children experience the natural consequence or, as stated below, can give the child a verbal cue as to what might happen.

*Examples:*            “Without your coat on, you may get very cold when we go outside.”  
                              “If you hit your friends, they may not want to play with you.”

## *Private Time*

Using a cooling off period allows a child to calm down, learn to understand feelings and express feelings in appropriate ways. You must make it fit the development of a child i.e. ~ 3 minutes for 3 year old, 4 minutes for 4 year old, 5 minutes for 5 year old. This is not appropriate for toddlers. This technique must only be used for physical aggression and behaviors that do not change after you have REPEATEDLY tried SEVERAL other techniques.

First, walk the child to a quiet table area within the classroom. Provide the child with a table choice activity, (i.e. it is not appropriate to use the same table activity/toy every time). To help the child calm down, be patient, supportive and explain simply that they need some help to calm down. Stay with or near the child until they are calm and ignore inappropriate behaviors.

When the child is calm describe the behavior that is not allowed, encourage the child to talk about their feelings, discuss what caused the feelings, suggest alternate ways to express strong feelings, and discuss ways to make amends if someone or something was hurt.

Let the child know they can return to the group when they are ready (i.e. when activity is complete and/or child is calm and indicates readiness to return).

## **Infant/Toddler Guidance Practices**

Parents are their child’s first and primary educator. We encourage families to participate in home visits and parent/teacher conferences, share information about their family’s culture, share their talents and interests, and participate in ongoing formal and informal communication.

SKCDC’s classrooms use a primary caregiver model. Each child and their family have a designated primary caregiver (Early Head Start Teacher) who will have the primary responsibility of meeting the child’s and family’s needs. This model enables children and their primary caregiver to establish and maintain a warm, secure relationship which promotes children’s growth and development. This model further enhances our ability to form partnerships, and to develop meaningful and supportive relationships with families.

What follows are guidelines for infant and toddler programs. All practices are rooted in solid early childhood principles and reflect the philosophy of our agency’s mission and vision. It is essential that staff work actively to engage parents every step of the way and approach every situation positively.

## General Guidelines

- Toys are large enough to prevent swallowing or choking. Choking tubes are provided at all sites as a means for determining choking hazards.
- All infant and toddler toys are made of nontoxic materials and are sanitized at least weekly and after they have been mouthed.
- Pacifiers used by children are inspected for tears before use. They are not clipped on a child's clothing or tied around a child's neck.
- Any non-permanent flooring or matting is removed and cleaned on a weekly basis using the prescribed bleach/water solution.
- Each infant/toddler's position and/or places is changed at least every twenty minutes when they are awake; ensuring that floor time is included as a position change.
- Restrictive infant equipment such as swings, exersaucers, infant seats, molded seats (i.e. Bumbo seats) are only used for a maximum of fifteen minutes twice a day and only when children are developmentally ready.
- Infants and toddlers spend at least 30 minutes outdoors in the morning and in the afternoon when the weather and their individualized schedules permit.
- There are no more than eight children placed in an infant/toddler room or on the playground at one time and no more than four children assigned to each caregiver.
- Staff communicate with children throughout daily routines and interactions (describing what the child, sees, hears and does).
- Staff use verbal language to help children discover mathematical relationships (i.e. number names, and comparative and positional words).
- Staff communicate with families on a daily basis regarding infant and toddler activities, developmental milestones, eating patterns, shared caregiving issues and any other information that affects the well-being and development of their child.
- Classroom temperature is monitored on an ongoing basis. A minimum temperature of at least 68 degrees measured within 2 feet of the floor is maintained during the heating season in children's play areas. If indoor temperatures exceed 82 degrees then steps are taken to cool the children.
- Staff access support from other Classroom Staff and/or a Supervisor as needed to ensure that they are adequately meeting the needs of children in their classroom.

## Feeding Guidelines

- Formula and breast milk is prepared and stored according to practices as outlined in: **State of Maine Rules for the Licensing of Child Care Facilities and Child and Adult Care Food Program (CACFP)**.
- Infants are fed on demand, not according to the hour.
- Infants are held during bottle feeding. This ensures their safety and helps to meet their emotional needs. Staff talk softly, hum, sing, or are quiet according to the infant's cues.
- Eating time is used as an opportunity for establishing and maintaining emotional connections between the adult and child and between/among children.
- Dishes and nursing bottles used are unbreakable and Bisphenol – A (BPA) free.



- Staff ensure that infants and toddlers do not carry bottles, sippy cups, or regular cups with them while crawling or walking.
- Infants and toddlers receive food appropriate to their nutritional needs, developmental readiness, and feeding skills. New foods are introduced only in consultation with parents. Please see the agency's **Guidelines on Feeding Children** for further information relative to infant/toddler nutritional needs.

### **Diapering/Toileting Guidelines**

- Wet or soiled diapers are changed promptly.
- Diapering and toileting times are used as opportunities to establish and maintain emotional connections between adults and children.
- Toileting practices are developed in conjunction with the family and based on the individual needs of the child. Staff recognize that potty learning is a developmental task, and work with families to determine if a child is developmentally ready for this task.
- Children are never forced to use or stay on the toilet.
- The diapering mat in the changing table is removed weekly and the space under it cleaned and disinfected.

### **Napping/Resting Guidelines**

- Each child is allowed to form and follow his or her own pattern of sleeping and waking periods.
- Staff determine with parents at time of enrollment, and on an ongoing basis thereafter, what strategies are most effective in calming and soothing their child. Staff utilize these same strategies and communicate regularly with parents to ensure that the child's needs are being effectively met. Staff do not implement any strategy without the consent of the parent and clearly document decisions and conversations with the parent in the child file.
- Swaddling is not used with any child.
- Staff adjust lighting and minimize noise to create a pleasing environment that promotes calming for sleep.
- When infants and toddlers are sleeping, mirrors, video or sound monitors are used to augment supervision in sleeping areas.
- Staff check on sleeping infants and toddlers by standing near and observing a child at least three times each hour.
- Cribs are in compliance with current Consumer Product Safety Commission Regulations (CPSC).
- A crib is provided for each child up to eighteen months of age. Once a child turns 18 months old, staff determine with families if the child is ready to transition to a cot/mat.
- Cribs are used for only one child at a time except during evacuations when an evacuation crib is used.
- Sheets are washed or replaced before a crib is used by another child.
- Drop gate crib sides are up except for when a child is being placed in the crib.
- Cribs and cots are spaced at least three (3) feet apart. Children are placed in an alternating head to feet position.
- Cribs and cots are cleaned at least weekly.
- Staff gently rock or pat infants who need help to get to sleep. Staff watch and listen for them to signal when they want to be picked up from a crib and respond positively and quickly to their signals.
- Transition time from play to sleep has a predictable sequence. Stories, or talking gently, patting to help a child to sleep, occur according to children's needs.

- Staff help children transition from nap to wake–time by holding and rocking them or rubbing their backs as they start to wake.

### **To reduce the risk of Sudden Infant Death Syndrome (SIDS)**

- Infants are placed on their backs on a firm, waterproof, snug fitting mattress (unless there is physician authorization for a special care plan).
- Soft or loose bedding is kept away from sleeping infants and out of CPSC approved cribs or rest equipment. These include but are not limited to: bumper pads, pillows, quilts, comforters, sheepskins, sleep positioning devices, flat sheets, cloth diapers, bibs, stuffed toys and other soft items. Also, blankets/items are not hung on the sides of cribs.
- If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant’s chest, otherwise a sleep sack or wearable blanket may be used.
- Children’s heads remain uncovered during sleep. After being placed down for sleep on their backs, children may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.
- Infants do not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, highchair, or any other type of furniture/equipment that is not a CPSC approved crib.
- If an infant arrives to the facility asleep in a car safety seat, the parent/guardian or staff immediately removes the sleeping infants from the seat and place them on their back in their assigned crib.
- Toys including mobiles and other types of play equipment that is designed to be attached to any part of the crib are not used.
- When placing an infant in their crib to sleep staff ensure that the temperature of the room is comfortable for a lightly clothed adult, and will ensure that the infant is comfortably clothed (not overheated or sweaty) and that bibs, necklaces, and garments with ties or hoods are removed.
- The lighting in the room must allow staff to see each infant’s face, to view the color of the infant’s skin, and to check on the infant’s breathing and placement of the pacifier (if used).
- If an infant falls asleep with a pacifier and it falls out of their mouth, it is promptly removed from the crib.

### **Social and Emotional Development**

- Staff recognize and accept that children have their own unique personalities and temperaments.
- Staff note accomplishments of children, no matter how small.
- Staff validate children’s feelings by labeling them.
- Staff respond to crying children promptly.
- Staff support children’s development of self–soothing behaviors and self– regulation skills throughout the daily routines and transitions.
- Staff respond promptly and consistently to children’s needs and cues.
- Staff make eye contact with children, as culturally appropriate, and use warm gestures and expressions (i.e. smiling).
- Encouraging and positive words are used at all times with children.
- Children are called by the name that their family uses with them.
- Staff model, support and promote successful interactions between children.
- Staff recognize that stranger anxiety is very common among older infants/ young toddlers. Staff model acceptance of trusted adults and allow the child time to become receptive to others.

- Staff offer choices whenever possible.
- Children are allowed to safely release frustrations and staff are nearby to support.
- Staff set reasonable limits for the child based on where they are developmentally.

# Family Engagement

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**We welcome and encourage family participation in the program.**

**We value every contribution.**

## Volunteers and Support Staff

Parents and community volunteers, along with practicum students and foster grandparents, are a regular part of the program. In addition to regular Teaching Staff, other staff such as the Cook, Custodian, Family Services Coordinator, Substitutes and Program Managers may be in the classroom during the day. All regular volunteers participate in a formal orientation process that explains and supports the role of a volunteer.

Donations of time and materials benefit the whole program and are an essential part of the overall program budget. Inkind contributions from parents and the community are always welcome, such as participation on committees, supporting a lending library or toy/clothing exchange, helping to interview when new staff are hired, volunteering in the classroom, reviewing menus, and much more.

## Social Services

The program works to build partnerships with families. Assistance to families is offered through support, information and advocacy. We are supportive of and encourage you in your role as nurturer, teacher and advocate. Early Head Start and Head Start families are given the opportunity to work with staff to develop goals for their family through an assessment and partnership process which is supported through monthly team meetings. This helps you to identify your family's strengths and goals, address challenges and concerns and work to achieve goals. Staff are available to offer support through resources and referrals. All families can participate in this process.

Family Services Coordinators work in partnership with program staff, families, community partners and resources to enhance family support. Whenever you have questions or concerns, please bring them to attention of the staff. We are willing to meet with you at your convenience to address questions and concerns.

## Family Involvement Opportunities

- Partner with the staff to establish family goals.
- Attend family events or meetings at the Center
- Plan classroom and home activities
- Participate in home visits and Parent/Teacher Conferences
- Evaluate the program
- Visit the classroom to observe or help
- Provide activities or sharing a special skill with children
- Bring aspects of your work to a classroom



Share a cultural tradition  
Do a sewing or building project  
Participate on committees and sub-committees at the Center or agency level  
Attend trainings, workshops, meetings on topics that you choose  
Attend fishing events  
Help with community gardens

## **Increasing Male Involvement (IMI)**

Men play a significant role in the lives of children. Since 1998 SKCDC parents and staff have been working to increase and support male involvement throughout the agency. Increasing Male Involvement (IMI) is the name of SKCDC's fatherhood initiative. The goals of IMI are to increase children's positive experiences with nurturing males and to expand staff's awareness and ability to involve fathers and other male figures in the agency's programming.



## **Policy Council**

The Policy Council is a decision-making group and is comprised of parents and community representatives. Parents are elected by the Center/Home Based parent committees in October. At least 51% of the Council must be parents of children currently enrolled in Head Start/Early Head Start. The Policy Council is a link between the Center/Home Based committees, public/private organizations, Board of Directors and the community. The Policy Council is involved in planning programs and budgets, hiring staff, recruiting children, evaluating the program and all major decisions about the operation of the program. Additionally, the Policy Council elects individuals from its membership to serve on the Board of Directors.

All parents are welcome and encouraged to attend parent meetings, Policy Council and Board of Directors meetings.

# Program Options

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## Head Start

Head Start serves children ages 3-5 years old and operates four (4) hours per day, four (4) days per week for 32 weeks per year at three (3) child development centers (Part Day). Families also have the option of four (4) hours per day, 2-3 days per week at the Center combined with 1-2 home visits per month, 32 weeks per year (Combined Option). There is no fee for Part Day or Combined Option Head Start services.

## Public Preschool Partnerships

Partnerships between SKCDC Head Start and public school systems offer developmentally appropriate preschool programs for children and families. Preschool partnerships are located at Chelsea Elementary School, Henry L. Cottrell Elementary School in Monmouth, Mt. Vernon Elementary School, Readfield Elementary School, Vassalboro Community School, and Winthrop Grade School.

## Early Head Start

### Center Based

Early Head Start Center Based Part Day serves infants and toddlers ages 6 weeks – 3 years old and operates four (4) hours per day, four days per week for 48 weeks per year in Augusta. Families also have the option of four (4) hours per day, TWO days per week at the Center in South Gardiner combined with 2 home visits per month, 48 weeks per year (Combined Option).

### Expectant Families Program

The expectant families program is for families who are pregnant and anticipating the need for Child Care or Early Head Start services after the baby is born. The program provides prenatal home visiting services. A variety of curricula are used including: Partners Florida State Prenatal Curriculum and Healthy Families Great Beginnings Prenatal Curriculum.

## Home Based Early Head Start and Head Start

The Home Based program offers services for children birth - 5 years old, through weekly home visits and several group Family Discovery Days for parent(s) and their children each month. The home visitor assists parents to plan developmentally appropriate activities for their child with an emphasis on strengthening the parent-child relationship, utilizing daily routines and materials readily available in the home environment. Parents connect goals for their infant's or toddler/s development by planning activities for the group Family Discovery Days. Early Head Start Home Based (ages 0-3) operates 48 weeks per year; Head Start Home Based (ages 3-5) operates 32 weeks per year.

## Child Care

Child Care is designed for families who need full day year round child care. Services for infants, toddlers and preschoolers are available at one center in Augusta; and preschool aged child care services are available at one center in Gardiner. The centers operates 50 weeks per year, five days per week, generally from 6:30 a.m. to 5:30 p.m. Families, based on their eligibility, utilize child care vouchers, ASPIRE or a full private fee for child care services. Some free services are available.