

Schoharie County Child Development Council, Inc.

Early Head Start Head Start Universal Pre-Kindergarten

Family Handbook



Parent Handbook

SCCDC Program Options

Early Head Start

Early Head Start is a program for expectant mothers, families and children ages birth to three. The program offers support to families and children by providing education, health, nutrition, family engagement, mental health and disabilities services.

- **Center-Based Program Option**
Education and child development services are delivered primarily in classroom settings, at the Cobleskill and Schoharie Centers. Classrooms are open Monday- Friday 8-2:30. Teachers visit family homes at least twice per year and complete a parent-teacher conference at the center twice per year. Services are available for ages 6 weeks-3 years old.
- **Home-Based Program Option**
The full range of Early Head Start services are provided through weekly 1 ½ hour home visits to each enrolled family. The Family Educator provides child-focused visits that support the family as their child's most important educator. About twice per month, the program offers playgroup. Playgroups are an opportunity for parents and children to come together with other families for learning, discussion, and social activity. Home-based services are available for expectant mothers and children from birth to age three.

Expectant parents have a unique experience in the Home-Based option. Each expectant family will design their experience individually with their Family Educator. Expectant parents have visits 2-4 times a month. Family Educators will provide education on prenatal nutrition and health, preparation for baby's arrival, labor and delivery, breastfeeding, child development, self-esteem and self-sufficiency, and career and childcare planning.

Head Start

Head Start is a program for children three to five years of age. The program offers support to families and children by providing education, health, nutrition, family engagement, mental health and disabilities services.

Education and child development services are delivered primarily in a classroom setting, at the Head Start Center or in local school districts buildings. Teachers visit family homes at least twice per year and complete a parent-teacher conference at the center twice per year. Head Start classrooms in the Schoharie and Cobleskill Center are open Monday- Friday 8:00-2:00. Classrooms in the local school district buildings are open Monday- Friday and follow the district building times.

Universal Pre-Kindergarten

Universal Pre-Kindergarten (UPK) is offered in collaboration with local school districts. UPK classrooms are open Monday- Friday and follow the times of the local school district. Classrooms serve children ages three to five. Participation in UPK may require an application be submitted directly to the local school districts.

Parent Handbook

Attendance at Head Start and Early Head Start

Center-Based Program Option

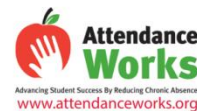
Consistent attendance in the classroom is important to your child's development. It supports their successful transition to kindergarten. Children learn best when they attend school daily, arrive on time, and stay the whole day!

If your child is not able to attend Head Start/ Early Head Start, on any given day, whether due to illness, family situation, or another reason, please call the receptionist. If we have not heard from you within 1 hour of arrival time the receptionist will attempt to contact you.

If your child's attendance falls below 85% your Family Advocate will partner with you to create an attendance plan. Attendance plans will emphasize the benefit of regular attendance while remaining sensitive to family circumstances. The program will work with you to assist you and your child to attend Head Start/ Early Head Start daily. An excessive number of absences may result in a child being removed from the program.

Home-Based Program Option

For you and your child to receive the full benefits of the Home-based program, it is important that your family participates in every home visit and playgroup. If you need to cancel a visit, please call your Family Educator to reschedule it as early as possible. If you cannot attend playgroup, please let your Family Educator know in advance. Families enrolled in the Home-based program option will receive 46 home visits and 22 playgroups per program year. Families with an excessive number of missed visits may be dropped from the program.



**Help Your Child Succeed in Preschool:
Build the Habit of Good Attendance**
Early School Success goes hand in hand with good attendance!

DID YOU KNOW?

Showing up on time every day is important to your child's success and learning from preschool forward.

Missing 10 percent of preschool (one or two days every few weeks) can

- Make it harder to develop early reading skills.
- Make it harder to get ready for kindergarten and first grade.
- Develop a poor attendance pattern that's hard to break.

High quality preschool programs have many benefits for your child. The routines your child develops in preschool will continue throughout school. You can make the most of preschool by encouraging your child to attend every day!

Parent Handbook

Family Engagement

Research has shown that when families are engaged in their children's lives and education it benefits both parent and child now and in the long term. We encourage families to participate in all aspects of the program by volunteering in the classroom or center, participating in program governance, special events and celebrations, workshops, and partnering with staff to support their child's education and their family development.

SCCDC has an "open door" policy. Parents/ Guardians are welcome to visit and participate in program activities. It is important that the learning environment be respected and that visitors follow the directions of the teaching team.

Family Volunteers

Volunteering in the classroom and center enhances the relationship between the parent and child, while building a partnership between families and the program staff. We need volunteers to read a story to the class, share your traditions with the class, help prepare materials at home for the classroom, assist with mealtimes, and create bulletin boards for our center. This relationship supports the program staff in providing a high-quality education program.

Home Visits and Parent-Teacher Conferences

Home visits are a vital step in linking the staff with the child and family. They provide staff and families with an opportunity to be together in an environment that is more comfortable for the child and often more convenient for parents.

- **Center-Based Home Visits and Parent Teacher Conferences**

Home visits and parent-teacher conferences help teachers to establish a home-to-school link with families, as parent's and guardian's engagement is crucial to children's education and development. These contacts offer an opportunity for families to review on-going assessment data and plan for their child's continued growth. Teachers conduct at least two home visits and two parent-teacher conferences per year.

In addition to visits with Teachers, Family Advocates will conduct at least 1 home visit a year as well. Together with the Family Advocate you will complete a Parent Gauge assessment. Parent Gauge is web-based instrument that measures parent experiences in our program. Family Advocates will work with you to set goals for your family, providing you with resources as needed.

- **Home-Based Home Visits**

This program option offers weekly home visits to provide services based on each family's strengths and goals. Family Educators work with parents to nurture positive parent-child interactions, provide developmentally appropriate activities for infants and toddlers, and to promote healthy child growth and development. Parents are expected to be involved in each activity. The next week's activities will be planned together by both you and your Family Educator.

Parent Handbook

Family Connections Committee

Each center establishes a Family Connections Committee comprised exclusively of parents/guardians of children currently enrolled at the center.

- Advise staff in developing and implementing agency policies and services to ensure the needs of children and families are met.
- Plan activities for the center, to include family events
- Plan parent/ child activities
- Plan formal programs for families (Knitting/craft classes, cooking instruction, couponing)
- Each Parent Committee is responsible for electing Parent Representatives and Alternates to the Policy Council. The Policy Council Representatives share information from Family Connections Committee at each Policy Council meeting and update the Family Connections Committee regarding the actions taken by the Policy Council.

Policy Council

Policy Council is part of the governing body of Head Start and Early Head Start programs. The Policy Council is the formal structure through which parents participate in the shared decision making and operation of the Early Head Start/Head Start program. The Policy Council is comprised of elected Representatives from each of the local Parent Committees and community representatives. Your role on Policy Council will advance your learning, provide training and other experiences that will support your parenting, career and life goals.

Policy Council's responsibilities include:

- Assisting in program design and operation.
- Planning for and assessing progress in meeting long- term and short-term goals and objectives.
- Assisting management staff in decision-making related to program policies.
- Recommending and or ratifying staff hiring or terminations.
- Reviewing the budget, providing input on grant development and advocating for the program.

Health Services Advisory Committee

The Health Services Advisory Committee (HSAC) is an advisory group that brings together staff, parents, health care providers and other partners in the community to discuss the planning, operation, and evaluation of the health and nutrition services in Head Start. The mission of this committee is to support the health and wellness of each Head Start and Early Head Start child and family. All families are welcomed and encouraged to be part of this committee.

Family Training and Education

SCCDC is committed to working with families to offer educational opportunities based on family interest. Topics may include child development, behavior management, curriculum, the home/school relationship, child health issues, mental health, special needs, nutrition and wellness, first aid, CPR, or home safety.

Each center will host family classes using the *Your Journey Together* curriculum. *Your Journey Together* provides guardians with the skills and techniques to build resilience in themselves and their families.

Parent Handbook

Education Services for Infants, Toddlers, and Preschoolers

School Readiness Goals

SCCDC developed School Readiness Goals for children's progress across 5 learning domains: *Social Emotional, Physical Development and Health, Approaches to Learning, Language and Literacy, and Cognitive and General Knowledge*. The SCCDC School Readiness goals are aligned with the Head Start Early Learning Outcomes Framework, and, where applicable, the New York State Common Core Goals and Objectives.

SCCDC will strive to ensure all children (ages 0-5) will make progress across all *Teaching Strategies GOLD* objectives and dimensions, with at least 85% at or above widely held expectations for their age.

Social-Emotional Development

- Children will engage in and sustain positive, pro-social and cooperative relationships with familiar adults.
- Children will begin to appropriately express, recognize and regulate emotions in themselves and others.

Language and Literacy

- Children will comprehend, attend to, and respond to increasingly complex communication and language from others.
- Children will express self-using verbal and non-verbal communication in detailed ways, following appropriate social and conventional rules of language, varying the amount of information based on the situation.
- Children will begin to demonstrate and understand how print is used through engagement with stories and books.

Physical Development and Health

- Children will develop control of large muscles for effective exploration, movement, and to demonstrate control and coordination.
- Children will begin to demonstrate healthy and safe habits in daily routines.

Approaches to Learning

- Children will begin to manage emotions, actions, words and behaviors to follow classroom rules and routines with increasing independence.

Cognition and General Knowledge

- Children will begin using everyday math concepts during daily routines and experiences, developing sense of number and quantity, spatial awareness, and classification.
- Children will use problem-solving and reasoning as they gather information, explore their physical environment, to discover how objects work, ask questions, make predictions, conduct investigations, experiments and analyzes to communicate results.

Parent Handbook



Curriculum

Developmentally appropriate practices guide our work with children, which means teachers get to know children and use their skills to provide activities that are achievable and challenging.

The Creative Curriculum for Infants, Toddlers, and Twos, or *The Creative Curriculum for Preschool*, a research-based curriculum, is used as the framework for designing center-based classroom environments and experiences. Lesson plans are written to enhance children's skills and support school readiness goals for children ages birth through five.

The Home-based program uses the *Partners for a Healthy Baby* Curriculum. *Partners for a Healthy Baby* is researched based guidance that helps families have a healthy birth outcome and support their child's developmental needs in the first 3 years.



On-Going Assessment

Education staff use *Teaching Strategies Gold*, an online assessment tool, to monitor individual children's progress throughout the year and to help create individualized experiences for each child. Teachers rely on their observations of children in the classroom and during home visits and input from families to complete the tool. *Teaching Strategies Gold* reports that highlight your child's progress are shared with families at least 3 times per year.

Developmental and Sensory Screenings

With written parental permission, children receive the following screenings within the first 45 days of child's enrollment and then annually after the child's first year:

- **Developmental Screening**
Teachers partner with families to screen each child's overall development including large motor and small motor abilities, speech and language development, and social skills by using the *Ages and Stages Developmental Screening Tool*.
- **Social Emotion Screening**
Teachers partners with families to screen each child's social emotional development by using the *Ages and Stages Social Emotional* screening tool.
- **Vision Screening**
This screening is performed using the SPOT Vision Screener. Results of the screening are sent home within 24 hours. It is important that you bring the form with the results to your child's pediatrician for follow up care.
- **Hearing Screening**
A hearing screening is performed on all children who were not screened by their pediatrician using an OAE hearing screening tool. Results of the screening are sent home within 24 hours. If a child does not pass the screening, it will be repeated after two weeks. If the child does not pass the second screening, we will make a referral for you to follow-up with your child's doctor. It is important that you bring the form with the results to your child's pediatrician or audiologists for follow up care.
- **Growth Assessment**
Children have their height and weight measured in the first 45 days and least once a year after that. The height and weight results are shared with the family.

Parent Handbook

Social Emotional Learning

A very important part of school readiness (and life readiness!) is social emotional learning. This refers to things such as learning how to express and understand feelings, having positive relationships with adults and peers, and how to do things for yourself and others. These are skills children need to be taught, just like they are taught their ABC's and 123's.

For some children these skills come easy, and some need extra support to learn them. SCCDC uses the Pyramid Model for Social Emotional Competence in Infants and Young Children to help children learn these skills and give them the level of support they need.



We have many different types of support we can offer for children. Many of these include the Mental Health and Disabilities Services Manager such as;

- Meetings with the Mental Health and Disabilities Service Manager and families to discuss and plan for the needs of their child.
- Meetings with the Mental Health Disabilities Service Manager and the teachers to come up with strategies to use in the classroom.
- The Mental Health and Disabilities Service Manager observing a child or children in the classroom, and sometimes working in the classroom with the child, to help them learn a specific skill.

The focus is always on what skill the child needs to learn, and how best to teach it to them.

Often, at home or in the classroom, children behave in ways that adults find challenging. At SCCDC we believe that all behavior is communication. As educators, when a child is behaving in a way that we find challenging, it is our job to figure out what that child is trying to say to us, and to either meet that need, or teach them a different way to say it. We believe the best way to do this is with an approach that involves consistency and coordination with families, their support systems, and within our classrooms and centers.

SCCDC Child Guidance Policy

Head Start and Early Head Start Performance Standard 1304.21(a)(3)(i)(C), "Grantee and delegate agencies must support social and emotional development by encouraging development which enhances each child's strengths by encouraging self-control by setting clear, consistent limits, and having realistic expectations".

Parent Handbook

SCCDC uses the Pyramid Model to guide and inform our promotion of social emotional competence in young children. The Pyramid Model addresses social emotional competence in 3 levels; Universal Promotion, Prevention and Treatment. All staff support positive behavior in children by creating an effective workforce, creating nurturing and responsive relationships with children, families and each other and creating high quality supportive environments. For children at risk, targeted social emotional supports are developed with an emphasis on systematic approaches to teaching social skills which have a preventative and remedial effect. For children who need intensive intervention, individualized behavior support plans are developed with admin staff, teaching teams and family members.

SCCDC is committed to using a pro-active approach to behavior management. Using *The Creative Curriculum*, *The Creative Curriculum For Infants, Toddlers & Twos*, the Pyramid Model and the Devereaux Early Childhood Assessment as a guide, staff plan for a variety of developmentally appropriate classroom experiences. It is the philosophy of the agency that most behavior management problems can be avoided by careful planning that is based on the individual needs and learning styles of the group. Each team develops a Classroom Management Plan prior to start-up each year. The plan addresses the 1st level of the Pyramid Model – developing an effective workforce, nurturing and responsive relationships with children, families and each other, and high-quality supportive environments.

Guiding children's behavior is an important responsibility to share with families. Working in partnership with families, staff assist children in developing the social skills and self-regulation that is so essential for success in the classroom environment.

In response to challenging behavior, targeted social emotional supports are used. These are planned in meetings with administrative staff and may include informal self-assessments in which staff are encouraged to look objectively at program planning, room arrangements and responsive caregiving. Staff may also use targeted strategies from the DECA manual and the Strategies Selector to guide individualized interventions.

Regularly scheduled and as-needed meetings occur to provide technical assistance and support in the areas of behavior management and working with children demonstrating difficult behaviors. Education staff work together with the administrative team to develop targeted social emotional supports. Staff and families work together to develop Child Guidance Plans. These plans outline strategies to support individual children as needed.

Examples of strategies which might be used to address challenging behavior include:

- Redirect. In a conflict, give an alternate toy or activity to one of the children competing for the toy. Have multiples of popular toys.
- Focus on "Do" rather than "Don't." For example, "We walk inside" instead of "Stop running inside."
- Offer choices: "You can either sit on the rug or at the table for story time."
- Encourage children to use friendly words rather than physical acts. For example, suggest using the phrase, "I was playing with that toy."
- Praise positive behavior: "Thank you for using your words."
- Model desired behaviors in order for the children to learn by example.
- Arrange the program space to positively impact children's behavior. For example, avoid large open spaces which might encourage children to run indoors.
- Listen to the children and respond to their needs proactively to achieve their goals. Keeping the children engaged with activities helps prevent conflict.
- For preschool and school age children, involve the children in the development of the classroom rules and consequences.

Behavior management must promote self-esteem in children and guide children in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care.

Parent Handbook

Any interventions used must relate to the child's action and be handled without prolonged delay on the part of the staff so that the child is aware of the relationship between his or her actions and the consequences of those actions.

Isolating a child in a closet, darkened area or in any area where the child cannot be seen and supervised by a teacher is prohibited.

SCCDC does not use suspension or expulsion. An Individual Child Guidance Plan may include a child being sent home only if their behaviors are unsafe and uncontrollable, occur several times throughout the same day and are part of a plan made with the parent/guardian. In these circumstances, the purpose is not to punish, but to support the child through recognition that he or she is telling us they are unable to meet the demands of the classroom on that particular day, as well as respond to the safety needs of the other students in the classroom.

Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interactions, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, a teacher, assistant teacher, center director or agency social worker only. Interaction between a teacher and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than that provided for herein is prohibited.

Physical restraint is prohibited. Physical restraint is the act of using force to extremely limit a child's body movements for a lengthy period of time. It involves holding a child against his/her will and putting pressure on the child's chest and or extremities in an effort to significantly restrict his/her movement, thereby making it difficult for a child to move. It may also involve holding a child flat on the ground and restricting his/her body from movement.

Physical intervention is permitted. Physical intervention is the act of using bodily contact as a short-term immediate response to prevent children from incurring substantial or serious injury to themselves or injuring others. It may involve: picking a child up and moving him or her away from danger or conflict, holding the child's hands or gently toughing the body to direct their movement, rocking a child to soothe them, blocking a child's path when they are about to injure themselves or others or destroy property. The goal of physical intervention is to allow the child to regain self-control as quickly and safely as possible. A consultation with a child's parent is required if the child is not receptive to physical intervention.

Corporal punishment is prohibited. For the purposes of the Subpart, the term corporal punishment means punishment inflicted on the body including, but not limited to, physical restraint, spanking, biting, shaking, slapping, twisting or squeezing; demanding excessive exercise, prolonged lack of movement or motion, or strenuous or bizarre posture; and compelling a child to eat or have in the child's mouth soap, foods, hot spices or irritants or the like.

Withholding or using food, rest or sleep as punishment is prohibited.

Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited. This includes, but is not limited to: name calling, using a child as an example for the group or leaving a child in soiled clothing.

(taken from NYS OCFS Daycare Regulations, effective 6/1/2015)

Special Services

SCCDC offers an inclusive infant, toddler and preschool experience for all children. This allows children with disabilities to play and learn beside children who may not have special educational or health needs. Parents/guardians who are concerned about their child's development and wish to have an evaluation, will be helped through the process by members of the staff. Teachers use ongoing assessments to monitor children's development and help families make decisions about support services.

Parent Handbook

Children may receive therapy at our centers. Parents, therapist and Center Director will need to sign OCFS form 5014 in order for therapist to give services outside of the classroom. Children who receive evaluations at our centers must be accompanied by an SCCDC staff person or their parent.

Transitions

Transitions are a very important part of a child's life and they are easiest for children when they feel comfortable and safe about where they are going and who is going to take care of them there. SCCDC believes that transitions are easiest for families when they have appropriate information and are involved in the process.

Daily transitions include arrival, transitions between daily activities, and departure. Teachers assist children with transitions between activities throughout the day. Teachers will regularly review safety rules with the children. Transitions are treated as learning experiences and teachers will provide children with interesting activities, so they are not waiting without anything to do for long periods of time.

Early Head Start staff will begin working with families six months prior to a child's transition to preschool to ensure a smooth process out of the program. Children are eligible for Early Head Start programming until their 3rd birthday. Families enrolled in the Home-Based option may stay for 3 months past the child's 3rd birthday if no Head Start slot is available. Center-Based children must transition once they turn 3.

Staff will partner with families to help them prepare for the move to a preschool classroom. They will assist families in completing Head Start application if they are interested. The application includes an income verification. Enrollment in Early Head Start does not guarantee placement in Head Start. If no opening is available in Head Start when a child turns 3 or the family does not qualify for Head Start programming, support in finding alternative early childhood programs will be provided.

SCCDC recognizes the importance of a smooth transition into kindergarten or the next educational step. Program staff helps the process in the following ways:

- Teachers discuss transition with families throughout enrollment.
- Family Advocates assist families with the registration process for a Kindergarten at their local public school system.
- Teachers and children talk about the kindergarten experience.

Parent Handbook

Health Services

Preventive Health Care

Good health is an important part of each child's development and journey toward school readiness. Health, nutrition, mental health services and resources will be shared with families as a regular component of the Head Start program.

Families are encouraged to communicate regularly with staff regarding their child's health. To keep children safe and healthy while in the care of SCCDC staff, parents should inform staff immediately if their child has any health or medical issues such as injury, illness or medication use.

SCCDC Exclusion Policy

Staff should notify families of children who have symptoms that require exclusion, and families pick their child up as soon as possible. Notification for emergency issues will be immediate. For children whose symptoms do not require them to be sent home, notification to the family at the end of the day is acceptable.

Most conditions do not require a doctor's visit before re-entering care.

When a child becomes ill but does not require immediate medical help, a determination should be made regarding whether the child should be sent home.

The three main reasons children should stay home are:

- The child does not feel well enough to comfortably take part in usual activities.
- A child needs more care than teachers and staff can give while still caring for the other children.
- The illness has a risk of spreading harmful disease to others.

**** Any child suspected or diagnosed with a reportable communicable disease as defined by the New York State Department of Health may not attend program until evaluated and approved for return to school by a health care provider in writing. ****

**** Any child on antibiotics for a communicable disease must stay home for 24 hours after the medicine is started or they are released for participation by a physician. ****

A copy of this policy will be shared with families each time their child is sent home.

Health Requirements and Documentation

In order to provide a safe and healthy environment for each and every child, SCCDC asks families to present documentation of their child's well-child exam. A child's physical examination should include information on physical limitations, medical and/or nutritional concerns, allergies, follow-up treatment, and the statement that the child is free from contagious and communicable disease and is able to participate in daycare.

Individual Health Care Plans and Medications

If your child has a chronic or short-term medical condition, an Individual Health Care Plan may be required for them to attend class. The Health and Family Services Manager and/ or Family Advocate will work together with families and the child's health care provider to develop a plan that ensures that your child will receive the health care services he or she

Parent Handbook

may need while attending the program. If you have questions regarding Individual Health Care Plans, please contact your Family Advocate or the program's Health and Family Services Manager.

Medication Administration Policy

If your child needs medication during the school day, a Medication Authorization form must be completed for the child. The form must be signed by the physician and parent/guardian and on file at the center for the program staff to administer the medication. The Medication Authorization form is valid for 6 months and can only be updated by the child's health care provider.

All medications administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent/guardian. All medications must be in the original containers and with original pharmacy labels affixed.

SCCDC provides sunscreen for children ages 6 months and older and will be administered to the infant/child with written parental permission.

Allergies

SCCDC follows a comprehensive, coordinated approach among staff, volunteers, families, children and medical providers for effective prevention and management of allergies.

The SCCDC Health Care Plan, mandated by OCFS, at each SCCDC center includes strategies and actions needed to reduce risk of exposure and manage allergies for individual children. The Plan will be on site for use by all staff and volunteers and available to families.

All SCCDC staff will be trained to prevent, recognize, and respond to food and other allergic reactions and anaphylaxis.

For children with allergies, parents and the child's health care provider must work with SCCDC to develop an Individual Allergy and Anaphylaxis Emergency Plan with written instructions outlining what the child is allergic to, the steps that must be taken to avoid that allergen, and what to do in the event the child experiences an allergic reaction.

Head Lice Policy

Scheduled head lice screenings are completed 4 times per year. If your child is found to have live lice they will need to go home and be treated. Once the child has been treated, they can return to program where they will be checked before they return to the classroom.

If your child is found to have nits the child does not have to leave program. Children with nits will be rechecked in 10 days.

A notice will be sent home to the classroom where the nits or live lice were found. Additional information regarding the SCCDC head lice policy is available upon request.

Parent Handbook

Nutrition Services

Meals and Snacks

Depending on the length of the program day, the program provides breakfast, lunch, and snack to all enrolled children at no charge. Family style mealtime is considered an important part of each child's curriculum. This allows children to identify and be introduced to new foods, new tastes, and new menus. Children are encouraged to serve themselves as early as possible, giving them control over how much food is on their plate while supporting fine motor skills and positive table manners.

SCCDC is required to feed infants and toddlers on demand. Staff partner with families to establish individualized feeding schedules for infants in our care. Classroom staff follow the cues of the infant, never forcing them to finish formula or solid foods if they appear to be full. SCCDC provides USDA approved formula and iron fortified infant cereals.

Meals will be provided to older infants and toddlers at center mealtimes and as needed, when they are showing signs of hunger.

To ensure the safety of all children, SCCDC does not allow for outside foods to be brought into classrooms. No outside food may be brought in to share with the classroom or brought in for your child to eat.

USDA and CACFP

Each SCCDC center participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Meals served must meet the nutrition requirements established by CACFP. Participation requires parents/guardians to completion of the CACFP Child Enrollment Form. SCCDC menus must meet CACFP Meal Pattern requirements. The Program's menus are also in keeping with the dietary guidelines according to the child's age.

Meal Accommodations

SCCDC will accommodate special diets in many cases. A Medical Statement to Request Special Diet and/or Accommodations, completed by the child's primary care provider, must be submitted in order for the agency to provide modifications to menu items. Diet modifications may include food allergies or intolerances, texture restrictions for chewing or swallowing problems, or medical conditions such as diabetes or PKU.

Families may also complete the Medical Statement to Request Special Diet and/or Accommodations for special requests for religious, ethical or cultural reasons.

Classroom Practices

Daily Health Check

Teachers perform a daily health check for each child within 15 minutes of them entering the classroom. The teacher discusses any concerns with the guardian immediately and documents their concerns.

Diapering & Toileting

Diapering and toileting are opportunities to enrich educational experiences. When a teacher is diapering a child or assisting them in the bathroom, she or he is provided with an opportunity to bond with the child and engage the child in conversation to support their overall development. No child will be excluded from program based on toileting needs.

Parent Handbook

The program provides diapers and wipes for each child enrolled in the program. Diapers are changed every 2-3 hours or whenever they are soiled or wet.

Clothes

Your child will participate in many fun indoor and outdoor activities. Please dress your child in comfortable play clothes and shoes in which he or she can paint, play in the sand, run, jump, and climb. We recommend shoes that are sturdy and with non-slip soles, such as sneakers. You are encouraged to leave an extra set of clothes at the center (labeled each item with your child's name) for your child in case of accidents. Donated clothing may be used as necessary if no personal items are provided. Soiled clothing will be sent home.

Dental Health

All children are taught the importance of regular tooth brushing. Regular dental care prevents tooth decay and disease, nutrient retention, language skills and overall health. Fluoride toothpaste will be administered to the infant/child with written parental permission.

- Infants under Twelve Months
At least once during the program day, staff will wash their hands, wear gloves, then cover a finger with a gauze pad, soft cloth or infant finger brush and gently wipe the infants' gums. Once the first tooth erupts the staff will brush the child's teeth with a smear the size of a grain of rice.
- Children under age 3
Once daily, after a meal, staff assist children in brushing teeth with a soft bristled toothbrush, using a smear of toothpaste that contains fluoride.
- Children age 3 to 5
Once daily, after a meal, staff assist children in brushing teeth with a soft bristled toothbrush, using a pea-sized amount of toothpaste that contains fluoride.

Hand Washing

Proper hand washing is taught to all children, staff and volunteers. Handwashing is required at the following times:

- Upon arrival into the classroom
- Before and after water play
- Before and after eating or handling food
- After coming into contact with bodily fluids or discharges (including sneezes, coughing)
- After handling pets or their equipment
- After toileting or diapering
- After outdoor play
- Before and after administering medication
- Before and after treating or bandaging a wound
- After performing cleaning tasks, handling trash or using cleaning products

Outside Time

Weather permitting, children go outdoors on a daily basis. During the spring and summer months the program provides sun block. With parent permission, it is administered to children six months of age or older prior to going outdoors.



Parent Handbook

Program staff monitors weather conditions to ensure the health and safety of children when planning for outdoor play. Staff uses the Child Care Weather Watch Chart to determine when children should not play outdoors due to extreme cold or heat.

Sleeping and Rest

Infants, toddlers and preschoolers are provided with safe and comfortable spaces to rest and/or sleep as they become tired or restless. Staff will work together with families to establish sleep/nap routines and a schedule that reflects the child's routines and a schedule meets their individual needs.

Parents will be asked to complete a Napping Arrangements Permission Form as a component of enrollment. Further information can be found in our Sleeping and Rest policy.

Personal Items

SCCDC recognizes that access to personal items, blankets, stuffed animals, toys, may support a child's successful transition into the classroom. With that in mind, teachers will partner with families to ensure children have access to their belongings throughout the program day. Plans may include keeping items in their personal rest area or cubby to avoid conflict with peers.

Parent Handbook

Safety Practices

Emergency Notification System

In case of an emergency (including inclement weather) SCCDC uses SchoolMessenger system to communicate with parents and guardians. SchoolMessenger will send parent/guardian(s) an automated phone call or text message with relevant information.

After enrollment you will receive a text message or email from SchoolMessenger, prompting you to “opt in” to receive emergency notifications. In order to receive these emergency notifications, you must “opt in” to the service. Please inform program staff if your phone number(s) or e-mail address changes so that we have the most up to date information on file.

Supervision

Children’s safety is the first and most important responsibility of each staff member. SCCDC implements Active Supervision principles including, direct supervision at all times in the classrooms, hallways, bathrooms and playgrounds. No child is allowed out of the building without an authorized adult.

Universal Precautions

SCCDC policies require the use of Universal precautions at all times. The U.S. Centers for Disease Control designed measures, called universal precautions, to prevent the spread of blood borne infections like Human Immune Deficiency Virus (HIV) and Hepatitis B (HBV). SCCDC has extensive cleaning and sanitizing protocols in place. Please contact the Center Director if you have questions or would like to review the program’s procedures.

Safe Environments

SCCDC provides children with a safe emotional and physical environment. Children are forever active, and injuries can and do occur. Caregivers can reduce the risk of injury by ensuring a safe environment and adequate supervision of children at all times.

Inspections are completed daily and monthly, using multiple checklists to ensure a safe and healthy learning environment. Playgrounds and other areas of active play are inspected before each use.

Emergency Care

All education staff are certified in Pediatric first aid and Pediatric CPR within 6 months of their date of hire. For minor injuries during the school day, teachers administer first aid and complete an accident report to be signed by the parent at the end of the school day. If deemed necessary, staff may call to let parents know about minor injuries during the program day.

In the event that a health issue or injury requires immediate emergency care, first aid is given to the child, and the staff contact 911. As necessary, children are transported via ambulance to receive emergency health care. Parents are contacted immediately for any injury that requires emergency care. All illnesses or injuries requiring medical intervention will be reported to the Office of Children and Family Services.

In the case of a child having a mental health emergency, we would notify our staff social worker, put in in-house support, and notify the family. A child mental health emergency is when a child's behavior is unsafe to themselves or others.

Parent Handbook

Emergency Evacuation

Each center has a comprehensive Emergency Preparedness Plan. All staff and volunteers are trained in emergency evacuation procedures. Evacuation plans are posted at every door and exit. In the case of an emergency, all volunteers and parents must follow the directions of the program staff.

Fire Emergency Prevention and Procedures

- Fire extinguishers are inspected regularly. They are placed where they can be reached easily but are not accessible to children.
- Exits are marked clearly and are not blocked with furniture, toys and/or other objects.
- Diagrams of exits and escape routes are posted in each room and at every exit.
- Staff and children practice fire drills once a month. Practice helps staff and children evacuate the building quickly. Fire drills happen in accordance with fire inspector requirements.
- All SCCDC facilities are smoke-free environments. Smoking is not allowed in the building or on the grounds.
- The phone numbers of the fire department and the police department are posted by each telephone.
- The smoke alarms are tested at least quarterly.

Child Abuse and Maltreatment

Safety and well-being of children attending our program is SCCDC's primary goal. Our centers pride themselves on high quality, safe environments. As an agency serving young children, all staff are mandated to report any suspicion of child abuse and neglect to the New York State Child Abuse and Maltreatment Mandated Reporter Hotline. The filing of an abuse or neglect report is done with the explicit purpose of protecting the child.

Vehicle Safety

SCCDC is very concerned about the safety of children at all times. Leaving children alone in a vehicle or failing to use proper safety seats are considered child neglect that may result in serious harm and therefore will be reported to the authorities as required.

