

- CENTER -  
**HANDBOOK**  
FOR FAMILIES



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# Organizational Structure

Leila Chammout **Facility Director**

Nawal Alsaeed **Head of Programs**

Fadek Alsaeed **HR and Family Services Director**

Sanaria Ali **Office and Administrative Manager**

**Kitchen & Custodial (2)**  
**Teachers & Lead Caregivers (16)**

**Teacher Assistants (10)**  
**Aids (2)**

## PHILOSOPHY STATEMENT

It is the philosophy of the KKLC that children shall thrive by providing a foundation of developmentally appropriate experiences in a nurturing environment. From active learning ingredients, to mental health, nutrition and hygiene, we believe child development to be an interconnected system of experiences and opportunities.

**Vision:** By bridging education, care, and health, we envision a society where childcare is recognized as the leader in providing the greatest opportunities for families to thrive.

**Mission:** Through multi-programming and community-connected approaches we build and sustain strategies that bridge health and learning for all students.



## POLICIES

### Non-Discrimination Statement

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)

([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all 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.

### Inclusion and Exclusion

We recognize and respect the rights of all adults and children in our service. We value the ability, individuality and cultural background of all children by providing each child with the opportunities they need to reach their full potential as active learners within an inclusive ethos. We aim to actively promote equality of access and participation and eliminate discrimination on grounds of gender, civil status, family status, sexual orientation, religion, age, disability, race and membership of the traveling community.



If we can no longer meet the objective of families, the KKLC has the right to terminate service. A proper exit strategy will be put in place to ensure a supported and successful transition.

## Active Shooter & Intruder Policy Statement

The safety and security of our staff, visitors, and participants are paramount. We are dedicated to providing a safe environment in which everyone can thrive. We acknowledge that emergencies such as active shooter situations and intruder incidents can occur anywhere, and we are committed to being prepared and responsive.

## Child Abuse & Neglect

In early childhood education and care, we, as caregivers, are considered mandated reporters and if we suspect child abuse or neglect, we will file report by calling 855-444-3911. The Child Protection Law requires professionals in this field to report suspected child abuse or neglect. You can review the Mandated Reporters section on the [www.mich.gov/mdhhs](http://www.mich.gov/mdhhs) website.

## Mandated Reporting

Definition: Mandated reporting requires all employees, volunteers, and associated individuals who encounter children during their duties to report suspected child abuse or neglect promptly.

### **AUTONOMY AND CONFIDENTIALITY**

We respect the autonomy and confidentiality of individuals making reports, protecting their privacy within the bounds of the law.

### **REPORTING PROCEDURE**

Report concerns immediately to your supervisor and then to designated authority.



Mandated reporting shall make an immediate report to CI by telephone or through the online reporting system, of suspected child abuse or child neglect. Within 72 hours after making an oral report by telephone, the reporting person shall file a written report (DHS-3200). If the immediate report has been made using the online reporting system, no additional written report is required. Reported the suspected allegations of child abuse and/or neglect to the head of the organization does not fulfill the requirement to report directly to DHHS. The verbal report can be completed by calling 855-444-3911.

## Illness and Injuries

Children experiencing a fever, diarrhea, vomiting, swollen and/or discharge from the eye should plan for alternate care until the symptoms have disappeared for at least 24 hours. If requiring hospitalization or emergency medical or dental treatment, we will use parent's preferred doctor or dentist unless not available.

- Immediately notify parent
- If licensed, Notify LARA within 24 hrs.
- Complete incident report, file & copy to parent

Outbreak and Pandemic Communicate with local public health for guidance. Follow infectious control policy. Follow CDC recommendations & state requirements re: social distancing & masks. Encourage vaccinations. Support vulnerable population.

## Medication

Medication also brought into the center must be in original form and packaging. Routine antibiotics, fever reducers, asthma management medications may be the only meds taken on the premises and given by our staff.

## Drop-off/Pick-up

Your child cannot be picked up by anyone who is not on the Child Information Record form. If there is someone that you would like to add to your list, it needs to be documented on your form. You must use your full signature in addition to your initials, when signing your child in and out.

## Attendance

If an enrolled child is absent without notice for more than 3 consecutive days, we will make every effort to contact the family.

In the event that we do not hear back, child will be automatically dropped from the roster.

## Rest Time

Rest time is an integral part of the daily routine. Rest time is required for 60 minutes. Developmentally appropriate early learning practices require rest time to be a part of the early learner's day. However, that does not mean they must sleep—although they might from the relaxation, it is very normal for children under the age of 5 to take a midday nap we will not force your child to sleep but they must rest their bodies on their assigned cot and the teacher will give him or her a book/writing board to calm their mind and rest their body. An exception to rest time may be given to Children with Autism receiving ABA Therapy due to their individual needs. This will be assessed on an individual basis.

## Transition

We are committed to providing a nurturing and supportive environment that fosters the growth and development of each child in our care. We recognize that transitions between classrooms and the important step from early childhood to elementary school are significant milestones in a child's life. To ensure a smooth and positive experience during these transitions, we have implemented a comprehensive transition process and plan.

## Toilet Training

There is not one "right" way or one "right" age to learn how to use the toilet. Most children develop control over their bowel and bladder by 18-24 months. This skill is necessary for children to physically be able to use the toilet. How ready a child is emotionally to begin learning to use the potty depends on the individual child. Some children are ready at 18 months, and others are ready at 3. While every child is different, about 22% of children are out of diapers by 2½, and 88% of children are out of diapers by 3½.

The KKLC believes there are two stages or steps to potty training or toilet learning:

1. Toilet trained – The child is capable of using the toilet BUT it is the adult who gets the child to the bathroom on time by putting the child on the toilet at certain times or on a schedule.

At this stage, the child often needs assistance with the whole toileting process – this includes pulling pants up and down. Accidents occur frequently in this stage. This is the first stage towards becoming toilet learned or potty trained.

- The child must be showing signs of readiness and able to control their bladder and bowel movements.
- The child must be kept in a diaper, pull-ups, vinyl training pants, or underwear.
- Please keep in mind that the high activity level here at the Center may distract your child from responding to the urge to use the potty more so than at home.
- Staff cannot wash out soiled clothing per regulations set by the Center for Disease Control. They are required to put soiled clothing in a plastic bag for you to take home and wash.
- Please send them to child care with loose fitting clothing that your child can manage independently. Try to avoid tight clothing, pants with snaps or buttons, overalls, and tight leggings.
- The child will be encouraged to use the toilet every 30 minutes.
- Parents are required to supply the diaper/pull-up or vinyl training pants and extra clothing (including socks) daily.
- A pull-up or diaper will be put on the child during naptime.
- We encourage parents to communicate with your child’s teacher throughout the toilet training process.

2. Toilet learned – The child is not only capable of using the toilet BUT has the developmental ability to express the need to go (both urine and bowel movement). In this stage, the child will demonstrate all or most of the readiness signs as listed below. Accidents still occur, but very infrequently in this stage.

In both stages, adults are needed. The latter not as much, but still essential as adults are responsible for the health and hygiene of children in care.

### Outside Food/Snacks/Treats

Our center is a halal, nut-free environment. We provide care for children who have life-threatening allergies to peanuts, tree nuts, dairy, eggs, etc. and our priority is safety. Due to this, we ask that families do not bring outside food or treats into our center unless it is vegan. This includes special treats, breakfast, or an extra snack. If you are willing to provide vegan food, it must be verified by the front desk before entering the building.



## **WHAT WE PROVIDE**

The KKLC serves breakfast, morning snack (infant/toddlers, early pre's) lunch, afternoon snack and supper. The morning snack is not meant to be a replacement for breakfast. Meals are prepared in the school by a trained cook. If your child is arriving after 9:15 am, they will not receive breakfast. A menu is posted in the hall as well as in each classroom.

## **SPECIAL DIETARY NEEDS**

Children who require a special diet must have a letter from a pediatrician. If your child has any food allergies, parents must send in a written letter about the child's allergies to the Director or the teacher. If your child is required to eat a special diet, we will try our best to accommodate or parents may be responsible for bringing the meal.

## **Grievance/Complaint**

The family may choose to directly address the grievance to the director. If another staff member is approached, they will immediately refer the family to the director. The director will research the grievance/situation and work towards reaching a satisfactory outcome for all parties involved. Grievances at this level will normally be resolved by discussion and clarification of the needs or wishes of the family or by clarification by the director. Resolution may also involve the development of a new policy if it is a situation that has not been addressed. The director will follow up all grievances with a written letter to the grievant and document all related information. All matters will be treated confidentially.

## **Weather**

**Outdoor Play:** We will be playing outdoors every day that the weather permits. Please make sure that your child is appropriately dressed (see clothing/attire section in Parent/Student Handbook) for outdoor play. Our activities will include walks, playground, water play (in summer), snow/ice play (in winter) and others. We will always try to go outside. There is no absolute restriction of weather to outside play. Please make sure your child is always dressed appropriately.

**Center closings:** The center does not always close if the school districts and/or neighboring schools are closed. Center closings will be announced on the Preschool Facebook page, auto-email, website and via voicemail.

## Natural Disaster

In the case of a TORNADO the RESPONSE is SHELTER-IN-PLACE. Take children to an interior protected area on the lowest level without windows if possible, or a designated tornado shelter. Keep children away from windows. Take attendance. Bring emergency medical kit and medications and equipment for children with special needs and chronic medical conditions to the designated safe location. Director or designated leader is to communicate with local officials regarding the status of the tornado and all clear announcements.

If there is a FIRE, children must be EVACUATED in a calm manner. Exit routes and meeting locations should be well established from practice drills. Once outside it is important to do attendance for the children. Items to bring outside include records for each child, the emergency kit, and equipment and medications needed for children with special needs and chronic medical conditions. If cribs have wheels, infants may be evacuated in them. Return to the building is only after a fire official gives the all clear.

## Pretend Play

Play is a tool that children use to discover the world. We do not provide toy weapons. If a child through their own imagination conceptualizes a weapon or engages in “violent” play our staff will allow them to explore because once they have—they are not as driven to continue. It seems to be a better outcome than to deny their curiosity. We believe violent play DOESN'T mean kids will be violent people. Weapon play has a different valence/weight for kids than for adults. Like with other parts of learning, we can try to look at it through their eyes!

## Discipline

We spend less time policing behavior and more time teaching vital life skills. At the KKLC, our educators are equipped to integrate social-emotional learning, discipline, and self-regulation. Conscious discipline is a proven comprehensive approach and leader in classroom management. It is a self-regulating program that we have equipped our classrooms and teachers with.



### Conflict Resolution:

- Approach calmly, stopping any hurtful actions. Place yourself between the children, on their level
- Acknowledge children's feelings
- Gather information
- Restate the problem
- Ask for ideas for solutions and choose one together
- Be prepared to give follow-up support

## CULTURAL COMPETENCE

The word culture is used because it implies the integrated pattern of human behavior that includes thoughts, communications, action, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word competence is used because it implies having the capacity to function effectively.

The 8 guiding concepts that provide the foundation are:

1. "Children are nested in families."
2. "Identify shared goals among families and staff."
3. "Authentically incorporate cultural traditions and history in the classroom."
4. "Acknowledge child development as a culturally driven, ongoing process that should be supported across contexts in a child's life (e.g., school and home)."
5. "Individuals and institutions' practices are embedded in culture."
6. "Ensure decisions and policies embrace home languages and dialects."
7. "Ensure policies and practices embrace and respect families' cultural values, attitudes, and beliefs toward learning."
8. "Equalize balances of power, counter stereotyping and bias through intentional teaching."





### **How is this physically visible in our program?**

- Operate through an anti-bias, sensitive lens. Holidays are celebrated in non-traditional ways; we reject the capitalistic, consumer driven model.
- Learning environment and materials reflect multi-generations, ethnicities, and cultures
- Labels in the classroom are marked with the first language of all children.
- Parent Advisory Committee completed annually for feedback and to modify practices/environment as appropriate
- Professional development of staff to include cultural competency training and reflection time for staff of intentional culturally competent teaching

## NUTRITION PLAN

We believe eating healthy is important for children, and we can help our child learn about and enjoy lots of good foods each day. Our menu is planned to provide meals and snacks that meet federal and state rules and guidelines. Children enjoy foods that will help them grow and learn to pick foods that will help them live a healthy life. Our program provides breakfast, lunch, afternoon snack, and supper. These are provided at the following times:

- Breakfast 7–9 am
- Lunch 11:30–12:45 pm
- Afternoon Snack 2:30–3:45 pm
- Supper 4:30–6:30 pm

Our program assures meals and/or snacks are nutritionally sound by participation in the Child and Adult Food Program [CACFP], menus are reviewed by a public health professional and are followed by the meal/snack menu guide based on the USDA approved meal patterns. Our program provides a supportive, attentive and accommodating environment for children with food allergies or special dietary requirements.





- All caregivers/teachers/staff have received training in food allergy/sensitivity issues.
- Food alternatives will be identified with parents and be kept readily available where food is prepared.
- A plan will be developed with parents as to how food alternatives will be made available (provider purchased; parent purchased).
- Parent emergency information will be kept updated as well as related medical records and changes in child's treatment plans. A form will be provided for the pediatrician to specify what foods to substitute.

Food is prepared on site in the center kitchen. Our menus are posted so that families can see them. We will provide written communication in other languages for families enrolled where English is not their spoken or primary language. Clean, sanitary water is available to children throughout program hours. Children are provided with disposable cups. Water is not substituted for milk when milk is a food/meal requirement. Additional water is available when temperatures are higher or physical activity increases.

Our program provides required meal components for breakfast, snacks, lunch, and supper. Holidays and birthdays are meaningful, and we encourage families to share in ways that are reflective of their traditions and are enjoyable for the children. However, no treats/food can be brought in celebration of these events. Families should connect with administration on other ways to make a child's day/tradition special, such as; reading a book to class, planning an outside time activity, etc.

For Infants:

- Fed on demand and at regular times of the day depending on their age. However, we will train your child to be on a sleep/feeding/ changing schedule.
- Prepared bottles are labeled with the child's first name, date, contents, and capped.
- Infants are always held for bottle feedings.
- A plan to introduce age-appropriate solid foods to infants is made in consultation with the child's parent/guardian and primary care provided. We follow CACFP/USDA requirements to introduce solid foods; these guidelines are available for staff and parents to review.
- Our program welcomes breastfeeding families and will provide space for mothers to nurse or pump.
- Breastfed babies do not receive food or drink (other than breast milk) unless indicated. Parents are asked what they want the center to do if the parent will be late and their baby is hungry, or the supply of breast milk is gone. Staff is trained on the benefits of breastfeeding, preparation, and storage. Resources are available for parents, and our program communicates with parents about how/what their infants ate.

## Breastfeeding Support

Kreative Kids is committed to supporting breastfeeding mothers. We recognize the importance of breastfeeding for the health and well-being of both the mother and child. Our policy is designed to provide a supportive environment for mothers who choose to breastfeed or express milk during their child's time at our facility.



## For Toddlers, Preschool Age and School Aged Children:

- Our meals are served family style. Staff sits and eats with the children, enjoying the same foods the children are eating. Children are encouraged to help with meals in age appropriate ways.
- Scheduled meals and/or snacks are available to all children enrolled and present.

## NUTRITION EDUCATION

Children receive nutrition education from reliable sources that reflect standards upheld by CACFP and the USDA. The children are given opportunities to understand why eating healthy is important, and to learn to form healthy eating and activity habits.

- Nutrition information is shared through: Books, daily activities, and mealtimes.
- Families are also provided nutrition education through such things as learning activities, community events, informational brochures, etc.
- Meal service information in the parent handbook and posted menus.
- Nutrition education also includes opportunities for our program to learn about the prevention of childhood obesity, basic principles of child nutrition and healthy eating habits and experiences. We share this information with parents as well.



## ENROLLMENT REQUIREMENTS

- Family Intake
- Child Information Record
- Health Appraisal
- Health Insurance
- Immunization Record
- Written information packet documentation
- Medication Permission
- CACFP Household Income Eligibility Form
- Birth Certificate
- Copy of Parent Identification
- Documentation of household income (only when requested)



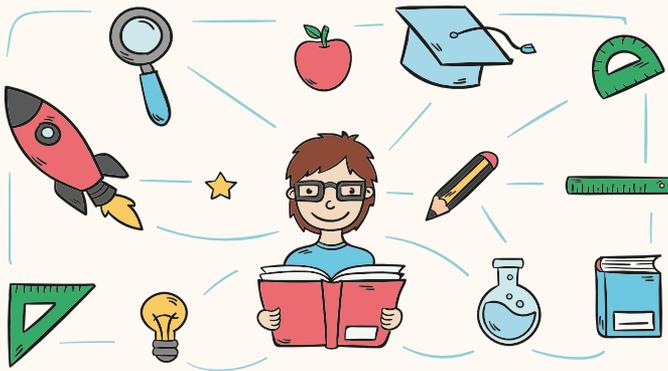
## RATIO

Age	Caregiver to Child Ratio
Infant 0-12 mos. Of age Toddler 24 mos. – 30 mos.	1 to 3 1 to 4
Preschoolers, 30 months of age to 3 years	1 to 6
Preschoolers, 3 years to 4 years of age	1 to 8
Preschoolers, 4 years of age until school-age	1 to 8
School aged, 5 years of age until 12 years	1 to 10
<i>Children with Autism will be assessed and may have a lower ratio than their age requires or a combination of ratios throughout their day.</i>	

As a licensed provider, we adhere and implement the recommendations prepared by child care licensing. For more information on regulations please refer to Michigan Department of Licensing and Regulatory Affairs. <https://www.michigan.gov/lara/bureau-list/cclb> for more details.

## TUITION

Tuition charges are a fixed rate amongst all our programming. Sometimes our fee for service comes in the forms of payment from families, child care subsidies, and grants from MDE and other governmental agencies. Payments from families are considered tuition based programming and we accept cash, credit, venmo, zelle and check. Payment dues are individualized per family. Typically, weekly schedules work best but other accommodations are made to meet the needs of families.



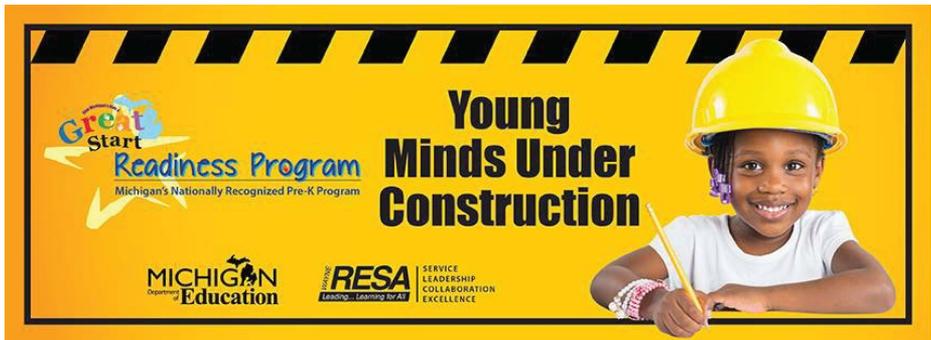
## Child Development and Care (DHS-CDC)

We are a childcare provider that cares for subsidy authorized children. Billing for this program happens every two weeks to receive payments from the MDE. Although the CDC may allow retroactive billing, our center policy will not back pay/reimburse any newly approved families. Upon enrollment, children must be DHS approved and in the system prior to their first day. If you are a family that has been newly approved, and your child has been attending we will not back pay previous months, the present tuition balance will be billed via CDC and any co-pays will be the responsibility of the family.

***GSRP eligible DHS families are not billed during the hours of 9:00 am and 4:00 pm.***

## RECRUITMENT

Child recruitment and enrollment at the KKLC is ongoing unless a waitlist has been created. In that case, recruitment and enrollment pauses until slots reopen. We begin with parent inquiries and a pre-screen enrollment, which includes intake meetings and a facility tour. Next, there is a notification of program acceptance and completion of enrollment. This is followed by a parent orientation/meet & greet with teaching staff.



## GREAT START READINESS PROGRAM (GSRP)

The KKLC offers the Great Start Readiness Program (GSRP), Michigan's nationally recognized Pre-K program. The GSRP is a NO COST, state-funded preschool program developed under a grant awarded by the Michigan Department of Education (MDE) for eligible four-year-old children. Income, as well as other criteria, is utilized to prioritize placement as defined by the MDE. GSRP children attend Monday–Thursday 9:00am–4:00pm. As a GSRP provider, we are required to work with the Michigan Department of Education (MDE) to measure the effect of the statewide GSRP. Information is sometimes collected about GSRP staff, enrolled children, and their families. Program staff or a representative from MDE might:

- Ask parents questions about their child and family.
- Observe children in the classroom.
- Measure what children know about letters, words, and numbers, etc.
- Ask teachers how children are learning and growing.

# CURRICULUM

## High Scope

### Infant Toddler (0-3 years)

Early learning and development in these six content areas is guided by 42 key developmental indicators (KDIs) – the skills and behaviors at each stage of development that pave the way for school and adult success. Each KDI is connected to and reinforced by scaffolding strategies to help teachers appropriately support and gently extend children’s learning.

The HighScope key developmental indicators

- Provide teachers with a child development “filter” for observing and choosing appropriate interactions and activities
- Help teachers interpret what young children say and do along a developmental continuum
- Enable teachers to maintain reasonable expectations for young children
- Reinforce children’s play as the primary mechanism for learning
- Allow teachers to be more knowledgeable and intentional in their daily planning for individual children and the class

### Preschool (3-5 years)

Learning in the following eight areas is guided by 58 key developmental indicators (KDIs). Each KDI identifies an important learning goal for young children. We recognize that the normal pace of children’s development and learning varies widely across these eight categories and the KDIs reflect that continuum of widely held expectations. Our curriculum is designed to help teachers appropriately scaffold learning for every child across all areas. Learning is focused on the following content areas:

- Approaches to Learning
- Social and Emotional Development
- Physical Development and Health
- Language, Literacy, and Communication
- Mathematics
- Creative Arts
- Science and Technology
- Social Studies



## DAILY ROUTINE

The daily routine in High scope curriculum is a consistent framework for the day that provides a balanced variety of experiences and learning opportunities. Children engage in both individual and social play, participate in small- and large-group activities, assist with cleanup, socialize during meals, develop self-care skills, and exercise their small and large muscles. The most important segment of the daily routine is the plan-do-review sequence, in which children make choices about what they will do, carry out their ideas, and reflect upon their activities with adults and other children.

### Plan-Do-Review sequence

(Planning time, work time, recall time) this three-part sequence is unique to the HighScope Curriculum. It includes a 10-to15 minute period during which children plan what they want to do during work time (the area to visit, materials to use, and friends to play with); a 45 to 60-minute work time for children to carry out their plans (or shift to new activities that interest them); and another 10 to 15-minute period for reviewing and recalling with an adult and other children what they've done and learned.

Small group time (15-20 minutes) During this time, a small group of children meet with an adult to experiment with materials, try out new skills, and solve problems. Adults develop a small group activity based on children's interests and skills, materials, or content areas that suit children's developmental learning needs. Though the adult plans the activity and sets it in motion, children make choices about how to use the materials and freely communicate their ideas.



**Book Times (10 minutes)**- In small groups, once in the morning and again in the afternoon, age-appropriate materials are read to the children. Interactive read aloud will include a reference to print and secondly a comprehension and vocabulary focus.

**Large group time (10-15 minutes)**-Large group time builds a sense of community. Up to 20 children and 2 adults come together for movement and music activities, interactive storytelling, and other shared experiences. Children have many opportunities to make choices and play the role of leader.

**Outside time (60 minutes)**-Children and adults spend at least 30 minutes every three hours outside every day, enjoying vigorous and often noisy play in the fresh air.

**Transition time**- Transitions are the minutes between other blocks of the day, as well as arrival and departure times. Teachers plan meaningful learning experiences for these times, which keep children engaged and minimize disruption.

**Eating and resting times**- Meals and snacks allow children to enjoy eating healthy food in a supportive social setting. Rest is for napping or quiet, solitary activities. Since both activities happen at home as well as at school, adults in HighScope programs try to respect family customs at these times as much as possible.

**Adult team planning time (20-40 minutes)** This time happens every day in a High Scope program. It can occur during children's naptime, before children arrive, or after they leave. The teaching team meets to discuss their observations of children's developing abilities and interests, focusing on these observations as they plan activities and review the materials in the classroom.



## TEACHING PRACTICES

Teachers are the key to success and prosperity in education. Our staff is highly trained and highly vetted before hiring. As a business, they are our greatest expense and even greater asset.

Adult-child interaction is the process of working alongside children and communicating with them both verbally and nonverbally to encourage learning. The Adult-Child ratio is 1:8 for our 3-5 years old. One of the most important High Scope's strategies for adult-child interaction is sharing control with children: creating a balanced climate where adults and children are partners in the learning process. Additional strategies include focusing on children's strengths, forming authentic relationships with children, supporting children's play, using encouragement instead of praise, and taking a problem-solving approach to conflict. During High Scope training, teachers and caregivers learn a host of specific techniques for carrying out each of these strategies.

The classroom in High Scope settings is divided into interest areas stocked with a stimulating range of materials designed for specific types of play, for example, House area, Art, Block/Manipulatives, and Reading. Materials are arranged in consistent places and the shelves are tagged with child-friendly labels so that children can get out and put away materials themselves. The classroom's organization also helps children understand how the world is organized, and concepts like more, less, same, different, large, small, in, out, in front of, etc. The outdoor play area is considered part of the learning environment and is arranged and equipped to support all areas of child development, including cognitive, social, and physical abilities.



## ASSESSMENTS AND TOOLS

### Ages & Stages

The ASQ (Ages & Stages Questionnaire) is a basic screening completed at the beginning of your child's enrollment and done once a year following enrollment so long as your child is registered at our center. Screenings are used to determine basic child development how far along your child is in their own age group.

### COR Advantage

Anecdotal notes are a form of ongoing assessment that happens on the daily and they are used to record specific observations of individual student behaviors, skills and attitudes as they relate to the outcomes in the program of studies. Such notes provide cumulative information on student learning and direction for further instruction. High Scope's research-validated child assessment tool. COR Advantage is a birth-to-kindergarten assessment that assists teachers in supporting children at every developmental level – including children who are English Language Learners and those with special needs. It also provides administrators with more comprehensive reporting options to guide program planning and staff development.





## KARING KIDS

### **KARING KIDS**

Along with early learning we focus on behavioral and mental health. This promotes a more comprehensive approach to care for children and families. Developmental screening is the first step in recognizing intrinsic, unexpressed behaviors that may delay the progress of a child. Screening is not meant to establish a diagnosis, but rather help professionals determine whether more in-depth assessments are the next step.

In most cases, screening rules out the likelihood that further assessment is needed. Using a high-quality developmental screening tool like the Ages & Stages Questionnaires (ASQ-3), professionals can screen children for delays accurately and cost-effectively. Our professionals and resources will be located on site so that it is a hassle-free experience. We normally screen within the first 30 days of a child's enrollment and continue with ongoing assessments. .



## SPECIAL SERVICES

Inclusion in early childhood programs refers to including children with disabilities in early childhood programs. Together with their peers without disabilities; we are dedicated to holding high expectations and intentionally promoting participation in all learning and social activities, facilitated by individualized accommodations; and using evidence-based services and supports to foster their development (cognitive, language, communication, physical, behavioral, and social-emotional), friendships with peers, and a sense of belonging. As part of this commitment to providing appropriate support and teaching for children.

### ABA Therapy for Children with Autism

We are equipped to provide Autism treatment to children diagnosed with Autism. This includes using evidence based Applied Behavior Analysis (ABA) Therapy. ABA Therapy starts with an initial assessment of the child's skills and is highly collaborative with families throughout the treatment.

## Autism Assessments

Children with autism who receive Autism Treatment/ABA Therapy will be assessed initially and once every 6 months while they are receiving Autism Treatment. Following each assessment period, an individualized treatment plan will be developed along with collaboration with parents.

One assessment that may be utilized is called the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP). This assessment measures the language, learning, and social skills of children with autism. The assessment determines each student's strengths, areas of need and determines which skills to focus on in treatment. Children receiving ABA Therapy will have a treatment plan individualized to meet their needs.

Another assessment that may be used is called the Adaptive Behavior Assessment System, Third Edition (ABAS-3). This Assessment is a rating scale useful for assessing skills of daily living. If this assessment is used, it is only used once every year and will help identify strengths and areas of need regarding adaptive/daily living skills.

## Parent/Caregiver Training

Caregiver training is an important component of ABA Therapy and will be provided to ensure the growth of your child. Caregiver Training may include group sessions or individualized sessions and is individualized to the needs of each family. Caregiver training may include the following:

- Education on Applied Behavior Analysis Basics
- Information and Guidance on Toilet Training
- Behavior Management in your home and in the community
- How to address Sleep Difficulties

*Note: these are only a few of the topics that may be addressed during Parent Training. The topics are individualized to the needs of each family.*



## COMMUNICATION

Effective communication is of the utmost importance here at Kreative Kids Learning Center. Your first point of contact will typically be your assigned teacher/caregiver. The best way to reach them is through Kayambu or email.

We also welcome informal/formal dialogue meetings at pick-up/drop-off or appointment

Families are always welcome to call or email the center through Email: [greetings@theeklc.com](mailto:greetings@theeklc.com)

### Home Visits , Conferences, & Family Meetings

Common practice among state and federal early education programs includes two home visits, two conferences, and 3 family meetings to achieve our family engagement component. They are valuable in building respectful relationships with families and in developing a broad understanding of every child in the program. They also enhance adult's knowledge and understanding of the developmental progress of their child.

**Home visits** take place at the beginning and end of the year. They typically run for 60 minutes excluding travel time and designed to ease the transition into the GSRP program for the child and family. Activities might include:

- Taking photos of parent and child, pets, the home, etc.
- Leaving photos of staff and classroom
- ASQ screening
- Partnering on child development





**Conferences** occur twice a year, once in the Fall and again in the Spring. A family/teacher conference is a formal setting where the progress and current skills of the child in the classroom are discussed. Typical topics covered are the COR assessment, adult-child interaction, child-child interaction, future goals, and any concerns that may have risen. A family/teacher conference is an effective time that is set aside to discuss, in depth, how the child is doing.

## SOCIAL MEDIA

We believe in contributing to the greater early learning community and with social media we are able to do that efficiently. It is a great way to stay connected with our families and other families creating a global network of insight, positivity, compassion, and empathy. Although we promote the works of social media we do not impose social media posts on our families. You may decline the media release of your child and family in writing.



## REFERRALS

While we are committed to the principle of inclusion and supporting every child, there may be a need for a referral, in this case, appropriate referrals for the child will be provided to offer them the best opportunity to thrive. Our referral process includes needs other than special education. We will properly guide and refer families to resources that are in the best interest of the families. Although our staff receives ongoing training, we are not a full-service family social justice agency.

*Our physical environment is free of barriers, and a variety of teaching strategies are used to meet the individual needs of children. When our care can no longer meet its objective, we must prioritize what is in the best interest of the child—the staff will facilitate an exit strategy with a referral in place for the specific need of the family.*





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**313-278-3008 | [www.thekklc.com](http://www.thekklc.com)**

314 Inkster Rd, Inkster, MI 48141

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