**Family Handbook**

**Revised 2/8/2024**

THE KIDS' PLACE

Early Childhood Development Program



**Chebeague Island, ME 04017 License 603298**

(Adapted from Sciaraffa, M. and Araujo, N. (2003). LSU Preschool Family Handbook. Baton Rouge: Louisiana State University)

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# CHILD CARE PROGRAM GOALS

## Statement of Goals

The goal of Kids' Place is to offer a high-quality early childhood education program at market rates to island families, and create a model for consistent and reliable daycare for working parents, serving up to 12 children.

## Nondiscrimination Policy

It is a goal of Kids' Place to serve the childcare needs of island families regardless of race, religion, gender, class, ability, and/or ethnic background from the age of 6 weeks through age 12. The Kids' Place provides a supportive environment for children regardless of their physical ability and will integrate reasonable accommodations to meet the needs of specific children, pursuant to the Title III of the Individuals with Disabilities Act.

**The Rights of Children in Child Care Facilities**

Right to freedom from abuse and neglect Right to confidentiality

Right to freedom from harmful actions or practices Right to a safe & healthy environment

Right to be free from discrimination Right to consideration and respect

Right to be informed of services provided by the Child Care Facility Right to information regarding the Child Care Facility’s deficiencies Right to a service plan

Right to a variety of appropriate activities, materials & equipment Right to mandatory report of rights violations Right

to reasonable modifications and accommodations.

# INTRODUCTION AND PHILOSOPHY OF THE PROGRAM

## Educational Philosophy of the Kids' Place

Early Childhood development is a process that is continually changing and expanding, therefore both structured and unstructured activities are offered for children. However, our basic philosophy is one of freedom to learn, grow, and make choices. We believe that children learn through play, and we have structured the environment to reflect that belief. This does not mean that the program is not carefully planned. Staff and volunteers are encouraged to be flexible and to allow the children freedom to learn at their own pace. All activities are steps to growing and developing physically, socially, emotionally, and cognitively. Children learn in different ways, with all their senses. Varied experiences and materials will be provided for multisensory and whole brain learning. Cognitive learning is not overemphasized, but rather children are given ample opportunity for activities and exposed to pre-numbers, activities designed to form a positive self-image.

Practice in motor skills is encouraged. Children learn independence, turn-taking skills, and how to interact with others.

The best atmosphere for learning is one of acceptance, mutual respect, pleasure, fairness, consistency, clear limits and expectations, and encouragement. A predictable, organized environment, with caring adults, clear expectations, and appropriate consequences supports the whole child. The outdoor play environment is an extension of the classroom, requiring the same level of adult planning, supervision, and involvement with the children.

Families are considered an integral part of our program. Daily communication and collaboration between families and staff are stressed. Support encouragement, and assistance are vital in helping to ensure personal and professional success for working parents. Active volunteerism is also a goal and family participation is a valued part of the Kids' Place experience.

**Staff Member Qualifications, Supervision and Training**

**1.** Staff must complete a Maine Child Care Background check and submit an original DHHS Letter of Eligibility or have an email verification of eligibility from DHHS (childcarecheck.dhhs@maine.gov) prior to their first day of employment.

2. CPR and First Aid certification will be updated every 2 years.

3. 12 hours of training will be completed each year.

4. Staff will be trained in emergency disaster response for the program during their first 90 days.

5. All staff must be registry members with Maine Roads to Quality and submit training/education to reflect your highest level of academic/professional training/achievements.

6. Within the first 90 days of employment staff must complete the 6-hour online Health and Safety Basics (HSB) course through Maine Roads to Quality and complete the 2-hour online HSB renewal annually thereafter.

7. Within the first 90 days of employment staff must complete a Mandatory Reporting training and renew it every 4 years.

1. All staff will be supervised by Jody and performance feedback will be given formally and informally throughout the time of employment on an on-going basis, and annual performance evaluations will occur.

## Daily Schedule

The Kids' Place Day Care is open Monday through Friday, 7:30 a.m. until 4:30 p.m. Parents are expected to pick up their children by 4:30 p.m. If parents are going to be delayed, it is the responsibility of the parent to make alternate arrangements for childcare and to contact the center and let staff know who will be picking up the child by 4:30.

**Fees, Vacation Policy, and Late Fees**

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**NEW: Mainland Students**

(requiring chaperone on the ferry to the island)

Full Day: Under 12 months N/A

Full Day\*\*\*: 12-30 months $85

Full Day\*\*\*: Over 30 months $70

Half Day: N/A

\*Full-time Enrollment refers to minimum of 9-month enrollment

\*\*Half-day is considered 4.5 hours or less and includes before-school care for Chebeague Island School Children.

\*\*\*Full Day constitutes 8am drop off at ferry on Cousins Island and 4pm or 5pm pickup on Cousins Island. No half day option.

Rates are subject to change. Each family will be given a minimum of two days’ notice before any rate changes are made to their account. Recognizing that personnel is provided to comply with State regulations concerning staff to children ratio, families are required to pay for time contracted for their child even when absent due to illness or other circumstances as well as any Federal Holiday Closures (this includes Labor Day, Indigenous Peoples' Day, Veterans' Day, Thanksgiving Day, Christmas Day, New Years Day, Martin Luther King Day, Presidents Day, Patriots' Day, Memorial Day, Juneteenth, 4th of July). Families will not be charged for planned closures around Federal Holidays or staff vacation or training days. In the event the Chebeague Island School is closed due to inclement weather, The Kids’ Place will be closed as well. If The Kids’ Place is closed due to unforeseen circumstances, such as power outages, inclement weather, or staff illness, The Kids’ Place will reimburse users a prorated fee.

Payment is required in advance of services. The invoiced amount will be based on the terms of the Pre-Enrollment Contract.

1. All future payments are due on FRIDAY PRIOR to the week of service.

2. If payment is not current, The Kids’ Place Director reserves the right to cancel the contract and dismiss a child from enrollment at its discretion.

**Annual Calendar of Closure Dates**

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## Confidentiality

The Kids' place will maintain the confidentiality of all children’s records. The records shall be the property of the center. The staff shall maintain and secure records against loss, tampering, or unauthorized use. Employees of the center shall not disclose or knowingly permit the disclosure of any information concerning the child or his/her family, directly or indirectly, to any unauthorized person.

## Volunteer/Visitor Policy

All visitors or requests for a tour, should be arranged prior to the day of the planned visit and additional staff will be used to provide coverage during the tour. Parent involvement is instrumental to the function of the day care. Parents are encouraged to volunteer. Volunteering should be arranged in advance of the

activities and coordinated with center staff and other parent volunteers. Volunteer activities can include any of the following:

1. Volunteering a special skill in the classroom.
2. Volunteering to support the team during breaks or transition times.
3. Volunteering during field trips or special activities.
4. Volunteering to organize or work at fundraising activities.
5. Volunteer as a part of the grant writing team for the center.

Parents may join the Advisory Committee.

# CHILD GUIDANCE AND DISCIPLINE

## Guidance of Children

Our goal is to promote the child’s self-esteem through practicing positive non- evaluative guidance, providing experiences that match their developmental level and meeting their needs responsively. Supporting children’s play is important.

Give guidance as needed but try not to interfere in a child’s activity.

Action is necessary if such activity is endangering him/her or some other child.

Be positive in word and attitude when you must maintain limits. Be kind and composed at all times. Offer choices when possible.

Refrain from discussing a child in his or her presence. Refrain from visiting with other adults while in the classroom. Avoid labeling (positive and negative) or shaming a child.

**Learning/Developmental Resources**

Below are some resources that are available for developmental screenings. If you have further questions, please contact the Director:

https://maineddc.org/images/PDFs/Track\_Development\_brochure.pdf

https://www.maine.gov/doe/learning/cds

<https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

**Inclusionary Practices for Children With Disabilities**

Kids’ Places is in compliance with the applicable provisions of the Americans With Disabilities Act of 1990. We do not require that parents and legal guardians of children with physical, emotional, and/or mental disabilities provide us with information pertaining to the child’s disability. We will make reasonable accommodations to facility, policies, and practices as necessary. We will work with a child’s family to assist in implementing a reasonable plan of service developed with community or State agencies. We will ensure that staff is trained and/or has sufficient experience to meet the needs of all children for whom we are responsible.

## Discipline Basics

Discipline is a multifaceted term. Parents and staff members frequently talk about and are concerned about discipline, the how’s, whys, and when’s of setting limits and helping children learn to become self-disciplined. All these terms are interrelated, and the Kids' Place has a few guidelines for dealing with negative behavior that are in keeping with both our understanding of child development and our philosophy. We use as a guide Love and Learn, Discipline for Young Children by Alice S. Honig (NAEYC, 1989).

Things to consider:

* Decide where you stand on important issues and stick to it. Consistency is a key to positive discipline:
  1. Choose your issues.
  2. Set clear, consistent and reasonable rules.
  3. Help children gain self-control.
  4. Don’t expect them to behave like adults or even older children.
* Children do need to learn about boundaries, what is safe, what is allowed or not allowed and why. They need help learning to organize their time and energy.
* Some strategies: distracting (re-direction), negotiating, ignoring, anticipating, setting rituals, and advance preparation.
* Offer limited choices. “Do you want me to help with your coat or do you want to do it yourself?” (Phrase the choice so that the one you want the child to pick is last after the word “OR”).
* Take advantage of children’s ritualistic tendencies and behaviors. Setting up rituals around activities gives children a sense of control since they know what to expect.
* Avoid ultimatums (e.g., “You have to do before I

.”).

* Avoid carrying on a fruitless, frustrating, or ridiculous argument. You are bound to feel awful afterwards.
* Prepare the child in advance for what will happen next (“We will read one book, then we will get our coats on.”) It often helps avoid conflict.
* Motivation: “Where does your coat go?”, rather than “Hang up your coat.”

Pretending you forgot where the coat goes often thrills young children.

* Sometimes, picking up the child and removing him/her from the situation is the only remedy.

Discipline is deciding which things you are going to insist on. Discipline helps children cope with the challenges of daily living, to interpret their world and learn social skills.

## Discipline at the Kids' Place

Discipline at the Kids' Place is developed with support and encouragement of positive behavior through a planned environment, which provides a variety of activities from which the children may choose. Methods include reinforcement such as verbal praise, smiles, and pleasant attention for appropriate stated alternatives when a conflict situation occurs.

The following methods of discipline are prohibited by anyone on the premises of the Kids' Place Day Care; any use of the described practices shall be grounds for immediate termination of staff and volunteers. All parents, staff, and volunteers are provided with a copy of our Child Guidance and Discipline Policy.

* No child shall be subject to physical punishment, corporal punishment, verbal abuse or threats by staff, volunteers, or parents while on center property.
* No staff shall use a stick or other disciplining instrument.
* No child or group of children shall be allowed to discipline another child.
* Unsupervised isolation of a child is never allowed.
* The withholding of food, water, a nap or rest, or bathroom facilities is to never be used as punishment for a child.
* No child shall be neglected or left unsupervised.
* A child is never to be physically restricted in any way unless his or her actions would bring harm to self or others.
* An adult shall never address a child harshly, with intimidation or ridicule.
* Adults will not participate in name calling, shaming, or subjecting a child to embarrassment.
* Adults are never to discuss a child’s behavior with another adult in the presence of other children or other parents. Written or verbal reports to parents regarding conflicts or disagreements between children shall not include the name of the child who hit, bit, or pushed their child.

The Kids' Place staff maintains a safe, non-threatening environment. The Kids' Place staff fosters creativity, encourages children to explore, and allows them to make discoveries. When inappropriate behavior occurs, it is dealt with immediately. Staff members individualize responses to the children’s behavior, in relation to the particular child and the situation. They try to identify the cause of the inappropriate behavior and recognize that repeated problem behavior may be the child’s way of signaling that he/she needs help in dealing with a certain task or situation. Staff members can then modify the learning environment and/or activities to help resolve the situation. We set limits and encourage self-discipline, because boundaries reassure young children and because order and stability are as important to a child as freedom.

To enforce the boundaries and rules at the center, the adults use the following techniques with the children:

* + Clear statement of the limit. (“Blocks are for building; balls are for throwing.”)
  + Stating expectations positively. (“The blocks are for building.”)
  + Redirection. (“Let’s go see what Eric is cooking in the kitchen.”)
  + Supporting problem solving and negotiation between the children.

(“How could you use your words to tell John that you would like to have a turn

with that truck?”)

* + Logical consequences or choices. (“You are having a hard time playing with the blocks without throwing: You need to make another choice: do you want to play with playdough, or to paint at the easel?”)
  + Modeling effective ways to express feelings and emotions. (“I do not like it when you grab the book from my hands. Which words can you use to let me know that you need something that I have?”; with toddlers, give the appropriate script such as, “Leah, say, Can I have the book, please?”)

## Verbal Guidance for Preschool Children

Say:

Remember to sit down when you slide. Sand is for digging.

Are you going to bottom swing or tummy swing Remember to climb down the ladder.

Keep the puzzle on the table. Be gentle with the book pages. Use your inside voice.

Remember to use paper towels to wipe your hands.

Remember to be safe when you climb down the ladder.

Let’s keep the chair on the floor. Remember to walk around the swing. It’s time to go back inside.

Are you going to bottom swing, or tummy swing? Feet first when you climb down the ladder.

Use your “inside voice” when you’re inside. Let’s keep the chair on the floor.

Let’s keep our feet on the floor.

Do Not Say:

Don’t stand up when you slide. Don’t throw the sand.

Don’t stand in the swing.

You’ll fall if you don’t watch out. Don’t dump the puzzle pieces.

Don’t tear the book. Don’t shout.

Don’t put your hands on anything.

Be careful, you might fall.

Don’t rock on your chair.

Be careful. The swing might hit you. Shall we go inside?

Get your feet off the swing!

Don’t climb down the ladder with your hands!

No screaming!

Don’t lift the chair!

Don’t climb on the table!

There are times when all of the above-mentioned techniques have been used and the problem persists. It is at these times that we might ask a child to sit quietly by himself/herself until that child can return to play appropriately. We do not have a “timeout” place and this alone time is not seen as punishment. Rather it is seen as a time to regroup. Even as adults, we sometimes need time alone to “pull ourselves together.” Children also need this, especially when they have been in a group situation most of the day.

If a child displays repeated inappropriate behavior and shows little progress toward changing that behavior, the staff may call upon the child’s parent(s) to work cooperatively in developing strategies that will meet the child’s needs.

Any disciplinarian action that warrants calling the parent(s) will be documented and kept in the respective child’s file.

## Infant and Toddler Developmental Issues

**Biting**

Children biting other children are unavoidable occurrences of group child care, *especially* with toddlers. It is a common happening in any child care program. When it happens, and sometimes continues, it can be scary, very frustrating, and very stressful for children, parents, and staff. *Every Infant and Toddler is a potential biter or will potentially be bit.* It is important to understand that because a child bites, it does not mean that the child is "mean" or "bad" or that the parents of the child who bites are "bad" parents, or they are not doing their job as parents to make this stop happening. **Biting is purely a sign of the developmental age of the child.** It is a developmental phenomenon – it often happens at predictable times for predictable reasons tied to children’s ages and stages.

***Why do they bite?***

Every child is different. Some bite more than others; or some may not bite at all. The group care setting is where the biting derives its significance. If a child has not really been around other children very much, he probably would not bite because either the cause for biting or opportunities have presented themselves. There is always the possibility that **any** child, including your own, can be either a biter or be bitten. Group care presents challenges and opportunities that are unique from home. The children are surrounded by many others for hours at a time. Even though there are plenty of toys and materials available for all the children, two or three children may want that one toy. The children are learning how to live in a community setting. Sometimes that is not easy. **Biting is not something to blame on the child, parents, or caregivers.**

Confidentiality is also practiced with biting. We cannot tell a parent who bit their child.

There are many possible reasons as to why an infant or toddler may bite:

1. *Teething.*
2. *Impulsiveness and lack of control*. Babies sometimes bite just because there is something there to bite. It is not intentional to hurt, but rather exploring their world.
3. Making an impact. Sometimes children will bite to see what reactions happen.
4. Excitement and over stimulation. Simply being very excited, even

happily so, can be a reason a child may bite. Very young children don’t have the same control over their emotions and behaviors as some preschoolers do.

1. Frustration. Frustrations can be over a variety of reasons – wanting a toy someone else has, not having the skills needed to do something, or wanting a caregiver’s attention. Infants and toddlers are simply lacking the language and social skills necessary to express all their needs, desires, and problems. *Biting will often be the quickest and easiest way of communicating.*

*What do the staff members do in response to children who bite?*

It is our job to provide a safe setting in which no child needs to hurt another to achieve his or her ends and in which the normal range of behavior is managed (and biting is normal in group care). Again, the name of the child who bites will not be released because it serves no useful purpose and can make a difficult situation even more difficult. Punishment does not work to change a child who bites neither delayed punishment at home, which a child will not understand, nor punishment at the center, which will not be used and would make the situation worse.

There are several things the staff members do to assess the biting situation and what can be done to prevent it from happening again. Staff members can try to minimize the behavior by:

* + Letting the biting child know in words and manner that biting is unacceptable.
  + Avoiding any immediate response that reinforces the biting, including dramatic negative attention. The staff will tell the child that "Biting hurts" and the focus of caring attention is on the bitten child. The biter is talked to on a level that s/he can understand. The staff will help the child who is biting work on resolving conflict or frustration in a more appropriate manner, including using language if the child is able.
  + Examining the context in which the biting occurred and looking for patterns. Was it crowded? Too many toys? Was the biting child getting hungry/tired/frustrated?
  + Not casually attributing willfulness or maliciousness to the child. Infants explore anything that interests them with their mouths, and that includes others’ bodies and limbs!

When biting changes from a relatively unusual occurrence (a couple times a week) to a frequent and expected occurrence, it will be addressed with added precautions.

* + The staff will keep track of every occurrence, including attempted bites, and note location, time, participants, and circumstances.
  + "Shadow" children who indicate a tendency to bite. This technique involves having a staff with a child who bites. This staff would be able to then anticipate biting situations and to teach non-biting responses to situations and reinforce appropriate behavior in potential biting situations.
  + The staff may consider changes to the room environment that may minimize congestion, commotion, competition for toys and materials, or child frustration.

## Policies Regarding Biting

The following procedure shall be followed regarding bites: If a child has been bitten:

1. Wash the wound with soap and water.
2. Apply ice.
3. If the bite breaks the skin, notify the supervisory staff and the parent.
4. Write accident report.

*\*\*\*For toddlers: Give attention to the bitten child. Remind the biter that biting hurts and that we do not bite our friends. Give the toddler something to bite on like a tether or a rubber ring.*

*\*\*\*For preschoolers: Give attention to the bitten child. Have the child who did the biting help to care for the injured child. (e.g. hold ice, comfort) Remind the child that we do not bite our friends and that we use words. In all cases explanation will be given to child in a language that he or she can*

*understand to explaining why the behavior is inappropriate and to reinforce the concept that even if the activity is inappropriate, the child is not a “bad” child. Do not force the child who has bitten to apologize.*

How will we handle the biting child?

1. We will look for the causes of the behavior and try to take a preventive approach.
2. We will shadow the biter in situations where we think the child might bite.
3. We will be consistent in our interventions, realizing it is a temporary stage of normal development.
4. We will communicate to parents about the incident. However, information

about the “biter” is confidential.

# HEALTH AND SAFETY POLICIES

## Injury Policy

Staff shall report any injury of a child, no matter how insignificant it may seem. Staff will determine if the parent needs to be immediately notified and if first aid should be administered. All full-time staff and many volunteers are trained in CPR and First Aid. Volunteers may be asked to apply a Band-Aid or clean a wound, but the staff determines the action plan. First aid kits are in each classroom and should be pointed out to all staff and volunteers on the orientation tour. If a child falls in the classroom or on the playground and may be seriously hurt, he or she should not be moved. An adult must stay with the child and keep him or her still while sending someone else to alert EMS.

Parents must be notified if a child suffers an accident while in care. All major injuries must be reported to the parent immediately as well as bites that break the skin. Other injuries (minor scrapes, bug bites, etc.) should be reported to parents at the end of each day.

All accidents/incidents shall be written up on an accident report. A copy of the

report is to be placed in the child’s folder.

The following procedure shall be followed regarding small cuts, abrasions, or scratches:

1. Wash the area with soap and water.
2. Apply ice or Band-Aid as necessary.
3. Write accident report.
4. Do not apply any medication without written permission from parent.

The following procedures shall be followed regarding serious accident with injuries:

1. Remain with injured child but do not move child.
2. Send for additional staff or contact EMS if needed.
3. Give emergency first aid if necessary.
4. Notify parent or get emergency help.
5. Fill out an accident report.

If adults need to pick up a child, lift him/her under his/her arms, never by the arms. Also bend at the knees to protect the back.

Avoid sitting on tables, ledges, or shelves. Adults need to model “feet on the floor” for children.

Children are to be shown how to use equipment safely and rules are to be enforced. Adults need to be aware of potential accidents and hazards.

Children are to be watched carefully when they are on slides and climbers. While adults are supervising indoors or outdoors, they are not to congregate with other adults and are to always stand where children can be safely observed. Adults should be aware of blind spots!!

**Medication Policy**

Our staff will not administer the first dosage of any medication during center hours. Medications to be taken during hours at the center will comply with the following:

1. A written physician’s order must accompany the medication. Both the physician’s order and the medication label must match.
2. All medications dispensed by our staff will be recorded on the medication sheet. For children taking more than one medication, each will be recorded on a separate medication sheet.
3. Any medications, which are taken on a continuous routine per physician’s orders, will require that the parent provide us with written information on the changes in dosage or ending the medication.
4. Nonprescription medications will not be administered to a child without written, signed and dated parental permission, naming the medication, dosage, and times. We cannot accept “as needed” as a time. Verbal permission is allowed in emergencies if the provider makes a written note and then gets written permission from the parent as soon as possible.
5. A release statement will be signed by parent/guardian stating that they give their consent to have personnel administer their child’s medications. This can be found on the Medication Form.
6. All medications on our premise will be placed in a locked cabinet or locked box (unless otherwise instructed). Empty containers for refill will be returned to the parent/guardian.
7. Staff will note dates of expiration. Any outdated medications will be returned to the parent/guardian by the staff.
8. It is not our responsibility to ensure that refills on medication happen. This is a parental responsibility.
9. Only staff will administer a student’s medication while in the program (with the exception of a parent/guardian.)
10. Parents must pick up the medications at the end of each week.

## Illness Policy

The parent or guardian shall be notified as soon as possible if a child develops symptoms of any illness. Remove the child from the class, notify the parent or designated adult and supervise until the adult arrives. Staff or volunteers shall notify the program supervisor if any child in care exhibits illnesses or symptoms that should result in exclusion from programming (See Appendix A).

With most other illnesses, children have either already exposed others before becoming obviously ill (e.g., colds) or are not contagious one day after beginning treatment (e.g., strep throat, conjunctivitis, impetigo, ringworm, parasites, head lice, and scabies). The waiting periods required after the onset of treatment vary with the disease. Children can return to care once they have waited the designated period identified by a physician.

**COVID-19 Policy**

COVID testing should be considered for those with cough, fatigue, fever, headache, sore throat, congestion or runny nose, diarrhea, nausea or vomiting.

For children who have had a positive contact or household contact with COVID-19 and is asymptomatic, they should be tested on at least days 1, 3, 5 after exposure (exposure is day 0). For children who test positive they should isolate if with mild symptoms through at least day 5 (day 0 is the day symptoms appeared or the date of the positive test for people who are asymptomatic). Those with moderate or severe COVID-19 OR persistent symptoms should isolate through at least day 10. For young children unable to mask, it is safest to continue to isolate through day 10. COVID-19 vaccinations are recommended. See Appendix for COVID-19 Information.

Carly Knight, NP-C is available as a health resource regarding illness, COVID questions, etc. (Phone: 508-517-3413; email: cknight2@gmail.com)

## Medical and Immunization Records

Each family must submit an immunization record in compliance with the Maine Centers for Disease Control and Prevention guidelines (See Appendix B). Within thirty (30) days of the child's first day of admission to the facility, the family must show an updated certificate of immunization that shows current immunization status. Each child's records must reflect up-to-date status with the dates of each immunization and vaccine type for the following:

1. Measles
2. Mumps
3. Rubella
4. Diphtheria
5. Pertussis
6. Polio
7. Tetanus
8. Haemophiles influenzas Type b
9. Varicella
10. Hepatitis B
11. Pneumococcal conjugate
    * *A blood test demonstrating immunity to measles, mumps, and rubella may be provided as proof of immunity. Evidence of this must be kept on file, and update in a timely fashion.*

## Abuse and/or Neglect and Mandated Reporting

The employees and volunteers of the Kids' Place are required legally and ethically to report child abuse in pursuant to Title 22 M.R.S.A Chapter 1071. As a licensed childcare provider with the State of Maine, we will adhere to all regulations for Family Childcare as set by the Department of Health and Human Services. A copy of these regulations is available for parent review at: www.maine.gov/dhhs/ocfs/ec/occhs/cclicensing.htm. As a licensed provider, we are mandated to be child advocates. We will follow the guidelines for handling and reporting suspected child abuse or neglect in accordance with Maine law and the DHHS.

Any provider suspecting Abuse or Neglect must immediately report this information to Child Protective Intake Services, 1-800-452-1999, TTY 1-800- 963-9490 which is staffed 24 hours a day, 7 days a week.

Maine legally defines abuse and neglect as follows: **“Abuse or neglect”** means a threat to a child’s health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for the child (10-148 CMR Chapter 32, section 1.1).

***When an employee suspects that a child is being abused or neglected, they must***

***follow the outlined procedure:***

1. Employee must report suspicion to director.

2. Documentation is made of suspected abuse/neglect.

3. If there is no question about the situation, it is reported to DHS using the child

protective intake line at 1-800--452-1999, TTY 1-800-963-9490 which is staffed

24 hours a day, 7 days a week.

4. If there is any question about whether the abuse/neglect is reportable, the

director will consult their state licensing worker for advice about procedure to

follow.

5. All reporting of suspected Child abuse and/or neglect, and serious injuries of a

Child who is under six months of age or otherwise non-ambulatory, must comply

with 22 MRS §4011-A

6. Parents/guardians are notified immediately by the director.

7. Sweet Moments will follow any of the mandated procedures by DHHS.

***When an employee is suspected or accused of abuse/neglect of a child at our***

***daycare, the plan of action is as follows:***

1. Documentation of the accusation is made.

2. Employee is notified of the accusation and asked to give a written account of the

situation in question.

3. Our DHHS licensing worker is notified of the situation.

4. The childcare will follow the procedure outlined by DHHS for this type of situation. Staff roles will be modified to ensure children and staff are safe during the process of the investigation which includes but is not limited to remaining within site and sounds of other staff, leave of absence, etc.

**Serious Injury and Child Death Reporting**

If a medical emergency arises with a child, we will notify the parent immediately. If the emergency is life threatening to the child, necessary steps will be taken to put the child’s safety first (calling 911, doctor, poison control, emergency transportation to the nearest hospital, etc.) and then parents will be notified. Maine Law requires childcare providers to report serious injuries that require medical treatment from a healthcare professional or emergency room, such as a broken bone or losing consciousness. We will document all accidents, serious injuries/death, or emergencies on the day of the occurrence and make the report available to parents and legal guardians. A copy of the incident report must be signed by a parent and will be kept in the child's file. These situations will be reported to childcare licensing within 24 hours of occurrence.

**Reporting Licensing Violations**

A child’s parent or legal guardian has the right to be fully informed of the findings of the most recent inspection conducted by DHHS. We will inform children’s parents or legal guardians that the licensing inspection results are public information, and the inspection results will be posted on the parent information board. Parents or legal guardians will be notified by me within two business days of any actions taken against the me by DHHS, including but not limited to, decisions to issue conditional licenses, refusal to renew a license, or to impose fines or other sanctions.

**Expulsion and Suspension Prevention**

If a negative behavior is causing other children to be harmed or is taking excessive amounts of provider time to help mitigate, the parents and providers will meet to discuss the best plan of action. Only once we have exhausted multiple strategies, will termination occur.

**English Language Learners**

We are a primary English-speaking Program. We will do what we can to communicate with English learners, such as using pictures. We will use text message and or e-mail to communicate with Parents /or Guardians so they can use a translation tool.

**Records Management**

We are required to keep records for 3 years. Originals must remain on site at Chebeague Recreation Center. If parents or staff request copies, please allow us one week to provide them.

# GENERAL CENTER POLICIES

## Admissions Policy

Children between the ages of 6 weeks and 12 years of age will be considered for admission to the program. Parents considering the Kids' Place as a day care provider are encouraged to visit prior to submitting a pre-enrollment application. Children will be accepted on a space-available basis.

## Departure and Third-Party Release

All facilities must be very careful about releasing children. Children can only be released to those people listed on the consent form. Therefore, we ask that **only staff release\_children.** If an adult other than those on the list comes to pick up a child, staff will seek confirmation from a supervisor or parent.

Only those persons listed on the Emergency Information Sheet as “Persons authorized to pick up child at any time” can pick a child up from the center. If anyone other than those authorized on the Emergency Information Sheet is to pick up a child, written permission must be given to the center by the registering parent/guardian.

In case of an emergency, persons listed in the “To be called in an emergency” list can pick up a child if the center cannot reach the parent/guardian and the center calls these persons to pick up a child.

In a non-emergency situation, persons on the “To be called in an emergency” list

cannot pick up a child without written permission from the parent/guardian.

Every child enrolled in the center must have an Emergency Information Sheet on file. It is the responsibility of the family to inform the center of any changes on this form.

The center will not release a child at any time to a parent or designated individual who is visibly impaired due to alcohol consumption or substance abuse (either prescribed or illegal). If a parent or designated individual is impaired, the center’s

administrative staff will telephone individuals from the third-party release form to arrange for an alternative adult to pick up the child. If a parent or designated individual is impaired and insists that their child be released in his or her custody, the center’s staff will immediately telephone the appropriate law-enforcement officials.

## Toileting Policy

The toileting policy at the Kids' Place is individually tailored to meet the needs of each child. Children will not be excluded from programming because of toileting issues. Each parent will submit a toileting care/needs plan for their child at the time of admission that will be updated as necessary or on six-month intervals.

Children will be encouraged to meet age-appropriate benchmarks in toileting with the aim of toileting independence. Goals and objectives, though, will be parent-directed and correspond with the needs and developmental level of the child.

## Napping Policy

Age-appropriate napping opportunities will be provided for children after lunch each day. The center will provide children with a nap mat that is cleaned daily with a bleach solution. Children will be asked to bring a nap blanket or transitional item to be used at nap time. These items will be sent home weekly to be cleaned and returned on the first day of the following week. Children from 6 weeks to 5 (or older/younger if requested by parents) will be asked to nap or rest each afternoon. Children 5 (or older/younger if requested by parents) or older will be asked to participate in quiet activities during nap time.

## Outdoor Play Policy

Weather permitting, all children, including infants, will spend some time in outdoor play. It is necessary that children have freedom of movement, so it is requested that children are dressed accordingly. Shoes and socks are required. As we encourage children to explore, there may be times when he/she may become messy or rumpled. For this reason, we request that parents send one complete change of clothing to remain at the center. Parents are to be sure to label all articles of belongings. During the winter months, children are expected to come with snow suits, boots, warm socks, mittens, and hats. In the summer, children may bring

bathing suits and towels if they wish to participate in water activities. Children should always bring weather appropriate outerwear.

## Transportation Policy

The Kids' Place Daycare does not transport children from home to center, center to home, or from school to center unless special circumstances occur and are arranged in writing in advance. Occasionally we will take field trips approved by parents. Each family will be notified about the trip, the price (if any), and how the child will be transported. Each child will be required to have a signed permission slip.

## Water Activities Policy

In the summer, wading pools may be utilized at a depth of less than 2 feet (24 inches). For wading pools, water safety attendants must be present, and this individual must hold a valid CPR certificate and valid first aid certificate, pursuant to 10-148 CMR Chapter 32, sections 15.4.7.3. Kids’ Place Daycare does not offer supervision for pool use at any facility.

## Off-Site Activities Policy

Occasionally we will take field trips approved by parents. Each family will be notified about the trip, the price (if any), and how the child will be transported. Each child will be required to have a signed permission slip. Walking field trips may be taken around the island, and the family will be asked to sign a blanket permission slip during the enrollment process to cover island-based walking field trips.

## Photographing Children Policy

At various times throughout the year, we will be taking photographs and/or videotapes of the children for educational and decoration purposes (e.g., we post photos on bulletin boards, in cubbies, etc.). We require permission from the parent and/or guardian to photograph, videotape, or publish photographs in newspapers and other such types of correspondence.

## Kids‛ Place Fire Drill and Emergency Evacuation Drill Policy and Procedures and Crisis Plan

Basic Information:

Facility Name: Kids‛ Place

Facility Address: 374 North Rd, Chebeague Island, ME 04017 Facility Main Contact: Emma Everett (Kids‛ Lead Teacher)

Emergency Backpack Location: Chebeague Recreation Center Craft Room Closet Number of Children: Max 12 (Small Facility Childcare)

Emergency Contacts:

EMS/Fire/Police (911)

Fire & Rescue Chief - Ralph Munroe, AEMT Fire & Rescue Administrator - Steve Auffant

Poison Control Poison Center (800) 222-1222 Kids‛ Place Director, Caitlin Whetham 207-653-7129

**Crisis plan**

Contact Kids’ Place Director, Caitlin Whetham. If for some unforeseen reason she is not available contact the appropriate persons listed in the Emergency Contacts above.

**Kids‛ Place Fire Drill Policy**

Per State requirements, Kids‛ Place staff, along with all children present, will perform a monthly fire drill. Using an audible smoke detector sound, staff and children will proceed to the nearest exits, walking away from the building.

Children aged two and older will line up and walk out with a teacher. Children under the age of two will be carried out. A standard meeting place is on the front lawn closest to the edge of the North Road where a head count of all children and staff can be made. A clipboard with the Monthly Fire Drill Log will need to be completed and copied, the original log will be kept in the Directors Office with a copy posted on the KP refrigerator.

**Kids‛ Place Emergency Evacuation Drill Policy**

Per State requirements, Kids‛ Place staff, along with all children present, will perform an Emergency Evacuation Drill two times per year. Standard chosen months for this drill are April and October. In the event of an emergency, where the building should be evacuated, all staff and children present will proceed to the nearest exit walking away from the building. A standard meeting point is in the Rec Center building‛s craft/community room where a head count of all children and staff can be made. An emergency backpack is located in the closet of the craft/community room at the Chebeague Recreation Center. A clipboard with the Monthly Fire Drill Log will be used and an additional entry for the Evacuation Drill will need to be completed and copied, the original log will be kept in the Director‛s Office with a copy posted on the KP refrigerator.

See Attached “Yikes! Emergency Response Plan”

# APPENDICES

**Illness Evaluation for Parents and Staff**

|  |  |  |
| --- | --- | --- |
| **Illness/Infection Symptom** | **Should child/staff stay home?** | **When can child/staff come back?** |
| Chicken Pox | YES | When all the blisters/pox have scabbed over |
| Cold | NO (without fever)  YES (with fever) | Refer to Fever |
| Coxsackie (hand, mouth, and  foot disease) | YES | Until Symptoms are resolved. |
| Diarrhea (two or more stools  or over and above what is normal for child) | YES | Diarrhea is resolved. |
| Ear Infection | NO (with doctors diagnosis) |  |
| Fever of unknown origin (100 degrees F oral or 101 rectal or higher) and some behavioral  signs of illness | YES | Free of fever for 24 hours and fever reducing medications have not been given in the past 8 hours or on prescribed medication for 24 hrs. |
| Fifth Disease | NO (without fever) YES (with fever) | Refer to Fever |
| Giardia | YES | When diarrhea subsides or Doctor approves  readmission |
| Hib disease | YES | Well and proof of non-carriage or cleared by  Physician. |
| Hepatitis A | YES | One week after illness started and fever is resolved |
| AIDS (or HIV infection) | YES | Until child’s health, neurologic development, behavior, and immune status is deemed appropriate (on a case-by-case basis) by qualified persons, including the child’s  physician chosen by the child’s parent or  guardian and the supervisor. |
| Impetigo | YES | When treatment has begun |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Illness/Infection Symptom** | **Should child/staff stay home?** | **When can child/staff come back?** |
| Lice | YES | When 1 treatment has been given |
| Meningococcal disease | YES | Well and proof of non-carriage  (Neisseria menigitis) |
| Pink Eye | YES | 24 hours after treatment has begun |
| Undiagnosed generalized rash | YES | Well or cleared by child’s physician as  non-contagious |
| Ringworm | No (keep area covered) | n/a |
| Roseola | YES (with fever) | See fever |
| Rota virus | YES | 24 hours after treatment has begun and fever |
| Vomiting | YES | 24 Hours after vomiting has stopped. |

**COVID-19 Information**

**A diagram of a diagram

Description automatically generated with medium confidence**