



Green House Village Child and Family Center

A Program of The Courageous Steps Project, Inc.

Parent Handbook

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Mailing Address: P.O. Box 224, Milford, ME 04461

Phone Number: 207-827-7270

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Parent Handbook
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Introduction/Summary

Program Philosophy

Our inclusive-based program offers rich experiences that are child and family centered. Please refer to our individualized policies for more detailed information on our policies & procedures.

Children will have many opportunities to:

- Learn through play and make discoveries;
- Make choices and follow their own plan and interests;
- Use their large and small muscles;
- Make friends and learn about the social world;
- Engage their sense;
- Express themselves creatively and use language in its many forms; and
- Find solutions to problems or questions posed.

Experiences will take place inside and outside when weather permits.

Given our belief that children grow and learn by moving from exploration to inquiry to application, programming is individualized by each student's unique needs. The amount of time and way each child accesses the learning environment changes and evolves to meet those individual needs.

We licensed by the Department of Health and Human Services (DHHS) in the State of Maine to serve 20 children (at one time) ages three through kindergarten entrance. We have an experienced staff with additional partners in order to increase individual attention for children.

Our staff includes:

- Director/classroom teacher, with experience in Child Development and Family Relations and Special Education;
- Several classroom assistants and Educational Technicians/Behavioral Health Professionals.

Our staff are required to have 18 to 30 hours of training each year that they are employed, including but not limited to training in First Aid/CPR, Blood Borne Pathogens, FERPA/HIPPA, and



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Health and Safety. Training must be pertinent to supporting children, families, and developmentally appropriate practices in education and human services.

Staff are supervised by the Director/classroom teacher. When the Director/classroom teacher is absent, the Lead Program Assistant will supervise.

School Year

The typical start of the school year occurs in early September and the end of school year is early June. We follow the Child Development Services (CDS) school year calendar.

Summer Session

Our summer session takes place from early July through mid August (about 7 weeks). The summer session is very similar to the school year session. Community experiences are utilized during this session with in-house and outside experiences taking place all throughout.

Arrival and Departure

Currently, children will be greeted inside and signed in using the app Brightwheel. The Lead Teacher or a designated staff member takes attendance as well, noting the time of arrival.

When registering, you will sign up your child for a specific schedule. The drop off and pick up times are as follows:

Arrival (Drop-Off): You may drop off your child between 8:15am and 9:00am.

Departure (Pick-Up): Pick up is promptly at 12:30pm, unless additional services are provided. If additional services are provided, pick-up time is promptly at 1:30pm or when the provider is finished for that session.

Anyone who picks up your child must be on your student information sheet / child's records. If your child is going to be picked up by someone not listed, you must send a note or call authorizing us to release the child into that person's care. Please let this person know that they may be required to show photo identification to a staff member. If an emergency situation occurs which prevents you or another authorized person from picking up your child, you will be required to call the school to grant another person authorization to pick up your child. Note, ID will be required for safety purposes.



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General Guidance: We provide an environment that encourages development of personal learning styles and interaction. It is planned to be a happy, positive experience for all involved. Routines and behavior guidelines are taught to keep children safe, to encourage learning and to help develop self-control and a positive self-concept through evidence-based practices. Teachers/staff may direct and discuss problems with children as deemed necessary. At times, negative/inappropriate behavior may be ignored, and positive behavior reinforced with praise and recognition. If a behavior becomes a concern or a problem, parents and teachers will work together to plan mutually acceptable solutions.

Resources available for developmental screenings:

a.) Child Development Services (CDS): Child Development Services is an Intermediate Educational Unit that provides both early intervention (birth through two years) and FREE Appropriate Public Education (for ages three through five years) under the supervision of the Maine Department of Education. The CDS system ensures the provision of special education rules, federal and state regulations statewide, through a network of regional sites.

Contact Information: Two Rivers, Child Development Services,

797 Wilson Street

Brewer, ME 04412

Phone: (207) 947-8493

Online Referral (Child Find) In-Take Form:

<https://www.maine.gov/doe/cds/childfindform>

b.) Primary Care Physicians: A developmental screening can be conducted by your primary care physician. Once a screening is completed, a referral can be sent directly to us where we can discuss service options to meet you and your child's needs.

Enrollment & Tuition Options

Our program has a main enrollment period before the school year, but we will take enrollments during the school year and our summer session. Returning families are given first priority and new families after. Each family is responsible for the full amount for the session tuition regardless of how many days your child attends.



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Our Tuition Payment Plan Options

Tuition is deducted automatically from your bank account on the Friday before the upcoming week. We accept payments weekly or bi-weekly. Online payment is recommended.

****Check/cash must be dropped off to the office.****

Weekly Payment Plan (Due the Friday Before Upcoming Week)

Our Tuition Rates (see below for 20% - 25% discount programs)

\$98.00 (Two Days) / Per Week

\$147.00 (Three Days) / Per Week

\$245.00 (Five Days — Full Week) / Per Week

This Breaks Down In the Following Ways:

\$14.00 Per Hour / **\$49.00** Per Day

- A \$10.00 late fee may be assessed if payment is not received after 10 days of your payment plan selected date. Payment can be made online or through check/cash.

Tuition Assistance Programs

We have several tuition assistance programs to help keep costs affordable for all families who want to attend our program. This includes the following:

Program	Discount for 2 Days	Discount for 3 Days	Discount for 5 Days
Military Family/ Relative Discount	20% (\$19.60 Savings)	20% (\$29.40 Savings)	20% (\$49.00 Savings)
Alumni Discount	20%	20%	20%



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| (\$19.60 Savings) (\$29.40 Savings) (\$49.00 Savings)

Program	Discount for 2 Days	Discount for 3 Days	Discount for 5 Days
Sibling Discount	25% (\$24.50 Savings)	25% (\$36.75 Savings)	25% (\$61.25 Savings)
Essential Worker Discount —(Educator, Healthcare, EMT, Fire/Police, nad ChildCare)	20% (\$19.60 Savings)	20% (\$29.40 Savings)	20% (\$49.00 Savings)

NOTE: You can only apply for ONE Discount.

Other Assistance Options: Tuition assistance in the form of scholarships and further discounts may be available through an application process. You may ask the director or visit our website (www.greenhousevillage.org) for more information.

Children Who Qualify for Services: Children who qualify for extra support services under Child Development Services (CDS) or MaineCare Section 28 School-Based Non-Specialized services, should contact us for more information.

Enrollment process: Our enrollment process starts in the late winter for summer and school year, with returning families given first priority and new families at a later date. An enrollment contract may be given to families prior to enrollment that outlines all tuition and payment policies. Each family will be given a copy to keep for their own records.

Waitlist: Call 207-827-7270 at any time to add your child onto our program’s waitlist. Adding your child onto our waitlist DOES NOT guarantee automatic enrollment into our program.

Rate Changes: We hold the right to adjust rates as deemed necessary. Those shall be reflected in our program handouts, websites, and other documentation.



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Using Brightwheel for Families

Brightwheel is used to communicate to families, bill to families, and house contact information. We utilize Brightwheel on a daily basis so we can efficiently communicate and provide up-to-date information when a closure may occur.

When you enroll, you will receive an email notification asking you to fill in information for your child. If you would rather have us input this information, we need a signed authorization form allowing us to do that. That can be found in the appendices section of this handbook.

Brightwheel allows you to also send photos and messages securely, and schedule automatic billing, allowing you to just schedule your tuition payments for the year, and then that's it.

If you have any questions about the Brightwheel platform, please contact us at 207-827-7270 or email info@greenhousevillage.org.

SECTION A (Child Care Program Policies / Expectations)

Daily Schedule

Policy AAA

9:00am - Arrival / Play

9:30am - Snack / Books and Puzzles

10:15am - Play / Free Choice Center Time Activity

11:15am - Group Time

11:30am - Lunch

12:00pm - Books / Puzzles / Gross Motor Group Activities



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12:30pm - Dismissal

NOTE: The daily schedule may be adjusted to accommodate a child's individual needs and goals as determined by the Director/classroom teacher, administrative staff, or classroom staff.

Lost & Found

Policy AAB

Any personal possessions that cannot be identified by teachers will be placed in the lost and found bucket. The lost and found bucket/area is located by the cubbies. Personal possessions of a child will be collected and housed in the Lost & Found. After two weeks to one month, items will be removed from the facility.

Snow Days / Inclement Weather

Policy AAC

We are always looking out for the safety & wellbeing of our children and families. This includes snow days or inclement weather. We will be closed during inclement weather or snow days. Parents will be notified by our Brightwheel system or via phone call or email. An announcement will also be posted on our social media page / website. A set number of days will be made up at the end of the school year.

Holidays & Vacations

Policy AAD

Holidays / Vacations: We will be closed for the following holidays and vacation periods (see attached school calendar for specific details):

Holiday / Vacation Closings (refer to calendar for dates)

Thanksgiving Break (Wednesday, Thursday, & Friday)
Christmas Vacation (Week of AND after Christmas)
February Vacation (1 Week School Vacation)
April Vacation (1 Week School Vacation)
Memorial Day



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June Summer Break (1 Week)
Independence Day
August Summer Break (1-2 Week Break, 1 Week Staff Orientation)
Labor Day
Indigenous Peoples Day
2 Staff Workshop Days (October & April) – **dates may change based on current scheduling**
Veterans Day

Calendar School Year

Policy AAE

We follow the school year calendar for Child Development Services and many surrounding schools including the Dr. Lewis Libby School and RSU #34 (Alton, Bradley, and Old Town).

First Day of School: After Labor Day

Tentative Last Day of School: Early June

****Snow / school closure days may push the last day of school back in June****

Emergency Closures: If an emergency closure takes place due to unforeseen circumstances, a notification will go out through our Brightwheel system or via phone call / email. An announcement will also be posted on our social media page / website.

Changes to School Year Calendar: The calendar may be changed by the Director at any time or by administration of the parent organization at any given time. A minimum notice of 7 days for major changes shall be given to families and announced via our Brightwheel system or through phone call / email.

Length of Program

Policy AAF

The length of the regular day is currently from 9:00am-12:30pm with an extended day taking place either before starting at 8:15am or extending until 1:45pm.

Summer Session

Policy AAG



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Our summer session runs from late June through early August. The summer session is seven four day weeks, to give time for our staff to enjoy the Maine summer weather. Summer session is separate from our school year calendar, and the start date / end date are determined by our administrative team at least 2-3 weeks in advance to the session beginning.

Emergency Evacuation / Fire Drill Procedures

Policy AAH

We have implemented these following evacuation and emergency procedures for our 78 Main Road, Milford, ME 04461 location:

- 1.) Evacuation routes and meeting spots are posted in each room. All staff members should review routes frequently. Evacuation routes are planned to facilitate the fastest, safe evacuation of all people.
- 2.) In the event of a fire, smoke or other condition arising which could pose a threat, leave the building in an orderly fashion and dial 911 from a safe place for emergency assistance.
- 3.) When an emergency / smoke alarm sounds, all staff members will quickly and calmly assist the children from the building. **DO NOT STOP** to locate clothing or shoes.
- 4.) While specific exits will be used for routine evacuations, the possibility exists for such exits to be blocked during a real emergency. Regular supervisory staff members shall plan alternative exits for such situations.
- 5.) One regular supervisory staff member will be designated to quickly check each room to ensure no child has been left inside.
- 6.) Once all staff and children have met at the designated spot after evacuation, a head count will be taken again. If a person is missing, one staff member will immediately notify the coordinator of the emergency rescue team. **AT NO GIVEN TIME SHALL THERE BE RE-ENTRY TO THE BUILDING.**
- 7.) The supervising staff will arrange for alternative shelter during unfavorable



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weather conditions.

8.) Teachers will administer first aid if necessary.

9.) Emergency program records, including updated parent schedules and emergency rescue phone numbers, will be located in an easily accessible spot. One staff member will be designated to carry these records outside during any evacuation.

10.) No one shall re-enter the building after the smoke alarm has sounded until authorized to do so by a member of the emergency rescue team.

11.) Staff will regularly check play yard exit gates throughout the year to ensure they are functioning properly.

12.) Fire drills are held and documented once per month.

Crisis Plan

Policy AAHI

We are committed to creating a safe environment for all children and staff members in the facility. Our crisis plan, including our evacuation plan, and lockdown procedures, ensures that our program is fulfilling its promise to our families to keep children safe at all times. In the event of an emergency where a staff member is alone in the building with children, they would immediately dial 911 via their cell phone and move the children to a spot furthest away from windows and exterior entryways. In all circumstances, as designed by the program model for the safety of all children and staff in our building, we will never staff children under 1:5 ratio due to the safety of all children and staff.

Any evacuation, lock-down, or crisis related emergencies shall refer to this emergency numbers list, with 911 always being the first point of contact.

EMERGENCY NUMBERS

NAME/COMPANY	CONTACT NAME	PHONE NUMBER
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FIRE	Milford Fire Department	(207) 827-6164
POLICE	Penobscot County Sheriff's Office	(207) 947-4585
AMBULANCE	Milford Fire Department	(207) 827-6164
POISON CONTROL		1-800-222-1222
Health Care Consultant	Sarah Sinclair	(207) 798-2498
Oil Company	N/A (Electric Heat)	N/A
Gas Company	N/A (Electric Heat)	N/A
Electric Company	Versant Power	(207) 973-2000
Water Company	Old Town Water District	(207) 827-2145
Electrician	Tony Madden (LandLord)	(207)745-8585
Plumber	Tony Madden (LandLord)	(207)745-8585
Snow Removal	Thornton Construction	(207) 827-0352
Child Protective Services		1-800-452-1999
Child Care Licensing	Barbara Jones	1-800-791-4080
Relocation Site	Old Town Public Library	(207) 827-3972
County Emergency Management	Penobscot County Sheriff's Office	(207) 947-4585
Local Emergency Management Maine Emergency Management		1-800-452-8735
Agency	The Courageous Steps Project Green House Village Preschool	(207) 827-7270
Closing Announcement	Olivia Schanck	(207) 779-7466
Maine CDC Disease Reporting		1-800-821-5821
Regional Red Cross Chapter	Red Cross of Bangor	(207) 874-1192
Insurance Company	United Insurance	(207) 385-2077
Bank	Bangor Savings Bank	(207) 827-9244
Landlord	Tony Madden	(207)745-8585
Disaster Distress Helpline		1-800-985-5990

The staff call down roster is located:



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At the facility and within the organization issued computers of the program director and on the program director's cellular device. The following order should take place:

Lisa Hussey, Director of Operations & Development - (207) 460-7374

Connor Archer, Chairman/CEO - (207) 852-1831

Sarah Sinclair, Director of Home & Community Services - (207) 798-2498

Jessica Constantine-Coulter, Administrative Assistant to Operations - (479) 601-5468

Jessica Archer, Vice Chair Board of Directors - (207) 852-0577

Lock-down Drill Procedures

Policy AAI

Lock-down drills are conducted periodically in accordance with licensing and for the safety of our children and staff. Children will learn how to respond to and keep themselves safe in the event of a real lock-down situation.

- When an announcement is made, the lead classroom teacher shall direct children and other staff members to move to a non-visible area of the building.
- Staff members shall move to the nearest non-visible corner / area of the building.
- In an event of a real lock-down situation, staff shall barricade doors/entry points to protect the safety of all children in the building.
- Staff and children shall remain in the nearest non-visible corner/area until the lead teacher deems it safe for children to return to learning. In the event of a real lock-down situation, the lead teacher shall dial 911 using a cellular device/phone to call law enforcement to handle the situation.
- In the event of a real lock-down situation, the children shall be released to their parents/guardians AFTER the scene is safe and cleared.

Guidance & Discipline

Policy AAJ

We provide an environment that encourages development of personal learning styles and interaction. It is planned to be a happy, positive experience for all involved. Routines and



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behavior guidelines are taught to keep children safe, to encourage learning and to help develop self-control and a positive self-concept.

Teachers/staff may redirect and discuss problems with children as deemed necessary. At times, negative/inappropriate behavior may be ignored, and positive behavior reinforced with praise and recognition. If a behavior becomes a concern or a problem, parents and teachers will work together to plan mutually acceptable solutions.

Gum

Policy AAK

We allow gum chewing during the day in our programs. We find that for some other children, chewing gum helps maintain a level of alertness and enables them to organize their thoughts and bodies so they can work more efficiently. If for any reason you do not want your child to chew gum, please let the lead teacher/director know.

Breakfast

Policy AAL

We do not serve breakfast. If there is a challenge with breakfast, please reach out to us to discuss ways we can support your child's health needs.

Lunch

Policy AAM

All children stay at school for lunch, unless an organized community experience is scheduled with prior permission slips and protocols are organized in place. The children must bring a COLD LUNCH with them in the morning to keep in their cubby until lunch time. Lunch is eaten in the classroom space with at least one teacher at each table. This allows the children to socialize and work on self-help skills important prior to kindergarten.

Snacks

Policy AAM

Snacks are not provided by us, but there may be Healthy Snacks days offered through our Alumni Fund programs. Children/families may bring in a snack to share, although it must be



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pre-packaged. We encourage “healthy choices” whenever possible. We will let all families know of any allergies as soon as we are aware of them. It is important that allergy information is included in the child’s records when enrollment occurs.

Physical Education / Activities

Policy AAN

All children participate in physical education-based activities. There are several protocols that are in place to help support physical education instruction / activities:

- Children are taught to use equipment in a safe way;
- Children are taught to participate in activities using appropriate practices; and
- Staff create an environment that is safe and productive for all children, regardless of ability.

Clothing

Policy AAO

Children should wear comfortable play clothes to enjoy all types of activities. Please expect normal wear and tear, an occasional paint smear, or accident to occur. Footwear should be appropriate for indoor and outdoor play. Sneakers are always the best choice. It is very helpful if you mark all clothing that might be misplaced such as boots, mittens, sweaters, backpacks, coats and hats with your child’s name. Please make sure we always have a clean change of clothing for your child in their cubby. Spills and bathroom accidents are part of our daily routine.

Program Fees

Policy AAP

Program fees are set by the administrative staff of the parent organization, The Courageous Steps Project. Fees / rates may be adjusted based on current market rates. Please refer to our enrollment & tuition options section (or the introduction section) for more information on exact fees and rates including discounts, scholarship programs available, and payment options.

Playground / Outdoor Play

Policy AAQ



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Overview: This policy is designed to support playground and outdoor play policies that occur on or off the property of programming. This policy is designed to support safe outdoor play on our playground space.

NOTE: Equipment mentioned in this policy may not apply to the playground space, but it shall still be mentioned for acknowledging future safety concerns associated with any playground space that it occupies on a regular basis.

General Playground Safety Rules

1. Always play safe by being careful and showing courtesy.
2. Never run around or push and pull others while near playground equipment. Keep your hands and feet to yourself. Physical contact and verbal abuse (mean words) are not permitted.
3. Don't go too close to the front or rear of moving equipment; instead, walk out around it.
4. Wear proper clothing. Make sure your shoes are tied and never wear clothes that have drawstrings. Necklaces, scarves, drawstrings and very loose clothes could get tangled.
5. When you get off equipment make sure there isn't anyone in the way. If you jump, always bend your knees slightly and land on two feet.
6. Don't play on equipment that is wet because the surface will be slippery.
7. If you go to the playground in the summertime, make sure the equipment is not too hot.
8. Take turns and get in a line when more than one person wants to use a piece of equipment. By sharing, everyone will get a turn. No holding places or butting in line.
9. Sit properly on equipment and do not overcrowd. If a piece of equipment has a handrail, make sure you hold it at all times.
10. Ask an adult for help if there is a problem or someone is hurt.
11. Never go to a playground by yourself or without letting an adult know. Have an adult go with you when you're in primary and have a friend go with you when you get older.

School Playground Rules (Off and On Site)

1. Students are not permitted on the playground without adult supervision.
2. Only go to the playground on an outside day and after the teachers on duty give you permission to leave the school building. Walk carefully and don't run.
3. Leave extra clothes and items you don't need in a designated spot away from the playground equipment.
4. Listen to and respect the teachers on duty. Follow their directions the first time they are given.
5. Always get permission from a teacher to enter the school.
6. Only play in the designated areas. If something you are using goes outside the play area, one student



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can retrieve the item.

7. After the bell rings, if you are on the school playground, pick up your belongings and any small equipment you were using. Line up and walk inside the school quietly after you receive directions from the teachers on duty.

Slides

1. Keep your shoes tied and don't wear any loose strings or clothing on the slide.
2. Be patient and wait your turn in line before getting on the climbing ladder.
3. Take one step at a time and hold the handrails with both hands when climbing the ladder to the top of the slide. Never climb or run up the slide surface or the frame.
4. Slide down feet first and sit up, never head first or on your back, knees or stomach. Go down one at a time with no fancy tricks.
5. Check the bottom of the slide to see if it is clear before sliding down. When you reach the bottom, get off and move away from the end of the slide.
6. On hot days, feel the slide with your hand before climbing to the top. If the side is too warm, don't play on it.

Swings

1. Always sit in the center of the swing; don't stand or kneel. Hold the chains tightly with both hands. Stop the swing completely before getting off.
2. No jumping out of swings, no twisting chains or swinging sideways. Do not swing empty seats!
3. Never double up with two kids to a swing or try to swing too high.
4. Don't push other children on swings. If you cannot start swinging, ask an adult to push you softly to get you started.
5. Stay a safe distance from other children on swings being careful not to run or walk in front, in back or between them. Walk out around instead.

Climbing Equipment

1. Hands stay well behind the person in front of you and beware of swinging feet. Never reach for bars or ropes that are too far away.
2. When you drop from the bars or ropes make sure you have enough room to not hit the equipment and hurt yourself. Bend your knees, land on both feet and don't touch others.
3. Don't overcrowd the equipment. Everyone starts from one side and moves in the same direction. When climbing down watch out for those climbing up.
4. Always stay in line, take turns and never push or try to touch others.



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Small Equipment – (balls, skipping ropes, hoops, etc.)

1. Use this equipment in a designated space away from the large equipment.
2. Be careful using this equipment so that you don't interfere with others. Try to stay in your own small space.
3. When you share a ball with others, be sure to take turns and play safely. No rough play allowed!
4. If you are using a ball and it goes outside the play area, ask an adult (teacher) for permission to get it.

Behavior Guidance

Policy AAS

We believe that each child has the right to be accepted and safe in his or her environment. Positive Behavioral Supports that teach and encourage the use of proactive problem-solving strategies for conflict resolution are an important component of our educational responsibility to all children enrolled.

Some of the most elective ways to guide positive behavior are:

- To use positive reinforcement;
- To be consistent;
- To convey guidance with support, acceptance and respect;
- To set clear expectations and consequences;
- To role model appropriate behaviors and responses;
- To redirect inappropriate behavior and offer other alternatives;
- To have communication at eye level;
- To provide intervention;
- To encourage children to express feelings;
- To make sure guidance is age appropriate;
- To provide guidance immediately; and
- To support the child always.

Corporal punishment is strictly prohibited. Corporal punishment means action against a child including but not limited to: Slapping, Striking, Shaking, Shoving, Spanking, Pinching, Twisting, Kicking, Biting, Ear pulling or ear twisting, Hair pulling, Forcing a child to taste or eat spicy, bitter or otherwise distasteful products for the purpose of discipline, Spraying with water as means of controlling behavior, Placing tape over a child's mouth, Mechanical restraints such as tying a child to a chair, Other forms of aggressive contact, Requiring or forcing child to take an



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uncomfortable position such as squatting, kneeling, standing or holding arms outstretched at sides or overhead, bending, and requiring or forcing a child to repeat physical movements.

Actions or practices that may be deemed detrimental to the welfare of children or that are potentially harmful to children are strictly prohibited. Such actions or practices as defined by the Department of Health and Human Services include but are not limited to:

- Corporal punishment (as defined above in this policy)
- Use of a stick or other instrument in disciplining a child
- Sexual abuse
- Lack of supervision
- Neglect in any form
- Withholding food or drink
- Derogatory remarks to or about children or parents
- Name calling
- Shaming or embarrassment
- Unusual confinement
- Rough handling

Use of physical restraint is a last resort limited to situations when a child is in danger of hurting themselves or others. Our staff is trained to use Safety Care or follow the child's behavior plan developed by a BCBA. The behavior plan overrides Safety Care. If physical restraint is used, an incident report will be filed.

Expulsion and Suspension Practices

Policy ASSA

Overview: High quality care early learning programs are important to preventing suspensions and expulsions in the early learning setting. Programs are responsible for creating positive learning environments that focus on preventing expulsions and suspensions. We foster partnerships with families to support healthy development, and ensure fairness, equity and continuous improvement to support children's social, emotional and behavioral health.

We focus on fostering social emotional development and responding to challenging behaviors by incorporating positive discipline practices and policies before ever considering expulsion or suspension from early childhood programs.



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Guidance for prevention of expulsion and suspension: In an effort to prevent expulsion and suspension of children, this organization/agency shall adopt the following:

- Use developmentally appropriate practices that provide for stimulating and interactive learning environments, diversity, age appropriate expectations, small group activities, teachable moments and knowledge of research based evidence and best practices in child development, early learning and education.
- Invest in professional development, training and education to ensure educators have the competencies to support children's social and emotional health.
- Develop and implement classroom schedules that meet the needs of the children.
- Adapt learning environments to promote healthy social interactions with others.

Guardians will sign a statement acknowledging they have received and read the Expulsion and Suspension Policy.

Drop off / Pick Up Policy

Policy AAT

Pick-up is promptly at 12:30pm, unless additional services are provided. If additional services are provided, pick-up time is promptly at 1:30pm or when the service is finished for that session.

Anyone who picks up your child must be on your student information sheet / child's records. If your child is going to be picked up by someone not listed, you must send a note or call authorizing us to release the child into that person's care. Please let this person know that they may be required to show photo identification to a staff member. If an emergency situation occurs which prevents you or another authorized person from picking up your child, you will be required to call the school to grant another person authorization to pick up your child. Note, ID will be required for safety purposes.

Transportation Policy

Policy AAU

We do have a van and provide transportation for field trips and community experiences when possible. We do not typically provide transportation to and from school. All transportation is provided either by the parent/guardian OR by a third party provider (Lynx, Penquis, etc.) if the child receives assistance for transportation. We contract with bus companies to provide



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transportation for field trips & community experiences outside of the building. All field trips require signed consent / permission forms prior to the trip. If an emergency shall occur requiring staff to implement the YIKES plan for out of neighborhood relocation, staff may transport children to the relocation area where parents will be contacted to pick up their child in that safe location. This shall be reported within 24 hours of the emergency and documented for further review upon request as needed. Please refer to the Emergency and Evacuation Procedures Policy for more detailed information.

Records Management and Retention

Policy AAV

We manage and retain records of children and personnel. We maintain a separate file for each staff member and child served. These records shall be retained for a minimum of seven years after the child leaves care and a minimum of 7 years Staff Member leaves employment. All attendance records must include date, year, start and end time of daily attendance for each group of children. The list must be available for inspection by necessary parties and be kept on site for three years. The facility must record actual hours worked and break times in which personnel are not in a caregiving capacity and are not counted in the staff to child ratio. This record must be available for inspection by necessary parties and be kept on site for three years. We maintain a separate record of all reports of alleged Child abuse and/or neglect made in accordance with 22 MRS §4011-A. A record of fire drills for the preceding three years is also on site and available for inspection by the Department of Public Safety, State Fire Marshal's Office, and local fire inspectors.

Parents/legal guardians who request viewing of their child's records shall call 207-827-7270 or email info@greenhousevillage.org to set up an appointment to request those records. Verification of parent/legal guardian shall be required through valid form of identification (drivers license, birth certificate, or US Passport. After 3 years, parents/legal guardians may request records for up to 6 months. After that timeframe, we reserve the right to shred and dispose of those expired records.

We maintain clean, readable records in an orderly, accessible format. A record of rabies vaccinations for all pets on the premises. For any swimming and wading activities, we keep a written record of the type, date, time and duration of the water safety emergency procedures training and drills.



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SECTION B (Health & Safety)

Child Immunizations Policy

Policy BAA

For each child who is attending our programs, we require and keep on file, within thirty (30) days of the child's first admission to our organization's childcare programs, and updated annually thereafter, a Certificate of Immunization which clearly illustrates each child's present immunization status. Each child's record must reflect an up-to-date status according to the Child Care Immunization status. Each child's record must reflect an up-to-date status according to the Child Care Immunization Standards set forth by the Maine Bureau of Health Immunization Program (based on recommendations made by the Centers for Disease Control's Advisory Committee on Immunization Practices). Dates of Immunization (month/day/year) and vaccine type shall be on file for each of the following vaccine preventable diseases:

- | | | |
|----------------|-----------------------------------|----------------------------|
| a.) Measles | f.) Polio | k.) Pneumococcal Conjugate |
| b.) Mumps | g.) Tetanus | l.) COVID-19 |
| c.) Rubella | h.) Haemophilus Influenzae Type B | |
| d.) Diphtheria | i.) Varicella | |
| e.) Pertussis | j.) Hepatitis A & B | |

A blood test demonstrating immunity to measles, mumps, and rubella can be provided as proof of immunity. Evidence of this shall be kept on file, and updated in a timely manner.

Children shall be required under this rule and as mandated by Maine State Law to have any such immunization. Changes to this policy are appropriate only if state law changes. Medical exemptions need to come from a doctor / licensed medical professional in the form of a letter that is sent to the program director. Chairman/CEO and/or Board of Directors approval is required before any changes in this policy are made.

Safe Sleep Policy

Policy BAB

We follow safe sleep recommendations for children to reduce the risk of sleep-related illnesses and the spread of contagious diseases. This policy is designed for situations that may require use of this policy.



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- 1.) We don't take naps during our program sessions, but if needed, a sleep mat is offered.
- 2.) A child's head shall never be covered when taking a nap.
- 3.) Supervision must be provided at all times when sleeping.

Reporting Child Death & Injury Policy

Policy BAC

Overview: In compliance with the Maine Office of Child and Family Services Child Care Licensing Rule, we share the following information with parents/guardians along with child care licensing when a child death or serious injury occurs in the setting of our program.

A record of the following policies shall be shared with the child's parent/guardian at the time of admission:

- a. Child guidance practices;*
- b. Parental visitation at the child care site;*
- c. Expulsion and suspension practices;*
- d. Management of child illness;*
- e. Emergency preparedness for natural disasters and human-caused events, including but not limited to, fire drills;*
- f. Release of children to non-custodial caregivers; g. Mandated reporting; and*
- h. Serious injury and child death reporting*

As required by the licensing rule, any injury to a child while in our care will be reported to their guardian. A written copy of a completed Accident/Illness/Injury Report will be kept in the child's file. Where necessary the report will be forwarded to the appropriate governing agency.

Guardians and state licensing staff know children are active and no amount of child proofing and supervision can prevent all injuries. However, reporting injuries can help prevent them in the future by identifying injury patterns specific to the child care's environment, and/or with a child who may need help with difficulties associated with balance, vision or foot positioning.

Medical attention is a guardian decision. When a guardian cannot be reached, we will act in their stead when a decision on immediate medical attention is needed.



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*Serious injuries will be reported to the Child Care Licensing Unit at 207-287-9300 within 24 hours. **Serious Injury Report:** Report for injuries that require medical treatment by a physician or emergency room visit.*

Thinking about the impact of a serious injury or death during your day, it also makes sense to have written procedural information on how to handle such an event. This procedural information fits well in our required Emergency Preparedness Plan.

Serious Injury/Child Death

- If a child is injured while in childcare, they will be checked for life-threatening situations and appropriate CPR/First aid will be given.
- If a child is seriously injured, or death has occurred, 911 will be called.
- The Guardian will be contacted.
- Injured children will be kept calm and comfortable until medical services arrive.
- Other children present will be kept calm, removed from the area to a safe location while remaining under supervision.
- Serious Injury/death will be reported to the Licensing Office, as soon as possible, within 24 hrs.

Violations that could relate to children's rights, shall also be reported to appropriate parties including licensing.

Mandatory Reporting of Child Abuse and Neglect Policy

Policy BAD

Overview: The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires each State to have provisions or procedures for requiring certain individuals to report known or suspected instances of child abuse and neglect at any location (within and beyond the program facility). These statutes also address reporting by other persons, the responsibilities of institutions in making reports, standards for making a report, and confidentiality of the reporter's identity.

Reporting Steps

- 1.) Internal notification to administrative personnel shall occur of suspected abuse or neglect by staff who witness the abuse or neglect;



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- 2.) The director and Chairman/CEO, or its designee, shall be internally notified of any suspected abuse or neglect immediately with a follow-up written report submitted for documentation purposes;
- 3.) Suspected child abuse and neglect shall be immediately reported upon suspicion to the Child Protective Intake hotline;
- 4.) The director shall be responsible for contacting the Child Protective Intake hotline. In event that the director cannot make that contact, the Administrative Assistant shall be the designee to make that contact. In event that the administrative assistant cannot make that contact, the Chairman/CEO shall be the designee to make that contact. If the above individuals cannot make the contact, other teachers, and facility staff may make the call.
- 5.) All relevant parties shall be notified via phone AND written notice of suspected Child abuse and neglect has been reported to Child Protective Intake; and
- 6.) Incident reports shall be completed, including the details of allegation or suspicion, the date Child Protective Intake was called, which relevant parties were notified the report was filed, and whether or not the parent/guardian was notified of the allegation; and if parental notification, including the determination how and what information will be shared with a parent/legal guardian when Child Protective Intake has been contacted. Parents/guardians shall be informed within 24 hours of an allegation of abuse/neglect being made against a staff member.

Specific components to Program: The Board of Directors, Chairman/CEO, and Management staff shall take sole responsibility for providing an environment where CAPTA reporting can occur throughout our programs and our organization to the extent required by law. The Courageous Steps Project Board of Directors and Chairman/CEO shall fully enforce this policy with full authority. The Board of Directors and Chairman/CEO shall revisit this policy when deemed necessary to protect those of all ages from abuse and neglect.

Mandatory Reporting of Child Abuse and Neglect

Policy Against Staff or Facility

Policy BAD-I

Overview: The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires each State to have provisions or procedures for requiring certain individuals to report known or suspected



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instances of child abuse and neglect. These statutes also address reporting by other persons, the responsibilities of institutions in making reports, standards for making a report, and confidentiality of the reporter's identity.

We are committed to protecting all children in our care and beyond, but are also committed to creating a safe environment for our staff to keep our children safe. In accordance with section BAD, if a staff/volunteer suspects abuse/neglect, they are required to report it. In the event that an allegation is made, the following procedures shall be followed:

Prevention Measures

- a.) All staff and volunteers shall have required background checks through Maine Department of Health and Human Services and the Maine Department of Education and related agencies/departments if applicable;
- b.) At least two references shall be checked before hiring an employee or bringing on a volunteer;
- c.) Appropriate child-to-staff ratios and small group sizes shall be maintained;
- d.) Staff members shall not be alone with one child out of view of other adults and children; and
- e.) Parents are encouraged to join in on all activities, especially our community-based enrichment activities and programs.

Conditions of Continued Employment & Grounds for Termination: We may reserve the right to place the individual on leave while the investigation is occurring by internal administration and the Department of Health and Human Services to protect the alleged staff member and the other parties involved. Termination of employment may also be considered if the severity of the allegation warrants such action. Though, evidence shall be warranted in those instances in that decision making process. That discretion is solely made by the Chairman/CEO and board of directors as deemed necessary and appropriate. If the facility is involved as a whole, the Chairman/CEO and or Board of Directors may reserve the right to temporarily close / suspend program operations at the facility until the investigation is completed depending on the investigation and severity of suspected allegation.

Report Suspected Child Abuse and Neglect: If a staff member or volunteer notices child abuse and neglect occurring at the facility location involving other staff members, it is the



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responsibility of that staff member to report / escalate any suspected incidents in the following order of management:

Level 1: Director

Level 2: Administration/Operations

Level 3: Chairman/CEO (if Program Director and/or Administrative Assistant can't assist)

Level 4: Board of Directors (if the above cannot assist)

Parental Notification: Similar to policy JAH, all relevant parties shall be notified via phone AND written notice of suspected Child abuse and neglect has been reported to Child Protective Intake. In addition, incident reports shall be completed, including the details of allegation or suspicion, the date Child Protective Intake was called, which relevant parties were notified the report was filed, and whether or not the parent/guardian was notified of the allegation; and if parental notification, including the determination how and what information will be shared with a parent/legal guardian when Child Protective Intake has been contacted.

Specific components to Program: The Board of Directors, Chairman/CEO, and administration shall take sole responsibility for providing an environment where CAPTA reporting can occur throughout our programs and our organization to the extent required by law. The Board and Chairman/CEO shall fully enforce this policy with full authority. The Board and Chairman/CEO shall revisit this policy when necessary to protect those of all ages from abuse and neglect.

Health Policies and Procedures

Policy BAE

Overview: This policy is designed to support and outline the health procedures and policies for the program. The health procedures including the procedures of the health care consultant, plays a key role in the overall safety and well-being of our children, families, and staff.

LEGAL STATEMENT: All programming is under the Courageous Steps Project, a 501(c)3 non-profit organization that strives to help children and young adults with various abilities and challenges to enhance their success in school and in life. All legal questions should be directed to operations at: info@thecourageousstepsproject.org or the Board of Directors.

Responsibilities of Healthcare Consultant: The healthcare consultant for the Courageous Steps Project shall be responsible for:



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- Giving feedback on medical and health-related matters pertaining to programming;
- Suggesting implementation of health-related strategies within the program setting;
- Making recommendations for handling illnesses or sickness in consultation with the program director and any other related personnel; and
- Working with program and organization management to create up-to-date health-related policies.

Requirements: The healthcare consultant shall be an active registered nurse that works with and around children consistently or physician licensed by the State of Maine.

Plan to access emergency medical services: As stated in a previous policy, the Courageous Steps Project shall follow the implemented emergency medical services:

- If a medical / health-related emergency shall occur, the director or lead staff member in the environment shall notify the parent/guardian. If the emergency requires EMS providers, the director shall make the 911 or medical number phone call then make the phone call to the parent/guardian(s).
- The parent/guardian shall be immediately notified either BEFORE or AFTER EMS provider is notified.
- The healthcare consultant shall be notified via text message, phone call, or email through the program director after Parent/Guardian is notified and/or EMS provider is called;
- Child(s) and/or staff member(s) impacted directly through the emergency shall be provided proper supervision until EMS providers arrive; and
- Staff should be ready to perform CPR / First Aid if necessary using the appropriate practices.

Prevention and Control of Communicable Diseases: We take pride in creating an environment where all children and staff members are healthy and safe while in attendance.

Please do not send your child to school or any program related activities with the following symptoms:

- Fever - (24 hours without fever) ([24 hours fever free without medication](#))
- Unexplained skin rashes — we will need a note from a doctor certifying that it is safe for your child to come back to school



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- Vomiting and diarrhea — until symptoms are gone *Symptom free for 24 hours*
- Mouth sores — with a doctor's note
- Eye infections — 24 hours after treatment starts and eye is free from drainage
- Unusual fatigue, irritability or restlessness
- Head lice — until treated and free of nits

Sore throat, cough, and severe congestion - stay home until symptom free for at least 24 hours without medication.

These are the most common reasons to keep your child home from program related activities. If you have any questions about whether your child is well enough to attend program activities, please check with your healthcare professional and director. If your child is in program activities and develops any of these symptoms, we will notify you to pick up your child.

It is very important to notify the director if your child is exposed to, or has, a contagious disease. The staff will notify parents if a program exposure occurs, and a sign will be posted on the door. Further steps may be taken as deemed necessary by administrative staff. Please be sure to call if your child will be absent.

Accidents

There is always one staff member on site who is trained in CPR and first aid. In the event an accident requiring medical attention should occur, the following procedures will be followed:

- A child's parent or legal guardian will be notified immediately pertaining to any illness, severe injury or accident, involving their child. An adult designated by the parent/guardian shall be notified immediately should the parent/guardian be unavailable at the time of emergency.
- In case of life-threatening injury or acute illness, an ambulance will be immediately called, then the child's parents. If the parents cannot be reached quickly, emergency contracts listed in the student's file will be called.
- Documentation of all accidents, injuries, or emergencies will be placed in the child's record on the day of the occurrence and make such reports available to the parent or legal guardian as deemed necessary.



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Administering Medication Policy

PURPOSE: *This policy encourages communication between the parent, the child's health care provider and the provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in care.*

INTENT: *Assuring the health and safety of all children in our center is a team effort by us, family, and the health care provider. This is particularly true when medication is necessary to the child's participation in care. An understanding of our responsibilities, policies and procedures concerning medication administration is critical to that goal.*

GUIDING PRINCIPLES and PROCEDURES:

1. Whenever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to care, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to care. This is for the protection of the child who is ill as well as the other children in care.
3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication in Child Care" form is attached to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given. Copies of this form can be duplicated or requested from the provider.
4. "As needed" medications may be given only when the child's health care provider completes a Permission Form that lists specific reasons and times when such medication can be given.
5. Medications given in the Center will be administered by a staff member designated by the Center Director and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
6. Any prescription or over-the-counter medication brought to the center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:



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Prescription medication must have the original pharmacist label that includes the pharmacist's phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use in care.

Over-the-counter (OTC) medication must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency, and any special instructions for administration and storage, and expiration date must be clearly visible.

Any OTC without instructions for administration specific to the age of the child receiving the medication must have a completed Permission Form from the health care provider prior to being given in the center.

7. Examples of over-the-counter medications that may be given include:
 - a. Antihistamines Decongestants
 - b. Non-aspirin fever reducers/pain relievers
 - c. Cough suppressants
 - d. Topical ointments, such as diaper cream or sunscreen
8. All medications will be stored: Inaccessible to children separate from staff or household medications under proper temperature control. A small lock box will be used in the refrigerator to hold medications requiring refrigeration.
9. For the child who receives a particular medication on a long-term daily basis, the staff will advise the parent/guardian one week prior to the medication needing to be refilled so that needed doses of medication are not missed.
10. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
11. Records of all medication given to a child are completed in ink and are signed by the staff designated to give the medication. These records are maintained in the Center. Samples of the forms used are attached to this policy and include:
 - a.) Permission to Give Medication in Child Care Universal Child Health Record



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- b.) Emergency Contact Sheet (hung in two locations on the building)
- c.) Medication Administration Log
- d.) Medication Incident/Error Report

12. Information exchange between the parent/guardian and provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.

13. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center at any time.

14. Parents/guardians will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.

15. Parent/guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's designee in the event that a situation arises that requires immediate attention to the child's health and safety particularly if the parent/guardian cannot be reached.

16. Parents/guardians will read and have an opportunity to discuss the content of this policy with the Director or Director's designee. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parents/guardians will receive a copy of the signed policy including single copies of the records referenced in this policy.

17. The Medication Administration requires staff needing to have authorization to administer medication shall complete necessary training, and read this policy in full with authorization made by program administration.

Training of Staff & Personnel: Appropriate training shall take place when a new staff member is hired including the required Health and Safety Orientation training provided by Maine Roads to Quality of the Maine Professional Development Network.



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Health monitoring: We observe the child each day at the time of arrival and throughout the Child's stay for obvious signs of illness such as fever, diarrhea, vomiting, or skin rashes.

1. In the event of an apparent illness of a Child, the facility must follow appropriate health practices.
2. When a facility knows or suspects that a Child has contracted a notifiable communicable disease or condition the facility must notify the Maine Center for Disease Control and Prevention (MECDC).

The facility must notify the MECDC immediately by phone for Category 1 conditions, and within 48 hours for Category 2 conditions. MECDC contacts: Phone: 1-800- 821-5821 (24 hours a day); FAX: 1-800-293-7534 (24 hours a day); or TTY: Maine relay 711 (24 hours a day).

For a list of Category 1 and 2 notifiable conditions, see 10-144 CMR Chapter 258, Rules for the Control of Notifiable Conditions, Chapter 2(I).

<http://www.maine.gov/sos/cec/rules/10/144/144c258.doc>

Dismissal of Children due to illness: When a Child becomes ill, but does not require immediate medical help, the Child Care Facility must determine if the Child should be sent home. The Child Care Facility must notify the parent/guardian of the Child who has symptoms that require exclusion.

Illness, serious injury, incidents, and accidents.

- The facility must immediately notify the Child's parent or legal guardian of any illness, serious injury, or incident involving their Child. An adult designated by the parent or legal guardian must be notified immediately should the parent or legal guardian be unavailable.
- The facility must document all accidents, injuries, incidents, or emergencies in the Child's record on the day of the occurrence and the parent or legal guardian must review and sign the document within two business days.
- **First aid:** The facility must have a first aid kit and a current first aid manual. A complete first-aid kit must be readily available at a facility serving all children, during all field trips, and while transporting children. The first aid kit must be kept in a clean and sanitary condition, be



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stored in an easily accessible, designated location known to all Staff Members and be kept out of the reach of Children.

1. A complete first aid kit in our center includes, but is not limited to, adhesive tape, band aids, gauze pads, gauze roller bandage, disposable gloves, instant cold pack, scissors, tweezers, thermometer, and antiseptic wipes.
2. The first aid kit must not contain any expired materials.

● **Medication administration:** A facility may give a child prescription medication only when the facility has written, signed, and dated permission from a parent.

1. The facility must only give medication prescribed for the specified child, according to the label instructions on the original container.
2. The facility must not give any nonprescription medications to a child without written permission from the parent. Telephone, text, or email permission is allowed in emergencies, if the facility documents giving the medication and obtains written permission from the parent as soon as possible.
3. The facility must keep a written record, noting each time a prescription and nonprescription medication is given to a child.
4. All medications, refrigerated or non-refrigerated, must be:
 - a. Completely inaccessible to Children;
 - b. Stored at the proper temperature; and
 - c. Discarded upon expiration.

5. The use of medical marijuana in facilities is governed by 18-691 CMR Chapter 2, Maine Medical Use of Marijuana Program Rule.

I. Handwashing. Handwashing must be done with soap and running water. All adults and all children wash their hands in the following circumstances:

1. Immediately before and after eating snacks and meals, including washing the hands of all infants and toddlers before all feedings;
2. After each diaper change or toileting;
3. Before and after handling food; and
4. Before and after administering medication.



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● Prevention of exposure to blood and bodily fluids. Staff Members must take measures to prevent potential exposure to blood and other potentially infectious fluids, which may include use of disposable gloves. When touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin, staff members must:

1. Wash their hands after contact, even if gloves are worn;
2. Ensure safe waste management by immediately discarding contaminated single use items; and
3. Immediately clean and disinfect surfaces and reusable equipment.

Entire policy shall be reviewed annually by the Chairman/CEO, Administration, and Health Care Consultant. If requested and necessary by the Chairman/CEO, the Board of Directors shall review and vote with appropriate quorum on this health procedures policy.

Harassment & Sexual Harassment of Children Policy

Policy BAF

Harassment of students because of race, color, sex, sexual orientation, religion, ancestry or national origin, or disability is prohibited. Such conduct is a violation of policy and may constitute illegal discrimination under state and federal laws.

We recognize the right of each child/student to perform in an atmosphere which is free of intimidation, ridicule, hostility and offensiveness. To ensure such an atmosphere, staff will not engage in harassment of students and students should not harass other students, where harassment is based on race, color, sex, religion, national origin or handicap. Acts of this nature are not only a violation of this policy but also constitute illegal discrimination under state and federal laws.

Examples of prohibited harassment:

- Unwelcome sexual advances, gestures, comments or contact;
- Verbal & Physical Threats;
- Offensive Jokes;
- Ridicule, Slurs, Derogatory Action/Remarks

Harassment



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Harassment includes but is not limited to verbal abuse based on race, color, sex, sexual orientation, religion, ancestry or national origin, or disability.

Sexual Harassment

Sexual Harassment includes but is not limited to unwelcome sexual advances, request for sexual favors or pressure to engage in sexual activity, physical contact of a sexual nature, gestures, comments, or other physical, written or verbal conduct that is gender-based that interferes with a student's education. Employees, children, volunteers and visitors to the facility, and other persons with whom students may interact in order to pursue activities are required to refrain from such conduct.

Harassment/sexual harassment of children by employees is considered grounds for disciplinary action, up to and including discharge/suspension. Harassment/sexual harassment of students by other students is considered grounds for disciplinary action, up to and including expulsion.

Any employees, students, and parents shall be informed of this policy through handbooks, and/or other means selected by the director, administration, and Board of Directors as deemed necessary.

Sunscreen & Insect Repellent Policy

Policy BAI

We provide sunscreen for children who need it. A permission form is required by the parent/guardian before sunscreen is ever administered to a child. We have a limited stock of sunscreen / insect repellent available. Parents/guardians may provide child's sunscreen to staff to use for application when at school. Please refer to Form BAG-F for Sunscreen/Insect Repellent Authorization.

Healthy Choices Policy

Policy BAJ

Overview: We are committed to instilling healthy habits in all our programs. This policy aims to address important healthy choices that our staff and our entire organization is committed to instilling in our program activities. **This includes the following:**

- We are committed to limit unhealthy food for meals and snacks, and in many circumstances, provides healthy choices for snacks;
- We do not use food as reward;



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- We limit recreational screen time and encourages outdoor activities utilizing our outdoor classroom and constantly evolving outdoor learning spaces;
- We provide numerous opportunities for physical activity in the classroom and outside in our play spaces; and
- We limit sugary drinks and instead encourage healthy drink options.

In addition, we consult with our families, partners, and other community stakeholders to ensure that we are providing all options to our children during and after the regular day. We use self-assessment tools when applicable including but not limited to 5210.

Swimming and Wading Procedures

Policy BAK

Overview: This policy is designed to support potential swimming and wading activities that occur during programming. No swimming pools are on the premises of the facility. The policy is in place to support future inflatable wading pools in the summer as deemed necessary.

Permission Slip: Water activities of any kind during program hours of operation shall require signed parental permission prior to the water activity or series of water activities if it's a themed water week of water activities.

Procedures

1. Assess participants' swimming ability
2. Directly supervise swimmers
3. Designate swim area/s
4. No diving or headfirst entry

Guidelines

1. Enter the water in a controlled manner
2. Wear footwear
3. Limit non-swimmers and those w/ limited swimming abilities to wading or wearing a PFD
4. Wear a PFD while swimming in areas with current



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Considerations for Swimming Area

1. Easy access in and out of water
2. Keep away from drop-offs, underwater obstacles, weeds, logs, trash, etc.
3. Avoid swimming in strong currents and tides
4. Pay attention to temperature and weather conditions
5. Be aware of leeches, snakes, jellyfish, and other animal life
6. Consider water depth and visibility

Important Notes/Considerations

Swimming Area Designations: We do not allow swimming to occur outside designated areas if visiting a public pool. In most circumstances, we will defer to using a wading pool that is on the ground and used for non-swimming activities but instead focused on water-based play activities. This shall allow for wading or “dipping” in shallow, still water outside of designated swimming areas. If visiting a public swimming pool, a swim ability test shall be required under this policy to protect the safety of our children and their families.

SECTION C (Parent / Guardian Involvement)

Parent / Guardian Involvement Policy

Policy CAA

Parent / Guardian involvement is essential in supporting a child’s overall development and success. We are committed to creating a space that is child and family centered, meaning that all programming involves the family of the child as well. Parents / guardians are expected to:

- Communicating with staff regarding the child’s programming / services;
- Participating in related meetings for the child’s programming / services;

We are here to support parents / guardians in any way possible through continuous education of resources, support systems. Through our parent & family network, we are able to connect current families and former families who are now alumni, to find solutions that are easily accessible for you.



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SECTION D (Children's Rights)

Children's Rights

Policy DAA

All children have:

- 1.) Right to freedom from abuse and neglect
- 2.) Right to confidentiality
- 3.) Right to freedom from harmful actions or practices
- 4.) Right to a safe and healthy environment
- 5.) Right to be free from discrimination
- 6.) Right to consideration and respect
- 7.) Right to be informed of services provided by the school
- 8.) Right to information regarding school deficiencies
- 9.) Right to a service plan
- 10.) Right to a variety of appropriate activities, materials and equipment.
- 11.) Right to mandatory reporting of rights violations
- 12.) Right to reasonable modifications and accommodations
- 13.) Right to FUN!

Violations that could relate to children's rights, shall be reported to appropriate parties including licensing.

SECTION E (Levels of Accessibility)

Interpretation for English Learners

Policy EAA

The Board of Directors and Administration recognizes the crucial role that parents, guardians and families play in the education and care of their children. The Board encourages partnerships between the district administration, schools, agencies, and families in order to share the responsibility of educating our students and their families.



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To that end, this policy is created to ensure that English learners and parents who speak languages other than English are provided appropriate translation and interpreting services so that families of all language backgrounds may fully participate in the education of their children.

The organization must provide high quality communication to families that speak languages other than English so that those communications are equal to the communications provided in English.

Identification

The organization must collect from parents/guardians a Home Language Survey to determine both student and parents' language needs. The survey will be provided to every household in the language most often used between parents and children.

To determine the need for interpreter or translation services for English Learner students and their parents/guardians, school staff should refer to the program's student database which will indicate the language needs identified in the survey.

Additionally, even if they are not identified by the Home Language Survey, parents who speak a language other than English may request translation and interpretation services for school-related communications at any time.

Translation and Interpretation: Translation is the conversion of written information from one language into equivalent information in another language. Interpretation relies on the spoken word. It refers to the process of orally rendering communication from one language into another language. In the case of families whose primary language is a non-written language, whenever feasible, interpretation shall be arranged in order to provide language accessible information.

Written translation will be provided of all school documents that are otherwise provided to English-speaking parents, from and to English, in the top five (5) languages other than English spoken by families in the District. Written translation will be provided for any other requested languages to the extent practicable. Where it is not practicable to provide written translations to a parent with limited English proficiency, documents will be orally translated for such parents. Parents may respond to these documents either in English or their primary language.



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All notices, reports, statements, or records sent to families identified as speaking a language other than English that is not within the top (5) languages spoken by families in the program, the school shall use a cover page in the family's primary language explaining how a parent may receive interpretation of the form and should offer interpreters to ensure parents accurately report their language communications needs on the forms.

Personnel and Staff: All program staff shall be trained in the following:

- The role is in facilitating the provision of language access services to non-English speaking parents and students;
- How to access translation and over-the-phone interpretation services;
- Resources and support available for language access services;

We will only use competent interpreters who are fluent in English and in the requested language. We make sure interpreters understand any terms or concepts that will be used during the meeting. Interpretation may be made available in person or, where that is not practicable, over the phone.

Any interpreter used by the District will be a neutral party and will communicate everything said during the conversation. Interpreters shall not omit or editorialize on the content of the conversation that they are translating.

Use of children as interpreters: Translation and interpretation services will be performed by appropriate and competent individuals only. We will not rely on or ask students, siblings, friends, or untrained staff to translate or interpret for parents. Except in the case of emergency where there is a clear and imminent danger, children shall not be used as interpreters for formal or official information. A child may only be used as an interpreter for informal communication when there is no risk that confidential information may be disclosed.

Procedures for Requesting Services: Interpretation and translation services are available free of cost to all program parents, staff, and students, who may request services directly from the center. Parents will receive translation and interpretation services as indicated in the preceding policies based upon the information provided in the Home Language Survey.

Additionally, parents, staff, and students may access language services for school/community related purposes in any of the following ways:

- Ask at the program office



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- Ask a teacher/director
 - Ask the (multilingual/multicultural resource center)
 - Call between
 - Email a request to get Language Access cards which will be provided to all parents upon student's enrollment, so that they can request services, even if they cannot communicate the request in English.
- Develop healthy and nurturing relationships with children.
 - Develop strong partnerships and relationships with parents.
 - Develop and implement classroom expectations that are developmentally appropriate, clear and consistent.
 - Provide family engagement opportunities.
 - Ensure fairness and equity.

Other Options Prior to Expulsion

Prior to the expulsion of any child from this program, we will:

- Identify and engage mental and behavioral health consultants and community resources after obtaining parent permission.
- Reduce the number of days or amount of time in care for a specified amount of time.
- Conference with parents to discuss positive behavior interventions and development of goals.
- Document efforts to prevent and reduce expulsion.
- Provide reasonable accommodations.

Transition Procedures: If an expulsion must occur, we will assist the child and family in transitioning to another program by identifying and engaging mental / behavioral health professionals and community resources to assist in determining the most appropriate placement for the child.

Resources

The following list will assist agency staff and families in locating services and resources.

1. Centerstone (615) 460-4100 or (888) 291-4357
<https://centerstone.org/>



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2. Regional Intervention Program (615) 963-1177
<https://www.tn.gov/behavioral-health/support-for-families.html>
3. Tennessee Early Intervention System 1-800-852-7157
www.teis.org
4. Tennessee Voices for Children (615) 269-7751
www.tnvoices.org
5. STEP, Inc. (423) 639-0125 or (800) 280-STEP
www.tnstep.org
6. Association of Infant Mental Health (931) 561-3209
<https://aimhitn.org/>

Additional Resources

1. Center For Parent Information and Resources
www.parentcenterhub.org
2. IDEA-Individuals with Disabilities Education Act
<https://sites.ed.gov/idea>
3. Centers For Disease Control and Prevention – Parent Information
www.cdc.gov/parents
4. The Pyramid Model Consortium- Supporting Early Childhood PBIS
www.pyramidmodel.org
5. NCPMI – National Center for Pyramid Model INNOVATIONS
www.challengingbehavior.org
6. Department of Mental Health and Substance Abuse – Support For Families
<https://www.tn.gov/behavioral-health/support-for-families.html>
7. Parent Tool Kit
www.parenttoolkit.com
8. Vanderbilt Kennedy Center
<https://vkc.mc.vanderbilt.edu>

Inclusion of Children with Disabilities

Policy EAB

We pride ourselves on creating and most importantly maintaining an inclusive environment for children with disabilities in all of our programming. Our model consists of all intervention and



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one-to-one programming occurring in the regular classroom setting without being secluded in a workspace or setting where those interventions occur.



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