Parent Handbook

Children’s Express Learning Center

West Bridgewater: (508) 588-6644

Norton: (508) 622-1441

Fax: (508) 427-4500

www.ChildrensExpressLearningCenter.com

If you are interested in transportation, please call the center.

**Children’s Express Learning Center Organizational Chart**

Maureen Sass

**Owner/Director**

Tammie Kenneally

**Assistant Director**

Thomas Sass

**First Aid/CPR Instructor**

**Health & Safety Coordinator**

Renee Leondike

**Health Care Consultant**

**Group Day Care**

**Infant, Toddler & Preschool Teachers**

Jenna Douglas

Jennifer Hoffman

Crystal Johnson

Katie Kennelly

Alyssa Ludvigsen

Catherine McKay

Meghan Morley

**Assistant Teachers**

Madison Armell

Nelson Cardoso

**Cook**

Katie Kennelly

**Children’s Express Learning Center, Inc. is licensed by:**

Massachusetts Department of Early Education and Care (EEC)

1 Washington St. Suite 20

Taunton, Ma 02780

EEC may be contacted for compliance history

**Enrollment of Children**

**Intake Procedures:**

A phone call or visit is usually the first step in a child’s enrollment in the center.

Information about the center can be mailed to the parent if they request it.

Parents, with their children, are asked to come in and visit the center before enrolling. Advanced notice is not required for this initial or any other visit to the center. We have an open door policy and encourage parents to stop by or visit at any time.

The parent(s) and their child are given:

-a tour of the center

-an opportunity to meet their child’s teacher

-a copy of the parent handbook

-a copy of the tuition rates

The parent(s) and their child are given an opportunity to sit in on the class at any time. They are invited to visit the center as often as they would like. A suggestion is made for them to visit the center again at the times that their child would be enrolled.

If a parent is interested in the program, they are given an enrollment packet.

If the enrollment is not needed immediately, or the class is full for that age group, a parent may put their name on a waiting list for the next available spot to open.

If the parent decides to enroll, a start date will be determined.

The teacher(s) is notified who, and when a new child will start in their class. This gives the teacher the opportunity to discuss each child’s developmental history with his/her parents at the time of enrollment.

All paperwork for enrollment is completed before a new child starts the program.

Transitions for children from other programs can be exciting and sometimes intimidating. The administrator and staff will help your child to assure a smooth transition. In order to support and coordinate any services for your child (therapeutic, educational, social, supportive etc.), we request that parents share this information so that we can assist in beginning or continuing with the services needed. Please feel free to share information from your child’s previous child care experiences, your child and family interests and needs.

**STATEMENT OF PURPOSE**

Welcome to Children’s Express Learning Center! Please read this parent handbook carefully. The enclosed information will help you to understand our center’s procedures and policies. We offer a complete open door policy and encourage parents to visit the center at any time.

Children’s Express Learning Center is an equal opportunity employer and provider. Applications for enrollment are accepted for children between the ages of one month to eight years without regard to race, religion, cultural heritage, sexual orientation, toilet training status, national origin, disability, marital status or political beliefs. The center is open from 6:30 AM to 6:00 PM. It is staffed with qualified professionals, licensed by the Massachusetts Department of Early Education and Care.

**PHILOSOPHY AND GOALS FOR CHILDREN**

The program offered at Children’s Express Learning Center will enhance your child’s social, emotional, physical and intellectual growth. Children learn best and have the most fun when they are exploring and involved in productive activities, as well as supervised free play. Children’s Express Learning Center provides stimulating activities and encourages children to make their own choices and to grow at a pace which is comfortable to them. Through a mix of formal and informal learning environments children, as individuals, learn to achieve self reliance skills. They will also learn to work together and learn to exhibit social and cooperative skills.

**CURRICULUM / PROGRAM ACTIVITIES**

The monthly curriculum is designed to peak a variety of interests in the areas of art, music, language, drama, science, math, history, technology, health and physical activity. The curriculum includes planned learning experiences that support problem solving, critical thinking, communication, social skills and relationship building. Each day begins with circle and story time. Children will learn about good health, self help skills, proper nutrition, personal safety, and explore cultural, social and individual diversity. Our program activities follow a regular routine with flexibility to respond to the needs of individual opportunities. We alternate between group time and individual time, structured activities and free play while allowing for unscheduled learning opportunities. Our program has accommodations for daily indoor and outdoor gross motor activities. Please make sure your child is dressed appropriately for the weather. All children, including infants and toddlers have many opportunities to move freely and practice fine and gross motor skills, balance and coordination.

**INTERACTIONS**

Interaction and effective communication between parents, staff and the children are critical to the successful development of our students. Our staff members are not only warm and attentive towards the children but also show consistency. They are courteous and respectful and teach the children to be that way in return. Exhibiting these types of interactions supports self esteem and expression, a sense of autonomy, competence in social situations and a readiness to advance to the next age group extending through school age. Our programs are designed to promote children’s efforts and accomplishments while expressing appropriate emotions and self control

**PAYMENT POLICY**

**1. REGISTRATION FEE**

A yearly, non-refundable fee of $35.00 is due upon enrollment of your child. All required forms (application, emergency information form, authorization form, developmental history, and physician’s information) must be completed and submitted with the registration fee before your child can begin.

**2. PAYMENT PROCESS**

All payments are due on Wednesday of the week that daycare is provided. Cash, checks, credit cards or money orders are acceptable. Checks or money orders should be made payable to: Children’s Express Learning Center.

**3. DELINQUENT PAYMENTS**

Late payments will result in a $5.00 per day late charge that will be included in the following weeks’ bill. Three (3) delinquent payments, in one calendar year, will result in notice of termination. Checks returned due to insufficient funds will result in a $35.00 charge. If three (3) checks are returned for insufficient funds, all future payments will need to be made in cash or money order.

**4. CONTRACTED DAYS**

Your tuition fee is subject to the days you have registered for upon enrollment, regardless of attendance. For example, if your child is registered for five (5) days, you will be billed for five (5) days even if your child attends the center for three (3) days that week. Children on a part time schedule may not switch days, but if may add a day if there is availability. Parents must check with the office prior to adding days to assure availability. Children’s schedules are based on the parents work/school schedule. Any changes in scheduled days or hours must be made in advance to the director, and an updated work/school schedule must be submitted. Parents who do not have a work/school schedule, are out of work/school due to temporary leave, on a job search or have hours that do not coincide with the centers hours of operation will be limited to the hours between 9:00 a.m. and 3:30 p.m.

**5. LATE FEES**

In the event that a child is left in the care of a staff member closing, there will be a late pick up fee of $1.00 per minute paid at the time to the staff person. If the child is not picked up by 7:00 PM and the staff member is unable to reach a parent or emergency contact person, the Department of Children and Family and the local Police Department will be notified. Late fees will also apply to parents who do not pick up their children at their scheduled departure time or if exceeding the half day maximum of 4 1/2 hours and full day of 9 hours per day. A $30.00 fee will apply to bus students if no one is home at the scheduled drop off time and your child needs to be brought back to the center. Parents will also have to make their own arrangements for their child to be picked up. Additional late fees will apply.

**6. SICK DAYS/VACATION DAYS**

Any vacations or absences during a full scheduled week (Monday through Friday), you will be required to pay one half of the weekly tuition. This reserves your child’s space in the class. If tuition has not been paid due to illness there will not be a late fee, provided your balance is paid in full on the day you return. If you are out on vacation you are asked to pay tuition that Wednesday before you leave on vacation.

**ARRIVAL AND PICK UP PROCEDURES**

**1. ARRIVAL**

Upon arriving to the center each day, you must accompany your child into the center and be sure a staff person has acknowledged his/her arrival for proper sign in procedure. Teachers are not expected to accept a child’s admission to the center prior to 6:30 a.m. Please let you child’s teacher know if someone different than usual will be picking up your child that day. Parents are required to contact the center if your child will be absent. If your child will be arriving to the center earlier than scheduled to, the center must be notified to assure that proper staff is available to accommodate the change

**2. PICK UP**

Children must be picked up by a parent or authorized person by his/her scheduled departure time. Bus students that are being picked up at the center must also be picked up by the same time your child is scheduled to get on the bus. Your child will not be allowed to leave the center with any person whose name does not appear on the Authorization Form. A photo ID will be required for identification, if the authorized person is not recognized by the center director or your child’s teacher. School age children, no matter what age, will not be able to leave the program without an authorized adult.

**3. ABSENTEEISM**

Parents are required to telephone the school and inform us if your child will be kept home for the day by 9:00 am that day. Children will be counted absent for the day if they have not arrived by their scheduled time or unless someone has contacted the center to inform the director that your child will be arriving late. If your child has an illness that may be contagious please inform the center so that we may inform other parents.

**4. SCHEDULED HOURS**

Children’s daily schedules are based on parent’s work/school schedule with time allowed for travel. Upon enrollment, an updated copy of the parents work/school schedule must be submitted on company letterhead or a copy of a class schedule for those parents enrolled in a school program. Staff’s schedules are arranged to assure proper coverage. If your child will be arriving late to the center, please call before 9:30 a.m. Any changes must be approved ahead of time by an administrator of the center. Current schedules and emergency information must be on file at all times.

**CHILDREN’S RECORDS**

An enrollment packet needs to be filled out before your child can begin. All papers should be filled out completely and updated as needed, including current telephone numbers. (\*If applicable, parents must complete consent forms for transportation and the use of an on-site swimming pool.) Documentation of up to date physicals and immunizations must be kept on file as well as documentation of vision, hearing and dental screenings. Any child with chronic medical conditions (asthma, seizures, etc.) must have an Individual Health Care Plan that addresses the child’s needs. The plan should include symptoms, treatment, side effects, consequences of failure to treat and training. If the child’s physician approves, parents can train the staff in the Child’s Health Care Plan. Children will not be able to attend daycare if all documents are not up to date.

**INFANTS**

Sleep Regulations: We follow SIDS risk reduction practices. Every infant 12 months of age or younger must be placed on his/her back for sleeping unless the child’s health care professional orders otherwise in writing. Cribs must not contain pillows, comforters, stuffed animals or other soft, padded materials. All cribs / portacribs have firm, properly fitted mattresses with clean coverings. Slats on cribs are no more than 2 3/8 inches apart and do not contain any head entrapment areas.

Feeding Requirements: For infants not yet on table food, we supply infant fortified cereal. All bottles must be pre-made or premeasured bottled water and formula supplied, otherwise formula is prepared as directed on the can, and bottles must not contain cereal (unless the child’s health care professional orders otherwise in writing). Depending on the child’s age and developmental readiness, the staff together with the parents and their pediatrician will determine when and what foods could be introduced.

**DIAPERING**

A written plan for diapering, toilet training and disposal or cleaning of diapers, soiled clothing, sheets and blankets are posted in diaper areas and bathrooms. Diaper changing surfaces are covered by an adequate size of disposable cover to prevent any child from coming in contact with the changing surface. Diapers, wipes, gloves and changing paper is disposed of in a closed container after each use and emptied throughout each day. The diaper surface is cleaned and disinfected after each use. Diaper changing tables are smooth, intact, impervious to water and not used for anything other than changing children. Each child’s diaper is changed on a regular basis throughout the day and when wet or soiled. Staff members use gloves when changing the children. They keep one hand on the child at all times while being changed. Parents supply diapers and wipes. Staff and children follow proper hand washing procedures using liquid soap and running water, then dry their hands with disposable towels after each diaper change. Soiled non-disposable diapers are placed in a sealed plastic container labeled with the child’s name and returned to the child’s parents at the end of the day. Children are toilet trained in accordance with the requests of their parents and consistent with the child’s physical, emotional and developmental abilities.

**SLEEP, REST AND QUIET ACTIVITY**

The licensee must provide an opportunity for children to rest or engage in quiet activities when they are in care for more than four hours. As part of our daily schedule, an extended period of sleep, rest or quiet activity is included for children in care over four hours. The length of sleep, rest or quiet activity period will be appropriate to the needs of the children

**TRANSITIONS**

Transitions for children into our program can be exciting and sometimes intimidating. The staff will help your child to assure a smooth transition. Please feel free to share information from your child’s previous child care experience(s). Children’s Express Learning Center groups children together by age so that they can continue to build friendships with other students their age. As the students move to a new classroom they will have time to get acquainted with their new teacher and classroom. Extra time will be given to those students who have difficulty transitioning and assist in a way that they can understand. As children leave our program and go on to public school or another program, with parental permission, we would be able to share information with the next program. For children transitioning from one classroom to another within the center, with parental permission, information will be shared with the next classroom teacher. Opportunities for parents to meet with the child’s new teacher to discuss goals for the child will be available at convenient times.

**SUPPLIES/PERSONAL BELONGINGS**

A complete set of clothing suited to the season, needs to be kept at the center for your child. These clothes should be clearly labeled. Soiled clothing is to be replaced the next day with a clean set. We do go outside every day so please dress your child accordingly. All children will need a blanket for rest time. Infant and toddler parents will need to supply diapers, wipes, prepared bottles and baby food. If children do not have the proper supplies, parents will be called and required to bring what is needed for their child.

Any clothing or jewelry that could possibly cause entanglement or harm to your child will be removed and returned to the parent.

**PERSONAL HYGIENE**

Our educators model and follow good personal hygiene practices at all times. Each child’s hands and face will be washed after each meal and after coming in from outside. We have mirrors in the bathrooms near each sink so that the children are able to attempt to wash their own faces to improve on self-help skills. The teachers will assist whenever needed.

Each child at the center is required to have one spare set of clothing at all times. We do have extra clothing available for emergencies. Children’s clothing should be labeled so that a child’s clothing will not be given to the wrong child. Children should have clothing appropriate for the weather and for indoor and outdoor program activities.

If a child soils his/her clothing, the soiled clothing will be placed in a sealed plastic bag with the child’s name and given to the parent at the end of the day.

For children in care more than four hours, staff will assist children in brushing their teeth. Individual labeled toothbrushes and toothpaste (supplied by the parents) will be stored in a safe and sanitary manner open to the air without touching each other. Toothbrushes and individual tubes of toothpaste (approved by the ADA) must be supplied by the parents along with a permission slip. Toothbrushes must be replaced at least every three months.

**BELONGINGS & TOYS FROM HOME**

We prefer that children leave toys from home at home with the exception of “Show & Tell” days. All clothing and personal belongings should be clearly marked with the child’s name. The center cannot be responsible for lost items.

**HOLIDAYS**

Children’s Express Learning Center will be closed in observance of the following holidays:

New Year’s Day President’s Day

Patriot’s Day Memorial Day

Independence Day Labor Day

Columbus Day Veteran’s Day

Thanksgiving Day Day after Thanksgiving

Christmas Day

If the holiday falls on a Saturday or Sunday, the center will be closed on either Friday or Monday for that holiday.

**\*\*No adjustments in tuition will be made for holidays\*\***

**WITHDRAWAL**

A two (2) week notice is required for withdrawal of your child for any reason. This allows us time to fill your child’s slot. If you wish, you may pay for the two weeks and terminate your child’s enrollment immediately. With parental permission, information from your child’s experience at Children’s Express Learning Center can be shared with your child’s next program or public school program.

**PARENT INVOLVEMENT**

We encourage parents to visit and call as often as they like. In an effort to communicate with parents, we send home newsletters that focus on curriculum themes, upcoming events and activities. Notices and announcements are posted on the Parent Boards to keep you up to date on center happenings. Child/Parent events will be held throughout the year. Feel free to invite the whole family!

**SNOW DAYS/SCHOOL CLOSURES**

The center will be open for services whenever possible and closed only when emergency conditions exist. If the State of Massachusetts had declared a state of emergency for Plymouth County the center will be closed. If bad weather arises during the day it will be the discretion of the center’s administrator to close early. All parents will be notified by telephone should this occur. If a snow day falls on your child’s scheduled day, you will still owe tuition for that day.

**MEAL PROGRAMS**

Nutritious snacks will be offered throughout the day and are provided by the center. A breakfast and lunch program is also provided. Breakfast and lunch menus are posted in the kitchen, in all classrooms and in the main lobby. You may send a boxed lunch with your child if you feel it necessary. Please only send a lunch (or a portion of a lunch and we will supply the rest) that is nutritious. Only lunches that are able to be kept at the correct temperature (ex. Thermos, ice pack) will be allowed to be given. Breakfast will be served from 6:30 AM until 8:00 AM. All of our meals are in compliance with Massachusetts Department of Education Child and Adult Care Food Program (CACFP), and meet the U.S.D.A guidelines for the nutritional and dietary needs as well as feeding requirements for each child, including those children with disabilities. All educators have also received basic training in U.S.D.A recognized nutrition requirements and food choking hazards.

**CHILD GUIDANCE PROCEDURES**

All our staff members provide guidance to children in a positive and consistent way, based on an understanding of the individual needs and development of the children. Staff use positive child guidance techniques such as recognizing and reinforcing children’s appropriate behaviors, have reasonable and positive expectations, set clear and consistent limits encourage self control and redirect children when needed. Through teaching strategies, adult and peer support, environmental and activity modifications, staff also help children to learn appropriate social, emotional and communication skills that they can use when faced with challenging situations. The staff members direct child guidance to maximize the growth and development of each child while protecting the group and individuals in it. At times, staff may have to intervene quickly if a child is physically aggressive with another child and help them to resolve their conflict. On rare occasions, when all avenues of redirection are exhausted any form of time-out will not exceed one minute for each year of the child’s age and will take place within view of the staff member.

All staff members discuss behavior management techniques among themselves to promote consistency. They find ways to communicate effectively with each child and explain rules and procedures to the children and why those rules are put in place. When appropriate, children are allowed to participate in establishing classroom and program rules, policies and procedures.

The following practices are strictly prohibited:

Subjecting children to verbal or physical abuse, neglect, humiliation, shaking, threats, or derogatory remarks

Corporal punishment, spanking or any type of physical hitting inflicted in any manner upon the body

Depriving children of outdoor time, meals or snacks, force feeding children or making them eat against their will, or use food as a consequence.

Discipline a child for soiling, wetting or not using the toilet, forcing a child to remain in soiled clothing or to remain on the toilet, or use any other unusual or excessive practices for toileting.

Confine a child to a swing, high chair, crib or any other piece of equipment or use time-out for an extensive period of time.

**TERMINATION AND SUSPENSION PROCEDURES**

Every attempt will be made to avoid suspension or termination of a child from the program due to challenging behaviors. The administrators and staff members will provide an opportunity to meet with parents to discuss other options. Referrals to the parents for evaluation, diagnostic or therapeutic services will be offered. We will also pursue options for supportive services, consultations and educator training.

The child will need to be terminated/suspended from the center if it is determined that we cannot meet their needs. The procedure described in the “Social Service Plan” will be followed. A meeting will then be set up with the parents where they will be informed in writing of the center’s decision, including the specific reasons for termination or suspension. It will also include conditions for return to the center, if any. The center will also offer consultation and provide the parents with a list of more appropriate programs in the community. If applicable, the process of termination or suspension will be handled for the child in a way consistent with their particular ability to understand.

Children’s Express Learning Center reserves the right to terminate/suspend for but is not limited to:

\*Non payment of tuition

\*Not submitting current paperwork such as enrollment forms, medical information, etc.

\*Not following procedures and policies as stated in the Parent Handbook

\*If parents/visitors do not treat children or staff in a respectful and professional way

\*If parents/visitors do anything to hurt children or staff

\*Continuous inappropriate behavior

\*Field trips-intentionally and consistently not following directions of a staff person, the child will lose privileges to attend the next, or future, scheduled field trip(s).

**A list of referral services is enclosed in this parent handbook and posted in the office and parent board.**

**GRIEVANCE PROCEDURES**

All concerns and issues that parents and families have should be brought to the attention of the director. Every means possible will be recognized and discussed to resolve any problems that arise. Open communication between the families and the staff is important to the ongoing high quality of care that we all expect for our children.

**ILLNESS EXCLUSION POLICY**

Mildly ill children will be excluded from the program if:

\*the child’s disease is highly communicable

\*children that are susceptible to the disease may be exposed

\*fever in excess of 100 degrees

\*vomiting

\*diarrhea

\*unusual rash

\*the child is too sick to participate comfortably in the program activities

\*the child has unusual lethargy, irritability or persistent crying, difficulty breathing or other signs of possible severe illness

Prescription medication will be administered provided a medication authorization form has been filled out and signed by the parent. Any over the counter medication must be accompanied by a note from the child’s physician. The first dose of any medicine cannot be administered by the center. All prescriptions are kept in a locked cabinet or refrigerator.

If your child is sent home ill, he/she will be required to remain out of the center for a 24 hour period unless otherwise noted by your child’s physician.

Appropriate and specific measures will be taken to ensure that the health requirements of children with disabilities are met.

There are only a few illnesses that require exclusion of sick children to ensure protection of other children and staff:

\*chicken pox \*mumps

\*conjunctivitis \*pertussis

\*diarrhea \*pin worm

\*head lice \*rash of an unknown origin

\*hepatitis A \*ring worm

\*impetigo \*rubella

\*measles \*scabies

\*mouth sores \*strep throat

If your child has been diagnosed with any of these illnesses, the center director must be informed immediately. The exclusion time varies with each illness. It is required that a doctor’s note be submitted before the child may come back to the center.

**PLAN FOR ADMINISTERING MEDICATION INCLUDING PRESCRIPTIONS, NON-PRESCRIPTION AND TOPICAL MEDICATIONS**

Any child requiring prescription medication will have an authorized form signed by the parent specifying medication name, reference number, dosage and time to be administered. Prescription medications should be administered at home by parents as often as possible, or as directed by physician/prescription label. Medicine that is required to be given while a child is in attendance at the center will be administered by the Health and Safety coordinator, office administrator or staff who are authorized to administer medication, have completed training and follow the medication administration policy specified in 606 CMR 7.11(2).

Each time a medication is administered, the staff member must document the name of the medication, the dosage, the time, the method of administration and who administered the medication. All medication forms are then placed in the child’s file. When topical medication is applied (such as cream for a diaper rash), the parents will be informed of it’s use at the end of the day.

Individual Health Care Plans (IHCP) are required for each child with a chronic health condition. Examples of chronic health conditions include but are not limited to the use of EPI pen, chronic asthma and ADHD. The health care plan should be filled out by a physician and include a description of the condition, symptoms of the condition, necessary treatment, potential side effects, consequences of failure to treat and who will provide treatment. The IHCP must be revised or updated at least yearly (unless otherwise noted by the child’s physician)

For children on an individual health care plan, staff must be trained by their child’s health care practitioner or child’s parent (with consent from the child’s health care practitioner) on implementing the plan.

Any child requiring non-prescription medications, other than over-the-counter topical medications, require a doctor’s note. We need to have a permission slip, signed and dated by the parent(s) and physician. It must include the child’s name, name of the medication, prescription number (if applicable), dosage, date(s) and time(s) medication is to be given, reasons for the medication, list any possible side effects, name and phone number of prescribing physician, and directions for storage. The doctor’s note is valid for one year, unless earlier revoked.

Any child requiring topical non-prescription medications, including but not limited to creams, ointments, powder, sun block, calamine lotion, etc., will have a signed permission slip, also dated by the parents, stating the name of the product and the time to be administered (i.e. after each diaper change). Such topical medications must be labeled with child’s name. It is not necessary to have a physician statement for these types of medications.

All prescription medications must be properly labeled and in their original container in which they were originally dispensed. Medications without prescription labels must be accompanied by a permission slip signed by the child’s parent and physician (excluding over-the-counter topical medication).

No staff member shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. Medications will not be administered contrary to the directions on the original container, unless authorized in writing by the child’s licensed health care practitioner. Any medication without clear instructions on the container will only be administered if accompanied by a written descriptive order by a physician or pharmacist.

All medication will be stored in appropriate containers out of the reach of children. Unused, discontinued or out dated medications will be returned to the parent for disposal and documented in the child’s file. When returning medication to the parent is not possible or practical, such prescription medication must be destroyed and the destruction recorded by a manager or supervisor in accordance with policies of the licensee and the Department of public Health, Drug Control Program.

The Health and Safety Coordinator or designated person will be responsible for any medications required. Once the medication has been administered, required information will be immediately logged on the permission slip. Upon completion of the medication the written record is filed in the child’s individual file.

Every attempt will be made to contact the parents before any nonprescription medication (such as Tylenol, etc.) is administered to the child that has not already been preauthorized for that day.

For School-Age children only: A child that is enrolled in the school-age program may self-administer his/her own inhaler if needed. A teacher will assist if the child needs it.

Unless otherwise specified in a child’s individual health care plan, all medications will be stored in a secure and locked place at all times. Medication is kept out of reach of children and under proper conditions for sanitation, preservation, security and safety during the time children are in care and during transportation of children. Medication is not to be accessible to unauthorized individuals. Medication requiring refrigeration shall be stored at temperatures between 38 – 42 degrees Fahrenheit, inaccessible to children. Emergency medication such as epinephrine auto injectors must be immediately available for use as needed.

**CONTINGENCY PLANS FOR EMERGENCY SITUATIONS**

Contingency plans and procedures deal with fire, natural disasters, loss of power, heat or water. All emergency situations will be addressed in the fastest and safest possible way. These situations will be addressed immediately on an as needed basis. The center’s main concern will be the health and safety of the children and staff. Decisions will be made based on indoor/outdoor temperatures, weather conditions, severity of the problem, time of day, etc. The center will not hesitate to close if needed.

In the case of a fire, natural disaster, or situation that necessitates the evacuation of the building/area, the following procedure will be used:

The Norton Police / Fire Department will be contacted by the administrator.

If the problem is NORTH of Children’s Express Learning Center, we would head SOUTH to Wheaton College. Follow the instructions of the local Police Department or emergency crew.

If the problem is SOUTH of Children’s Express Learning Center, head NORTH to Norton High School. Follow the instructions of the local Police Department or emergency crew.

Children’s Express Learning Center is hooked up to the Norton Police / Fire Departments and receives all automated alerts pertaining to important information and emergencies.

\*In the event of any emergency, all teachers should obtain their attendance records and emergency information sheets for all children in their care. This information should be taken to the evacuation site. Transportation used in the evacuation plan will be police and fire vehicles, staff vehicles. Every attempt will be made to notify the parents by telephone, and public service announcements on radio and television.

In the event of a missing child, the Norton Police Department will be contacted immediately as well as the parents. All efforts will be made to retrace steps to when, where and with who the child was last seen. The entire premises will be searched, and all attendance will be verified.

**INJURY PREVENTION PLAN**

A daily check by the Health and Safety Coordinator and the center director assures the removal and/or repair of hazards.

A central injury log is kept in the office. The first aid kits are kept in the bathrooms. The log is maintained by the Health and Safety Coordinator on a monthly basis and is reviewed by the director.

In the event of an injury, the staff member in charge must fill out an injury report form within 24 hours, file it in the child’s folder, give a copy to the parents and enter into the central log. Parents are informed immediately of any injury, which requires emergency care. Massachusetts Department of Early Education and Care will be notified of any incidents that require the services of an EMT/ambulance attendant or if a child seeks medical attention.

All toxic or hazardous substance are disposed of immediately and kept out of the reach of children.

**PLAN FOR EVACUATION OF CENTER IN CASE OF EMERGENCY**

In the event of an emergency, everyone must leave the building immediately by group. (All staff shall count the children and have the attendance records.) Proceed to designated area and recount the children in attendance to insure no child is left behind.

Daily attendance records are maintained by the teacher in charge and kept accessible at all times. All cribs are classified as evacuation cribs and are to be used to transport the infants from the center. No more than 4 infants should be places in each evacuation crib. Specific evacuation procedures are in place for any children (including but not limited to those with disabilities) that may need assistance during an evacuation.

The Director will proceed immediately to the infant class to assist with evacuation. Each administrator is assigned to check each area of the building to assist and assure everyone has evacuated. All will proceed to designated outside areas.

The director and assistant director close doors, windows, check bathrooms, and all classrooms for stragglers. Emergency information for children and staff shall accompany the teachers upon evacuation.

Health and Safety Coordinator is responsible for assuring that evacuation drills are practiced on a monthly basis. Evacuation drills that reflect alternate routes will also be practiced. The Health and Safety Coordinator will maintain documentation in a central log stating time, date and effectiveness of each drill. Evacuation procedures and alternate routes are posted in each classroom for easy reference.

**STAY CALM!**

**BACKGROUND RECORDS CHECKLIST**

The administrator and reviewer complete a Criminal Offender Record Information (CORI) check and a DCF Central Registry and Registry of Alleged Perpetrators / Background Records Check (BRC), for each new employee before an offer for employment is confirmed. The licensee ensures that an approval is obtained by EEC for each reviewer. A reviewer is authorized to receive, review, or discuss the BRC results with potential employees, volunteers or interns in the program. A CORI and BRC is also completed at least every two years for all employees, including administrators, licensee, reviewers, staff members, bus drivers volunteers and interns. If at any time the program receives information about and employee that may indicate that a new CORI or DCF BRC review is appropriate, they will be resubmitted for approval. EEC will be notified by the licensee if an approved reviewer leaves employment and will obtain approval for each new reviewer.

**PROCEDURES FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE OR NEGLECT TO THE DEPARTMENT OF CHILDREN AND FAMILIES**

Department of Children and Families (508) 894-3700

Hotline- 1-800-792-5200

Indicators of child neglect include: lack of supervision, lack of adequate clothing and personal hygiene, lack of medical and dental care, and lack of adequate shelter and nutrition.

Indicators of physical abuse include: bruises or swells, burns, cuts, tears or scrapes, head injuries, bone injuries, injuries to the stomach area and behavioral changes.

Indicators of sexual abuse include: difficulty in walking or sitting, torn, stained or bloody underclothing, complaints of pain, itching or swelling in the genital area, pain when urinating, bruises or bleeding, vaginal discharge or infection, venereal disease and behavioral change.

Our center and all educators operate the program in ways that protect children from abuse and neglect.

All observations must be documented in a log book and a copy kept in the child’s file.

All staff members are informed that daycare workers are mandated reporters. Teacher concerns are brought to the attention of the director. The parent will be informed that the staff and director are mandated reporters and must report all warranted concerns to the Department of Children and Families (DCF). A report will be filed with the department immediately, without notification to the parent if the staff and director feel that the child is at risk. A written report will then be filed with the department within 24 hours. From that point DCF will follow up. All referrals will be filed in the child’s file. When a written outcome is received from the department, it will be placed in the child’s file. Procedures for identifying and reporting abuse or neglect to the office per 7.11(4), 7.11(18)(a), will be followed.

Any form of abuse or neglect is strictly prohibited. Massachusetts Department of Early Education and Care will be notified immediately upon learning that a 51-A has been filed against a staff member. The center will cooperate with any investigations. In the event that the center receives an allegation of abuse/neglect, the following procedures will be followed:

The accused employee will be suspended from working with the children, until such time as the Department of Children and Families and the Massachusetts Department of Early Education and Care has concluded their investigation. This suspension may be with or without pay depending on each employee’s situation. Upon completion of the investigation, the employee will be reinstated, or employment will be terminated.

**SOCIAL SERVICE REFERRAL PLAN**

If a child shows signs of having problems of any kind, teachers are expected to notify their head teacher and the director. The areas that may be addressed are social, mental health, education and medical services, including dental and vision. The director will receive written parental consent prior to referrals for services.

After discussing the problem with the teachers, the director will decide what the next step will be. She will call the parents in for a conference and, if necessary, recommend that the child see a specialist. In the case of expected child abuse, the director would notify the Depart of Children and Families (DCF) immediately of the problem. It is up to the director to call the parents and tell them she reported a concern to DCF if she thinks that this is necessary.

It is up to the administrators and staff to document all evidence of any existing problem and to keep records of any development that is noticed. The director writes a report after having talked to the parent and/or social worker which is kept in said child’s file. This report will include all conversations held and what recommendations were made.

It is important that the director follow up her recommendations by asking what action has been taken and what the results were. This will be added to the initial report. In this way she can assure herself that the situation is being handled by experts who can spot any insecurities or problems that the parents may have in deciding where to look for the needed help.

If a child with a disability is 2 years and 9 months old or older, a written referral to the appropriate administrator of special needs will be made. If a child with a disability is younger than 2 years and 9 months old, a written referral will be made to Early Intervention.

If the child’s behavior indicates that they have a special need the director must inform the parents of their rights. At the parent’s request, with the aid of the director, the child is referred for services. Depending on the results, a determination is made to see if their needs can be met. Since we may not have staff members that are qualified to handle certain special needs, the enrollment of the child may need to be evaluated. Trainings or consultants will be provided for staff when needed as well as intervention plans to follow both at home and at the center. All behavior which was observed exhibiting the particular need, all recommendations, conversations, concerns and actions are documented and kept in the child’s individual file.

**PARENTAL RIGHTS**

Chapter 28A, Section 10 and subsequent amendment to the General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating and enforcing rules and regulations governing the operation of child day care centers (including nursery schools), and school age child care programs.

The regulations, *102 CMR 7.00*, establish minimum standards for operation of group day care and school age child care programs in the Commonwealth. The regulations require certain things of licensees (child care program owners) in regard to their work with parents. A summary of the required parent information, rights, and responsibilities follows.

**Parent Input**

The licensee must appropriately involve parents of children in care in visiting the program, meeting with the staff and receiving reports of their children’s progress. The program must have a procedure for allowing you to give input and make suggestions, but it is up to the program to decide whether or not they will be implemented.

**Meeting with Parents**

In group day care programs, the licensee shall ensure that the administrator or his/her designee meets with the parent(s) prior to admitting a child to the program. The parents shall have the opportunity to visit the program’s classrooms at the time of the meeting or prior to the enrollment of the child. In school age programs, the licensee shall provide an opportunity for the parent(s) and child to visit the program and meet the staff before the child’s enrollment.

**Parent Information**

The licensee must provide to the parents, upon admission of their child, the program’s written statement of purpose, including the program philosophy, goals and objectives, and the characteristics of children served; information on the administrative organization of the program, including lines of authority and supervision, the program’s behavior management policy, the program’s plan for referring parents to appropriate social, mental health, education and medical services for children; the termination and suspension policy; a list of nutritious foods to be sent for snacks or meals; the program’s policy and procedures for identifying and reporting suspected child abuse or neglect; the procedures for emergency health care and the illness exclusion policy; the program’s transportation plan; the procedure for administration of medication and, upon request, a copy of the complete health care policy; a copy of the fee schedule and, in school age child care, the procedures for on-going parent communication. All of this information may be contained in a “Parent Handbook”.

**Parent Conference**

The licensee must make the staff available for individual conferences with parents at your request.

**Progress Reports**

At least every six (6) months the licensee should meet with you to discuss your child’s activities and participation in the program. The licensee will prepare a written progress report for your child, provide a copy to you, and maintain a copy of the report in your child’s file. If your child is an infant or a child with disabilities, you should receive a written progress report at least every three (3) months. Program staff must bring special problems or significant developments, particularly if they regard infants, to your attention as soon as they arise. Staff will base Progress Reports on observations of the child’s work and address all developmental areas.

**Parent Visits**

You have the right to visit the center and your child’s room at any time while your child is present. We offer a complete open door policy and encourage parents to call and visit at any time.

**Children’s Records**

Information contained in a child’s record is privileged and confidential. Program staff may not distribute or release information in a child’s record to anyone not directly related to implementing the program plan for the child without your written consent. You must be notified if your child’s record is subpoenaed. Photos or videos will at no time be posted on public websites without parent’s permission.

**Access to your child’s record**

You are entitled to have access to your child’s record at reasonable times on request. You must have access to the record within (2) business days of your request unless you consent to a longer time period. You must be allowed to view your child’s entire record, even if it is maintained in more than one location. The center must have procedures governing access to, duplication of, and dissemination of children’s record, and must maintain a permanent, written log in each child’s record which identifies anyone who has had access to the record or who has received any information from the record. This log is available only to you and the people responsible for maintaining the center’s records.

**Amending your child’s record**

You have the right to add information, comments, data, or any other relevant materials to the child’s record. You also have the right to request deletion or addition of information if it is not sufficient to explain, clarify or correct objectionable material in your child’s record. You have the right to a conference with the licensee to make your objections known. If you have a conference with the licensee, the licensee must inform you in writing within one week of his decision regarding your objections. If the licensee decides in your favor, he must immediately take the steps necessary to put the decision into effect.

**Transfer of Records**

When your child is no longer in care, the licensee can give your child’s record to you, or any other person you identify, upon your written request.

**Charge for Copies**

The licensee shall not charge an unreasonable fee for copies of any information contained in the child’s record.

**No Alcohol/Smoking**

No smoking or drinking is allowed by anyone on the premises during child care.

**PROGRAM RESPONISIBILITIES**

**Providing Information To The Office**

The program must make available any information requested by the Office to determine compliance with any Office regulations governing the program by providing access to its facilities, records, staff and references.

**Reporting Abuse or Neglect**

All center staff members are mandated reporters. They are required by law to report suspected abuse and neglect to the Department of Children and Families or to the licensee’s program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

**Notification of Injury**

The licensee must notify you immediately of any injury which requires emergency care. The licensee must also notify you, in writing, within 24 hours, if any first aid is administered to your child.

**Availability of EEC Regulations**

The program must maintain a copy of the regulations, *102 CMR 7.00: Standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs*, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, ask the center to show them to you.

**Center IPM Policy**

Children’s Express Learning Center desires to prevent unnecessary exposure of children and employees to chemical pesticides and reduce the need to rely on chemical pesticides when managing pests. It’s the policy of Children’s Express Learning Center to contact Burgess Pest Control when pests have been identified and their presence verified. Selection of treatment options or corrective actions will give priority to non-chemical actions whenever possible to provide the desired control of pests. Education of staff, children and parents about IPM will be included to achieve desired objectives. When it is determined that pesticides are needed only those allowed by the Children’s and Families Protection Act will be used. Further, only certified and/or licensed individuals will be able to use pesticides. Our policy prohibits the use of any pesticide by unlicensed staff. It will be this centers’ policy to make the appropriate notification and posting as well as keep records of all pesticide use. A copy of the center IPM plan will be maintained in the director’s office and made available upon request

**HEALTH CARE POLICY**

**Children’s Express Learning Center**

**250 East Main Street Unit 1**

**Norton, Ma**

**508-622-1441**

East Main Street is located off exit 27 on 495 Children’s Express Learning Center is behind the Dunkin Donuts to the right.

Explain where this incident is occurring in the building.

**EMERGENCY NUMBERS**

**FIRE 911 or 508-285-0240**

**POLICE 911 or 508-285-3300**

**AMBULANCE 911 or 508-285-0240**

**POISON CONTROL 1-800-682-8550**

**MORTON HOSPITAL 508-828-7000**

**HEALTH CARE CONSULTANT: Renee Leondike, R.N. 781-812-3923**

**New England Medical Center Boston MA**

**DESIGNATED ADULT: Maureen Sass 508-622-1441**

A Health Care Consultant is available for our use to confer with over issues concerning the health of the children at this center. Our Health Care Consultant is Renee Leondike, R.N.

Section 7.07 (16) requires that a written health care policy statement is provided to each staff member and parent. Emergency telephone numbers are posted near every telephone.

**PROCEDURES FOR EMERGENCIES AND ILLNESS**

The first step taken is to properly assess the injury/illness. A staff member who is trained in current first aid will perform this. The parents or emergency contacts will be notified.

Children will be transported via van or ambulance. A staff member will accompany the child to the hospital along with the child’s medical record and emergency release medical form. The responsible person will stay with the child until the parents arrive. Minor injuries will be transported by van; all other injuries will require ambulance assistance.

If parents cannot be contacted, then the director or assistant director will contact emergency contacts along with continual attempts to locate parents. The child’s physician shall also be contacted. The child will be separated in a supervised area from the other children and kept as comfortable as possible until an emergency contact person arrives.

In an event of an emergency or illness while on a field trip, a staff member(s) shall have signed permission slips and emergency information for each child attending. Staff will send word to the center director or assistant director who will take charge of the emergency, contact emergency rescue if necessary and contact parents or emergency contacts.

An accident report must be filled out within 24 hours, filed in the child’s individual file, a copy given to the parents and noted in the central injury log. Notify Massachusetts Department of Early Education and Care (EEC) immediately of all incidents that requires professional medical treatment.

If an illness or injury occurs at the center and requires medical attention, Massachusetts Department of Early Education and Care will conduct a review of the reports that are required to be submitted. If more information is needed, the licensor may contact the center by telephone or conduct a visit to the center to ask questions, review files, conduct interviews or inspect equipment.

Once the review is completed a report documenting the review and identifying any non-compliances will be sent to the center.

A list of the required reports is posted in the office.

**PRODECURES FOR USING AND MAINTAINING FIRST AID EQUIPMENT**

All center personnel who administer first aid shall be trained in current first aid.

The first aid kits and manuals are kept in all bathrooms

The director and the Health and Safety Coordinator maintain first aid kits. Equipment and supplies are checked on a monthly basis. Contents include: health care policy, adhesive tape, Band-Aids, compress, gauze pads, roller bandage, non latex gloves, cold pack, scissors and tweezers. A thermometer is kept in each first aid kit.

First aid equipment is used in accordance with specific injuries both at the center and away from the center. Staff members who have completed first aid training and/or CPR training will administer first aid/CPR. All staff members are required to complete both trainings within six (6) months of hire.

All injuries must be recorded and entered into a central log, which is reviewed by the center director weekly. The original record is kept in the child’s file and a copy is sent home to the parents. All injuries are carefully assessed.

A first aid kit is available whenever children go on a field trip.

**PLAN FOR EVACUATION OF CENTER IN CASE OF EMERGENCY**

In the event of an emergency, everyone must leave the building immediately by group. (All staff shall count the children and have the attendance records.) Proceed to designated area and recount the children in attendance to insure no child is left behind.

Daily attendance records are maintained by the teacher in charge and kept accessible at all times. All cribs are classified as evacuation cribs and used for infants to be transported from the building. No more than 4 infants should be placed in each evacuation crib. Specific evacuation procedures will be put into place for any children (including but not limited to those with disabilities) who may need assistance during an evacuation.

The cook will proceed immediately to the infant class to assist with evacuation. Each administrator is assigned to check each area of the building to assist and assure everyone has evacuated. All will proceed to designated outside areas.

The director and assistant director close doors, windows, check bathrooms, and all classrooms for stragglers. Emergency information for children and staff shall accompany the teachers upon evacuation.

Health and Safety Coordinator is responsible for assuring that evacuation drills are practiced on a monthly basis. Evacuation drills that reflect alternate routes will also be practiced. The Health and Safety Coordinator will maintain documentation in a central log stating time, date and effectiveness of each drill. Evacuation procedures and alternate routes are posted in each classroom for easy reference.

**STAY CALM!**

**PROCEDURES FOR MEETING POTENTIAL EMERGENCIES**

Direct contact via telephone or in person will determine whether to evacuate or stay at the center in the event of an emergency.

Escape routes for each level of the day care will be the same as the evacuation routes posted at each doorway and listed under “Plan for Evacuation of center.”

Administrators will contact the fire department or appropriate authorities, via cell phone or by use of the pull stations located at each exit of the building as well as outside of the daycare around the corner facing the playground (See additional information regarding plan for Evacuation of the Center in case of Emergency and Contingency Plans for Emergency Situations in Health care policy.)

**CONTINGENCY PLANS FOR EMERGENCY SITUATIONS**

Contingency plans and procedures deal with fire, natural disasters, loss of power, heat or water. All emergency situations will be addressed in the fastest and safest possible way. These situations will be addressed immediately on an as needed basis. The center’s main concern will be the health and safety of the children and staff. Decisions will be made based on indoor/outdoor temperatures, weather conditions, severity of the problem, time of day, etc. The center will not hesitate to close if needed.

In the case of a fire, natural disaster, or situation that necessitates the evacuation of the building/area, the following procedure will be used:

The Norton Police / Fire Department will be contacted by the administrator.

If the problem is NORTH of Children’s Express Learning Center, we would head SOUTH to Wheaton College. Follow the instructions of the local Police Department or emergency crew.

If the problem is SOUTH of Children’s Express Learning Center, head NORTH to Norton High School. Follow the instructions of the local Police Department or emergency crew.

Children’s Express Learning Center is hooked up to the Norton Police / Fire Departments and receives all automated alerts pertaining to important information and emergencies.

\*In the event of any emergency, all teachers should obtain their attendance records and emergency information sheets for all children in their care. This information should be taken to the evacuation site. Transportation used in the evacuation plan will be police and fire vehicles, staff vehicles infant’s car seats and extra car seats will be used if available to address the needs of infants, toddlers and children with special needs. Every attempt will be made to notify the parents by telephone, and public service announcements on radio and television.

In the event of a missing child, the Norton Police Department will be contacted immediately as well as the parents. All efforts will be made to retrace steps to when, where and with who the child was last seen. The entire premises will be searched, and all attendance will be verified.

**INJURY PREVENTION PLAN**

A daily check by the Health and Safety Coordinator and the center director assures the removal and/or repair of hazards.

A central injury log is kept in the office. The first aid kits are kept in the bathrooms. The log is maintained by the Health and Safety Coordinator on a monthly basis and is reviewed by the director.

In the event of an injury, the staff member in charge must fill out an injury report form within 24 hours, file it in the child’s folder, give a copy to the parents and enter into the central log. Parents are informed immediately of any injury, which requires emergency care. Massachusetts Department of Early Education and Care will be notified of any incidents that require the services of an EMT/ambulance attendant or if a child seeks medical attention.

All toxic or hazardous substance are disposed of immediately and kept out of the reach of children.

**PLAN FOR MANAGING INFECTIOUS DISEASE**

Parents will be required to notify the center in the event of their child’s infectious disease. Other parents will be informed through posted notification on the parent board and a written notice to each family from the director or assistant director.

Symptoms of excessive diarrhea, vomiting, a high temperature (over 101 degrees), or any communicable disease shall warrant the child to be excluded from the other children and the center. (For a specific detailed description of infectious diseases refer to the Health in Day Care Guide, Part II.) The instructions listed in the guide are the guidelines that this center adheres to. The Health in Day Care Guide, Part II lists when children should be excluded from other children and the center. It also provides guidelines as to when the child may return to the center.

Children who exhibit symptoms of an infectious disease are brought to the director’s office and made as comfortable as possible until parents and/or emergency contracts can be reached. Children may return to the center when free of symptoms (vomiting, diarrhea, and fever). When a communicable disease is diagnosed we will, again, use the Health in Day Care Guide, Part II as a basis of determining when a child may return to the center as well as conformance with regulations and recommendations set by the Division of Communicable Disease Control and Department of Public Health. If deemed necessary a doctor’s note may be required.

**CONFIDENTIALITY OF MEDICAL RECORDS**

Medical records of all children are considered confidential information. With parental consent, the director may share records containing HIV status with the primary caregivers that need to know in order to protect the child against other infections. This information does not require release of a child’s HIV antibody status, unless parental consent is given.

With consent of parent or guardian, the physician will provide information regarding the child’s HIV status.

Notifying parents of other children and other caregivers about the presence of a known or suspected HIV infected child is unnecessary and prohibited.

**PLAN FOR INFECTION CONTROL**

Strict hand washing must be practiced by the children and staff at, but not limited to, the following times:

Upon arrival at the center

Before eating or handling food

After toileting, diapering or assisting children in the bathroom

After contact with body fluids and discharges (blood, mucus, feces, vomit)

After cleaning areas with bodily fluids

After handling pets or their equipment

After returning from outdoor play

After cleaning tasks, handling trash or using cleaning products

Before and after water play

Before and after administration of medication

Hands should be washed with running water and soap using friction for 15-20 seconds and dried with disposable towels, so the clean hands are not dirtied.

The procedure for hand washing reminders is posted at every sink and will be monitored by staff.

Disposable gloves are used to clean up all blood spills and bodily fluids. The affected area will be disinfected. The gloves used will be thrown away in a lined covered trash container. Bloody clothing will be sent home in a sealed bag with the child’s name on the bag. The bag will be given to the parent at the end of the day.

Commonly use surfaces and toys are either: washed with soap and water and then sanitized with a standard bleach solution (2 teaspoons bleach to 1 Gallon cool water per the “Bleach solution Technical Assistance Sheet“. In this case the solution is made daily and kept in spray bottles out of reach of children) or a commercially prepared disinfectant that has been registered by the Environmental Protection Agency (EPA) as a sanitizing solution is used.

The following equipment, items or surfaces (including floors and walls) are washed with soap and water and disinfected as needed to maintain a sanitary environment.

**POLICY FOR SANITIZING AND DISINFECTING**

These items, equipment, and surfaces must be washed and disinfected after each use:

Toilet training chairs that have first been emptied into a toilet.

Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair

Diapering surfaces

Toys mouthed by infants and toddlers

Bibs (if bib is only used for one particular child, good judgment should be used in deciding whether it can be used again)

Thermometers

Mops used for cleaning bodily fluids

Water tables and water play equipment

The following items are to be monitored for cleanliness and washed and disinfected at least daily:

Toilets and toilet seats

Containers, including lids, used to hold soiled diapers

Sinks and sink faucets

Drinking fountains

Play tables

Cloth, washcloths and towels

The following items should be washed and disinfected at least weekly or more frequently as needed to maintain cleanliness, when wet or soiled and before use by another child:

Cribs, cots, mats or other approved sleeping equipment

Sheets, blankets or other coverings

Machine washable fabric toys

Smooth surfaced non-porous floors

Mops used for cleaning

The disinfectant solution shall be either a self-made bleach solution, prepared by the licensee in accordance with EEC guidelines, or a commercially prepared disinfectant that has been registered by the Environmental Protection Agency (EPA) as a sanitizing solution. (Registration can be identified by reading the product label and using the disinfectant precisely as directed on the label.) The household bleach used to prepare a self-made bleach solution shall have a 5.25% available chlorine as hypochlorite. A self-made solution shall be labeled and stored in either a spray bottle or a bottle that is sealed with a cap and the solution must be prepared daily or tested daily in accordance with the Department of Public Health’s guidelines. All such disinfectants shall be stored in a secure place and out of the reach of children.

**PLAN FOR MEETING THE INDIVIDUAL NEEDS OF MILDLY ILL CHILDREN WHILE IN CARE**

If a child appears to be mildly ill and shows no sign of an emergency, she/he will be taken to the office, encouraged to rest, and any symptoms observed. Appropriate and specific measures will be taken to ensure that the health requirements for children with disabilities are met.

Parents or emergency contact(s) will be notified of symptoms.

Based on the illness and symptoms, a decision will be made on how the center will care for the child. The child will be kept as comfortable as possible meeting his or her individual requirements for food, drink, rest, play material and appropriate indoor play activities. (We do not care for mildly ill children at the center for long terms.) We will call and ask the parent/contact to pick up their child if one or more of the following symptoms appear:

Fever of 101 degrees or higher

Vomiting

Diarrhea

Discharge from the nose that is discolored

Any unusual rash

**PLAN FOR ADMINISTERING MEDICATION INCLUDING PRESCRIPTIONS, NON-PRESCRIPTION AND TOPICAL MEDICATIONS**

Any child requiring prescription medication will have an authorized form signed by the parent specifying medication name, reference number, dosage and time to be administered. Prescription medications should be administered at home by parents as often as possible, or as directed by physician/prescription label. Medicine that is required to be given while a child is in attendance at the center will be administered by the Health and Safety coordinator, office administrator or staff who are authorized to administer medication, have completed training and follow the medication administration policy specified in 606 CMR 7.11(2).

Each time a medication is administered, the staff member must document the name of the medication, the dosage, the time, the method of administration and who administered the medication. All medication forms are then placed in the child’s file. When topical medication is applied (such as cream for a diaper rash), the parents will be informed of it’s use at the end of the day.

Individual Health Care Plans (IHCP) are required for each child with a chronic health condition. Examples of chronic health conditions include but are not limited to the use of EPI pen, chronic asthma and ADHD. The health care plan should be filled out by a physician and include a description of the condition, symptoms of the condition, necessary treatment, potential side effects, consequences of failure to treat and who will provide treatment. The IHCP must be revised or updated at least yearly (unless otherwise noted by the child’s physician)

For children on an individual health care plan, staff must be trained by their child’s health care practitioner or child’s parent (with consent from the child’s health care practitioner) on implementing the plan.

Any child requiring non-prescription medications, other than over-the-counter topical medications, require a doctor’s note. We need to have a permission slip, signed and dated by the parent(s) and physician. It must include the child’s name, name of the medication, prescription number (if applicable), dosage, date(s) and time(s) medication is to be given, reasons for the medication, list any possible side effects, name and phone number of prescribing physician, and directions for storage. The doctor’s note is valid for one year, unless earlier revoked.

Any child requiring topical non-prescription medications, including but not limited to creams, ointments, powder, sun block, calamine lotion, etc., will have a signed permission slip, also dated by the parents, stating the name of the product and the time to be administered (i.e. after each diaper change). Such topical mediations must be labeled with child’s name. It is not necessary to have a physician statement for these types of medications.

All prescription medications must be properly labeled and in their original container in which they were originally dispensed. Medications without prescription labels must be accompanied by a permission slip signed by the child’s parent and physician (excluding over-the-counter topical medication).

No staff member shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. Medications will not be administered contrary to the directions on the original container, unless authorized in writing by the child’s licensed health care practitioner. Any medication without clear instructions on the container will only be administered if accompanied by a written descriptive order by a physician or pharmacist.

All medication will be stored in appropriate containers out of the reach of children. Unused, discontinued or out dated medications will be returned to the parent for disposal and documented in the child’s file. When returning medication to the parent is not possible or practical, such prescription medication must be destroyed and the destruction recorded by a manager or supervisor in accordance with policies of the licensee and the Department of public Health, Drug Control Program.

The Health and Safety Coordinator or designated person will be responsible for any medications required. Once the medication has been administered, required information will be immediately logged on the permission slip. Upon completion of the medication the written record is filed in the child’s individual file.

Every attempt will be made to contact the parents before any nonprescription medication (such as Tylenol, etc.) is administered to the child that has not already been preauthorized for that day.

For School-Age children only: A child that is enrolled in the school-age program may self-administer his/her own inhaler if needed. A teacher will assist if the child needs it.

Unless otherwise specified in a child’s individual health care plan, all medications will be stored in a secure and locked place at all times. Medication is kept out of reach of children and under proper conditions for sanitation, preservation, security and safety during the time children are in care and during transportation of children. Medication is not to be accessible to unauthorized individuals. Medication requiring refrigeration shall be stored at temperatures between 38 – 42 degrees Fahrenheit, inaccessible to children. Emergency medication such as epinephrine auto injectors must be immediately available for use as needed.

**PLAN FOR MEETING SPECIFIC HEALTH CARE NEEDS**

The parent, on the enrollment form, identifies allergies. These are relayed to the staff and all allergies are posted in the classrooms, the kitchen and included on all attendance sheets. Known allergies are to be avoided. Either remove the child from allergic environment or take the irritant out of the child’s space.

Food allergies are noted to the cook and a special diet may have to be posted for the individual.

Documentation of up to date physicals and immunizations must be kept on file as well as documentation of vision, hearing and dental screenings. Any child with chronic medical conditions (asthma, seizures, etc.) must have an Individual Health Care Plan that addresses the child’s needs. The plan should include symptoms, treatment, side effects, consequences of failure to treat and training. If the child’s physician approves, parents can train the staff in the Child’s Health Care Plan.

**PROCEDURES FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE OR NEGLECT TO THE DEPARTMENT OF CHILDREN AND FAMILIES**

Department of Children and Families (508) 894-3700

Hotline- 1-800-792-5200

Indicators of child neglect include: lack of supervision, lack of adequate clothing and personal hygiene, lack of medical and dental care, and lack of adequate shelter and nutrition.

Indicators of physical abuse include: bruises or swells, burns, cuts, tears or scrapes, head injuries, bone injuries, injuries to the stomach area and behavioral changes.

Indicators of sexual abuse include: difficulty in walking or sitting, torn, stained or bloody underclothing, complaints of pain, itching or swelling in the genital area, pain when urinating, bruises or bleeding, vaginal discharge or infection, venereal disease and behavioral change.

Our center and all educators operate the program in ways that protect children from abuse and neglect.

All observations must be documented in a log book and a copy kept in the child’s file.

All staff members are informed that daycare workers are mandated reporters. Teacher concerns are brought to the attention of the director. The parent will be informed that the staff and director are mandated reporters and must report all warranted concerns to the Department of Children and Families (DCF). A report will be filed with the department immediately, without notification to the parent if the staff and director feel that the child is at risk. A written report will then be filed with the department within 24 hours. From that point DCF will follow up. All referrals will be filed in the child’s file. When a written outcome is received from the department, that too will be placed in the child’s file. Procedures for identifying and reporting abuse or neglect to the office per 7.11(4), 7.11(18)(a), will be followed.

Any form of abuse or neglect is strictly prohibited. Massachusetts Department of Early Education and Care will be notified immediately upon learning that a 51-A has been filed against a staff member. The center will cooperate with any investigations. In the event that the center receives an allegation of abuse/neglect, the following procedures will be followed:

The accused employee will be suspended from working with the children, until such time as the Department of Children and Families and the Massachusetts Department of Early Education and Care has concluded their investigation. This suspension may be with or without pay depending on each employee’s situation. Upon completion of the investigation, the employee will be reinstated, or employment will be terminated.

**NUTRITION**

The center offers a complete meal program that follows the U.S.D.A. Guidelines for nutritional and dietary needs and feeding requirements for each child including those children with disabilities. A nutritional program has been designed and implemented. All staff receives training which covers choking hazards as well as training in U.S.D.A recognized nutrition requirements.

**PERSONAL HYGIENE**

Our educators model and follow good personal hygiene practices at all times. Each child’s hands and face will be washed after each meal and after coming in from outside. We have mirrors in the bathrooms near each sink so that the children are able to attempt to wash their own faces to improve on self-help skills. The teachers will assist whenever needed.

Each child at the center is required to have one spare set of clothing at all times. We do have extra clothing available for emergencies. Children’s clothing should be labeled so that a child’s clothing will not be given to the wrong child. Children should have clothing appropriate for the weather and for indoor and outdoor program activities.

If a child soils his/her clothing, the soiled clothing will be placed in a sealed plastic bag with the child’s name and given to the parent at the end of the day.

For children in care more than four hours, staff will assist children in brushing their teeth. Individual labeled toothbrushes and toothpaste (supplied by the parents) will be stored in a safe and sanitary manner open to the air without touching each other. Toothbrushes must be replaced at least every three months (earlier if needed).

**SLEEP, REST AND QUIET ACTIVITY**

The licensee must provide an opportunity for children to rest or engage in quiet activities when they are in care for more than four hours. As part of our daily schedule, an extended period of sleep, rest or quiet activity is included for children in care over four hours. The length of sleep, rest or quiet activity period will be appropriate to the needs of the children.

Infant Sleep Regulations: We follow SIDS risk reduction practices. Every infant 12 months of age or younger must be placed on his/her back for sleeping unless the child’s health care professional orders otherwise in writing. Cribs must not contain pillows, comforters, stuffed animals or other soft, padded materials.

**SOCIAL SERVICE REFERRAL PLAN**

If a child shows signs of having problems of any kind, teachers are expected to notify their head teacher and the director. The areas that may be addressed are social, mental health, education and medical services, including dental and vision. The director will receive written parental consent prior to referrals for services.

After discussing the problem with the teachers, the director will decide what the next step will be. She will call the parents in for a conference and, if necessary, recommend that the child see a specialist. In the case of expected child abuse, the director would notify the Depart of Children and Families (DCF) immediately of the problem. It is up to the director to call the parents and tell them she reported a concern to DCF if she thinks that this is necessary.

It is up to the administrators and staff to document all evidence of any existing problem and to keep records of any development that is noticed. The director writes a report after having talked to the parent and/or social worker which is kept in said child’s file. This report will include all conversations held and what recommendations were made.

It is important that the director follow up her recommendations by asking what action has been taken and what the results were. This will be added to the initial report. In this way she can assure herself that the situation is being handled by experts who can spot any insecurities or problems that the parents may have in deciding where to look for the needed help.

If a child with a disability is 2 years and 9 months old or older, a written referral to the appropriate administrator of special needs will be made. If a child with a disability is younger than 2 years and 9 months old, a written referral will be made to Early Intervention.

If the child’s behavior indicates that they have a special need the director must inform the parents of their rights. At the parent’s request, with the aid of the director, the child is referred for services. Depending on the results, a determination is made to see if their needs can be met. Since we may not have staff that is qualified to handle certain special needs, the enrollment of the child may need to be evaluated. Trainings or consultants will be provided for staff when needed as well as intervention plans to follow both at home and at the center. All behavior which was observed exhibiting the particular need, all recommendations, conversations, concerns and actions are documented and kept in the child’s individual file.

**Background Records Checklist**

The administrator and reviewer complete a Criminal Offender Record Information (CORI) check and a DCF Central Registry and Registry of Alleged Perpetrators / Background Records Check (BRC), for each new employee before an offer for employment is confirmed. The licensee ensures that an approval is obtained by Department of Early Education and Care for each reviewer. A reviewer is authorized to receive, review, or discuss the BRC results with potential employees, volunteers or interns in the program. A CORI and BRC is also completed at least every two years for all employees, including administrators, licensee, reviewers, staff members, bus drivers’ volunteers and interns. If at any time the program receives information about and employee that may indicate that a new CORI or DCF BRC review is appropriate, they will be resubmitted for approval. Department of Early Education and Care will be notified by the licensee if an approved reviewer leaves employment and will obtain approval for each new reviewer.

The program will abide by all EEC Background Record Check (BRC) regulations and policies as required by state and federal law. All current and prospective employees and regular volunteers must complete a Background Record Check through the Department of Early Education and Care (EEC). The BRC process consists of a Criminal Offender Record Information (CORI), Massachusetts Department of Children and Families (DCF), Sex Offender Registration Information (SORI) and Fingerprint based check of state and national criminal history databases. BRC Program Administrators shall ensure that all candidates re-certify consent each year if the candidate is still working for or providing services on behalf of the Program. If any of the identifying information provided does not match the prior BRC form that was submitted by the BRC Program Administrator, then the BRC Program Administrator must re-verify the candidate’s identity. If there is evidence the candidate provided false information, then the BRC Program Administrator must notify EEC.

A BRC will be processed on employees and regular volunteers every 3 years or as deemed necessary by state statute.

Provisional Hiring: Candidates may be authorized to work as a conditional hire when permitted by EEC in accordance with EEC policy and state and federal law. Upon receipt of notification that a candidate is eligible for provisional status, a Program may within its discretion, utilize a candidate in a position under the direct visual supervision of a Program employee who has a current “Suitable” finding with EEC until the candidate’s remaining checks are complete and the Program receives a “suitable” final suitability determination from EEC.

Once the employee is deemed suitable for CORI, DCF, SORI, and a fingerprint-based check, they can be hired permanently and have unmonitored contact with children, should their position allow.