

# CHILDREN'S CORNER

# Parent Handbook

Revised on July 14, 2019 - Worcester

Dear Parents:

Welcome to Children's Corner Child Care Center of Worcester ("Children's Corner"). Our center serves the children of parents throughout Central Massachusetts. Children's Corner has an open door policy, and we encourage families to visit the center as often as they would like.

We like to think of our center as a place that children and parents consider their second home. A place where the children are accepted and loved and where laughter is cherished.

I hold special pride in the center's professional staff. Selected for their knowledge of child development as well as their strong interpersonal skills, they are the strength of our program. When visiting Children's Corner, please take time to listen, watch and learn from this unique group.

We look forward to getting to know you and your child and hope to make this child care experience a happy and productive one.

Sincerely,

*Hala Lavendure*

Program Director

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## **Philosophy**

Our child care program is designed to meet the developmental needs of young children.

It provides experiences that enrich and enhance each child's cognitive, language, social, emotional, physical and creative development. Within the center's daily schedule, each child has opportunities to create, to explore the environment, learn problem solving and personal interaction skills, and learn concepts through first-hand experiences. Children develop a positive self-concept through a balance of self and teacher directed activities.

Opportunities for solitary play as well as group activities are provided. Staff serve as positive role models and provide care that is supportive, nurturing, warm and responsive to each individual child's needs. We respect parents as the primary and most important provider of care and nurturing, and we believe parents and teachers are partners in children's care and education.

## **Our Staff**

We select our staff carefully in order to provide the best possible care and education for the children. The child care director plans, organizes and administers all components of the program in accordance with all agency rules and regulations, federal, state local laws and/or funding. All lead teachers, teachers and assistant teachers meet Department of Early Education and Care qualifications. In addition, all staff is required to attend at least 20 hours of educational training per year. Many of our staff are committed to continuing their higher education and are presently enrolled in degree programs. All staff holds current First Aid and CPR certificates.

We employ people who are warm and nurturing, who understand child development, who can apply their knowledge in the classroom, and who respect each child as an individual. We seek employees who value working as a team player with parents, colleagues, and volunteers.

Each staff person has on file two written references from previous employers and/or supervisors. All employees' backgrounds are checked through the state's Criminal Offender Record Information prior to their hire. All employees are also required to have a physical examination.

All staff members are supervised by the center director of Children's Corner Child Care Center of Worcester, Hala Laverdure.

## **Consultant and Referral Services**

Children's Corner maintains a current contract with a Healthcare Consultant. This consultant helps us develop, maintain, and approves our health care policy. She/he is available to us at all times to answer questions and to make recommendations regarding health issues. Children are referred to appropriate services for consultation and evaluations as needed.

## **Center Operations**

Children's Corner is open Monday through Friday, year round, from 7:30AM – 5:30PM. Also offered are the extended hours of 6:30AM – 5:30PM for an additional charge.

If your child is going to be absent or late please call (508) 556-1730

Each classroom begins their daily routine at 9:00AM. It can be disruptive to your child and the classroom if your child comes in after that time. We ask that every effort is made to be here at 9:00AM, however, if you are going to arrive later than your scheduled time, please call the office phone to let us know.

## **Holidays**

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Patriot's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- The day after Thanksgiving

- Christmas Day
- 2 floating Day assigned at a later date

Children's Corner also closes for two to four staff development days during the year. Parents will be notified at least 30 days in advance in order to arrange alternate child care. Child Care fees are still charged for the 12 Holidays and two staff development days.

Children's Corner reserves the right to shorten program hours under certain circumstances.

We welcome you to bring in a special snack on your child's birthday to share with the class, NO PEANUT BUTTER OR NUTS PLEASE. If you are planning on handing out invitations to your child's birthday party, and you are unable to include everyone in the class, please DO NOT give the invitations out at school. It can cause hurt feelings and conflicts between children.

## **Late Policy**

Any parent arriving after 5:30PM. The late fee is \$5.00 for any fraction of the first five minutes, \$2.00 per each additional minute. For families that have two children, the rate will be 1 1/2 times that amount. The fee MUST be paid in cash either that night or before the child is dropped off the next morning. No child will be re-admitted until the late fee is paid. The late fee will go directly to the staff person(s) that cared for the child.

## **Age Requirements and Staff-to-Child Ratio**

Infants: 1 month – 15 months old. The ratio is 7:2

Toddlers: 15 Months – 2.9 years old. The ratio is 9:2

Preschool: 2.9 years – 8 years old. 10:1

## **Admission Process**

Your child is eligible for enrollment when the following requirements are met:

- The parents must meet with the director and the child should have a pre-enrollment visit in the classroom that the child is attending. The parent will tour the center, review intake forms and parent handbook, and have any of their questions answered.



- All intake forms must be completed and returned on or before the child's first day. A physical form must be presented to the child's physician and returned to Children's Corner within two weeks of admission. A copy of the child's blue immunization book must be presented at the time of admission.
- Children's Corner does not discriminate in the enrollment of children or selection of staff or volunteers upon the basis of race, color, creed, age, religion, sexual orientation, marital status, disability, cultural heritage, national origin, political belief or status as a veteran.

## **Fee Schedule**

For parents who pay a child care fee:

- Child care fees are payable on the Monday before your child begins day care, and on each subsequent Monday.
- A FULL WEEK'S FEE IS CHARGED EACH WEEK. Holidays, storm days, sick days and vacations DO NOT affect your child care fees.
- If the child care fee has not been paid for two weeks, your child care will be immediately terminated unless prior arrangements have been made with the director.
- A 10% fee will be added to the balance per month until the balance is paid in full.
- If you will be claiming your child care expenses on your tax forms, you will need our federal tax ID #. Please ask the director for this information. Children's Corner would be happy to provide year end totals for child care expenses if required.
- If you have a child care voucher and you fail to renew it before the end date written on the voucher, you will be responsible for the FULL child care fee. If you do not bring your child while you are waiting for a new voucher, there is no guarantee that your child's daycare slot will be available when you receive the new voucher.

# **Transition Policy**

## **Transition from Home to Daycare**

In order to make the transition as smooth as possible for children, parents, and staff, please allow enough time each morning for the following:

- Take off your child's coat, boots, etc.
- Talk with your child's teacher each morning; a quick hello is fine
- Let your child's teacher know if there is any information that may affect your child's mood or appetite
- Spend a few minutes with your child to ensure a smooth transition
- Please say goodbye to your child. "Sneaking out" of the room may cause your child to feel insecure when they realize you are gone
- Leaving your child can be an emotional time for parent and child. The staff will reassure your child that you always come back for them and that they are safe at school. If you need reassurance, please call your child's teacher during the day.

## **Transition at the Center**

The Children's Corner staff assists children with transitions from one activity to another through the use of visual, verbal and auditory cues based on their ages and stages of development.

During arrival time (in the early morning), infants meet in the infant room and toddlers meet in the preschool room. Here, educators transition children to their respective classrooms as smoothly as possible, in a manner consistent with their ability to understand what is taking place in their immediate environment. The safety of all children in this mixed grouping, at this time of the day is of paramount importance.

It should be noted that we are committed to keeping all children in our care, safe at all times. During the first and last hour of the day when groups are combined (according to ratios set by the EEC) children may be transitioned quickly if educators feel that the safety of any child/children will be affected in any way.

Transitions from one activity to another during other times of the day are done in a timely, predictable and unhurried manner. Children are informed of subsequent activities and are

given a reasonable amount of time to complete their present activity before proceeding on to another. Educators use a variety of aids and materials to assist in the transition process, for example, timers, bells, picture cards and other cues.

When a child is ready to transition from one classroom to another, for example, infants to toddlers to preschool, information sharing between the director, educators in each classroom and parents will occur. This ensures that the child moves with parental permission and he/she is developmentally prepared for this change. The parent/guardian will participate in an evaluation of the child from his/her present room and will be given a copy of the schedule and curriculum of the new classroom. Additionally, they would be given a tour of the classroom their child will be transitioning into and have any questions answered. Children are allowed to transition into their new classrooms in a comfortable way.

## **What to Bring from Home**

### INFANTS:

Infant Parents should send to daycare

- formula/breast milk
  
- At least 6 Diapers daily
  
- Wipes
  
- Baby bottles with covers and labels, one for every feeding the infant will have during his/her care at the center
  
- Pacifier only if your infant use one
  
- 2 changes of clothes (If infant has frequent loose movements, infant may require additional changes of clothing.)
  
- Lunch with snack
  
- 3-4 Sippy cups
  
- Infant toothbrush

\*\*\* All bottles and sippy cups should go home daily to be cleaned, sanitized and returned with the child the next day.

TODDLERS:

- A nutritious lunch
- At least 5 diapers daily
- 2 changes of clothing, more if the child is getting potty trained
- Large pillow case
- Crib sheet
- Blanket
- Toothbrush

PRESCHOOLERS:

- A nutritious lunch
- 2 Change of clothing
- Large pillow case
- blanket
- diapers if still in one
- wipes
- toothbrush

\*\*\* Please label all items that are brought in to the daycare. The staff cannot be responsible for items that are not labeled with your child's name.

\*\*\* Please check with classroom staff as well

# Termination/Suspension

## Termination

Parents may terminate child care services with a written two-week notice.

### Child may be terminated from the program

- If the program is unable to meet the developmental needs of the child or the health and safety of the child or other children in the program cannot be assured.
- When the director and the teacher feel that the program is not meeting the needs of a child, the child's teacher and the director
- Will meet with the parent to discuss all concerns. The child's teacher will present any documentation pertaining to the concerns, and the teacher, parent and director will attempt to formulate a plan to address the concerns.

### To Avoid Termination or Suspension:

- To avoid Termination from the center, the Director will offer referrals to parents for Evaluation, Diagnostic or Therapeutic services such as Together for Kids and UMass Early Intervention. The Director will also pursue options for training and consultation for staff.
- A plan for behavioral intervention should be developed by the child's consultant and should be followed at home and in program.
- After following this procedure, if the center is still not meeting the needs of the child, or if the parent is disregarding the concerns of the center by pursuing help for their child or does not attend the necessary meetings, the director will provide the parent with a written explanation of what was discussed in this meeting, and state that the child's daycare will terminate in two weeks from that date.
- If we feel the only alternative for the child is termination of services, we will provide the parent with telephone numbers to Child Care Resources in order to find alternate child care.
- The staff will also help prepare the child for termination from the center in a manner that is consistent with the child's development.

Children's Corner reserves the right to terminate services for failure to adhere to the policies of the child care program or for any reason that it deems is in the best interest of the operation of the child care program.

## **Suspension**

Children's Corner may suspend your child's service if you have failed to provide the center with an updated physical form in a timely manner after a request has been sent home. Written notification will be sent to parents stating when the child's physical must be in. If a parent fails to return this documentation, we reserve the right to suspend your child's day care until the physical is returned.

Also if the parent does not adhere to the child care fee policy stated earlier in the handbook.

## **Toys from Home**

No toys from home will be allowed at the center unless the teacher designates a Show and Tell day. Only on the designated day the child can bring a toy from home to show and tell about it.

Toys that represent violence, guns, knives, swords, or other toys of destruction will not be allowed at the center.

We encourage parents to allow their children to bring a special blanket or stuffed animal from home to comfort them at nap time.

However, because keeping track of each child's belongings can be a very difficult task. It is the child's responsibility to keep track of the toy that brings from home.

Children's Corner is not responsible for any lost or broken toys that come from home.

## **Jewelry**

Many children come in to the center with various pieces of jewelry on. Children's Corner is NOT responsible for any lost or broken jewelry. If our staff feels that your child's jewelry is a choking hazard for him/her or the other children, you will need to remove your child's jewelry before they can enter the classroom.

## **Nap time**

The Department of Early Education and Care requires that all children enrolled in child care for four or more hours per day must have a midday rest or nap for no less than 45 minutes.

After the 45 minutes required rest time, if the child is not asleep, a Quiet developmental activity will be given to the child on his/her mat or table till the end of nap time.

All infants 12 months and younger are placed on their backs for sleeping unless the child's health care professional orders otherwise in writing.

Parents of toddlers and preschoolers are required to bring in the following items for nap time.

### Toddlers:

- Crib sheet
- Small blanket
- Large pillow case

### Preschoolers:

- Blanket
- Large pillow case

All stuffed animals are welcome at Children's Corner.

All blankets will be sent home with your child at the end of the week to be washed and returned on Monday with your child.

It is the parent's responsibility to return the blankets with the child on Monday morning to ensure a smooth and less stressful rest time.

## **Food Services/ Nutrition**

Children's Corner supplies a nutritious breakfast and two nutritious morning and afternoon snacks. Parents are required to provide a nutritious lunch for their children.

The Staff at Children's Corner is trained in and teaches the children to understand the importance of nutritious foods to the body, size portions, and the importance of daily physical activity.

Teachers are also trained in foods that may cause choking in children and what to do if that happens.

Teachers sit and eat with the children during their meal times. Mealtimes are relaxed and conversation is encouraged.

All food Allergies are posted in each room by the food preparation areas throughout the center.

**NO PEANUT BUTTER OR ANY NUTS ARE BANNED AT THE CENTER DUE TO PEANUT ALLERGIES. TEACHERS ARE TRAINED IN CASE OF AN EMERGENCY.**

\*\*\* Any banned foods will be posted on the parent's board.

Parents are welcome to come in and join their child for lunch if their schedule allows!

Menus for each week are posted in the food preparation areas and the hallway between the Toddler and Preschool rooms. If there are children with allergies that are potentially fatal, we will ban these foods from the center to maintain the health of the children.

We suggest the following for a nutritious lunch:

- Soup
- Chicken salad
- Green salad
- Vegetable sticks with dip
- Cheese cubes
- Tuna Sandwich
- Sandwich meat rolled with cheese
- Chicken and rice or vegetables
- Rice and Beans
- Yogurt
- Pudding
- Raisins

**PLEASE LABEL ALL LUNCH BOXES, THERMOS' AND CONTAINERS WITH YOUR CHILD'S NAME.**

We do heat up lunches but we do not cook lunches. For Example; Mac and Cheese should be cooked at home and put in a microwavable container for heat up only. No frozen lunches are allowed unless they are cooked at home and sent to be heated only at the center.

Thank you for your cooperation in this matter.



Infants will NOT be given a bottle with a cut nipple or food (cereal) in the bottle unless we have a Physician's note for permission. This is a choking hazard for children. If a teacher notes that the nipple on your child's bottle has been cut, you will have to bring a new one prior to the feeding or the child will not be allowed to stay at the center.

All bottles MUST have an appropriate cover on it (labeled). If you bring in bottles without covers, we will not be able to give them to your child. This is a Department of Early Education and Care regulation. Infants should have as many clean bottles as the number of feedings required for that day. Also Infants and Toddlers need as many sippy cups as feedings required for the day.

All bottles and sippy cups should go home daily to be cleaned and returned the next day your child attend the daycare.

\*\*\* Check with your child's teacher on the number of sippy cups your child would need for the day.

## **Outdoor Play**

In order to ensure the proper Development of the children the outdoor experiences should be provided for all young children on a daily basis. Young children should go outside daily to practice large muscle skills, learn about the outdoor environment and experience freedom not always possible indoors. Outdoor time is an integral part of our curriculum.

Our policy for outdoor play is as follows:

Children will play outdoors for a minimum of 20 minutes to a maximum of 60 minutes, recognizing that children need at least 60 minutes daily of large motor skill usage. If due to weather constraints, the children can not have 60 minutes of outdoor play, children will have indoor activity in order to utilize their gross motor skills. Outdoor time will be spent in the play yard and/or on a walk.

Children who are not well enough to go outdoors are not well enough to be in school. It is not possible for a child to stay inside while the rest of the classroom goes outside.

\*\*\* Parents are responsible to dress their child with proper clothing for all seasons. Snow pants, boots, gloves and hat should be available daily to the child during the winter months.

We do go outdoors as long as the Temperature is 32 degrees. Some extra hats and gloves are available.

Circumstances that might preclude daily outdoor play are:

- A temperature below 32 degrees
- Steady rain or downpour. Length of stay outdoors will be adjusted on drizzly or snowy days
- During a tornado watch or tornado warning periods
- Pollution levels are high
- Any other times that can pose a health risk to your child

## **Toileting/Diapering Procedure**

Toilet training a child takes the cooperation of both parent and teacher. Consistency must be obtained in order for the child to succeed. When a parent and teacher feel a child is ready to start toilet training, they will meet to establish a consistent plan in order to make this transition easier for the child. Toileting procedures are located in each bathroom.

We strongly discourage the use of one piece pull ups at the center. It is time consuming to have to take all clothing to change a pull up.

Parents, please make sure that your child has the proper number of diapers and enough wipes daily. If request note for diapers or wipes was given to you at least 3 days prior to running out of diapers and you fail to bring in diapers, your child will not be able to stay at the daycare until you provide us with diapers.

## **Program Cancellations Due to Inclement Weather**

When the Auburn Public Schools are closed or delayed, Children's Corner will be open at 9:00AM. To ensure the safety of the children and staff on the roads.

If the weather becomes increasingly worse during the day, Children's Corner reserves the right to close the program early. All parents or emergency contact people will be notified if they will need to pick their child early. Please make sure that we always have a CURRENT phone number to reach you.

Emergency closings occur when the weather is so severe that a state of emergency is declared, if there are problems with our building, or if the Board of Health orders closure for disease control. Each of these instances is highly unlikely.

## **Emergency Transportation Plan While at the Center**

The center obtains written emergency transportation authorization from each parent or guardian before admission to the daycare. We will not accept any child whose parents or guardians refuse to grant permission for emergency transportation.

If a child is injured or needs treatment immediately while at the center, the director or teacher in charge will call 911 for assistance with transport to the hospital. An administrator will accompany the child to the hospital and will take the child's records. The parent will be called to meet the child and staff person at the hospital. The staff person remains at the hospital until the parent arrives or longer if possible. The staff person will fill out an accident report, record it and file in the child's file.

## **Procedures for Emergencies and Illness**

### **First Aid and Transportation to the Hospital**

- In the case of an emergency or illness (such as a seizure, a serious fall or serious cut), the teacher in charge will begin administration of emergency first aid while the assistant teacher or second teacher takes other children to another area or room. Both staff members should respond in a calm and reasonable manner.
- Other staff will be alerted to send for assistance, be it the Program Director or another person in the center and call 911.
- One of the supervisory staff will contact the parent to come and pick up child or, if the response time is a factor, to have the parent(s) meet the child and accompanying staff at the Emergency room of the hospital utilized in emergencies.
- In the event a situation arises that is life threatening or the child cannot be comfortably restrained in a car, an ambulance will be called immediately. The parent will be called to meet the child and staff at the hospital. The teacher or other designated staff will go with the child in the ambulance. The child's file will be taken, including permission forms and pertinent insurance information if the center has it.
- If the emergency is non-life threatening and the child is transported to the hospital by the Center, one of the staff will drive and another staff will be accompanying the child for comfort. The child will be properly restrained in a car seat and seat belt. The child will not be carried on the staff member's lap.

- If the parent comes to pick up the child and needs assistance, the teacher or program director may offer to drive to the hospital or to accompany the child
- When parents cannot be reached, those listed as emergency contacts will be called as a further attempt to reach parents. In the event a parent cannot be reached immediately, a designated staff person will continue to attempt to reach parents. If necessary, the child will be transported to the hospital by two designated staff members (or by ambulance) and the child's whole file will be taken, including permission forms.
- The program Director will immediately report to the Department of Early Education and Care any injury to, or illness of, any child which occurs during the hours while the child is enrolled in care and which requires hospitalization or emergency medical treatment.

### **Emergencies While on a Field Trip**

If an accident or acute illness occurs while on a field trip, the lead teacher will take charge of the emergency, assess the situation, and give first aid as needed. The method and urgency of transportation for the child to receive medical treatment will be determined by the lead teacher based on the severity of the emergency or illness. If necessary, an ambulance will be called.

The program director, or other designated adult, will be contacted by the head teacher as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.

As a preventive measure, prior to departure from the center, the program director and or lead teacher will determine appropriate guidelines to be followed during the field trip to insure continuity and safety of the children including:

- A first aid kit will be taken in all vehicles on all field trips.
- Emergency information, including contacts and telephone numbers.
- On a field trip, staff must know the location of a telephone and have appropriate change to be able to use it or have a working cell phone available.

### **Missing Children Policy**

If a child was left behind in the classroom while transitioning to outdoor playtime, or if a child was left behind on the playground the teacher should report the incident to the Director. The Director will investigate and do a write up about the incident, report the incident to EEC and write up the teacher. Any further write ups related to the same incident will result in dismissal.

If on a field trip during head count a child was missing from the group. First recount the children if your count was still showing a missing child. One person should notify the people in charge of the place you are at so they can follow their procedure in case of a missing child then call 911 and call the director. The Director will notify the parents and EEC. A report on the incident will be written and sent to EEC.

## **Plan for Administration of Medication**

### **Prescription Medication**

- Prescription medication must be brought to school in its original container and include the child's name, the name of the medication, the dosage, the number of times per the dosage is to be administered per day, and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.
- The Center will not administer any medication contrary to the directions on the label unless authorized by written order from the child's physician.
- The parent must fill out the Authorization for Medication Form before the medication can be administered.

### **Non-prescription Medication**

- Non-prescription medication will be given only with written consent of the child's physician. The Center will accept a signed statement from the physician listing the medication(s), the dosage and criteria for its administration.  
This statement will be valid for one year from the date that it was signed.
- Along with the written consent of the physician, the Center will also need written parental authorization. The parent must fill out the Authorization for Medication form, which allows the Center to administer the non – prescription medication in accordance with the written order of the physician.  
The statement will be valid for one year from the date it was signed.
- The Center will make every attempt to contact the parent prior to the child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

### **Topical Ointments and Sprays**

- Topical ointments and sprays such as petroleum jelly, sunscreen, and bug spray, etc. will be administered to the child with written parental permission.  
The signed statement from the parent will be valid for one year and include a list of topical non prescription medication.

- When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Center will follow its written procedure for non – prescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form signed by the parent.

### **All Medications**

- The first dosage must be administered by the parent at home in case of an allergic reaction.
- All medications must be given to the teacher directly by the parent.
- All medications will be stored in the kitchen, out of the reach of children (in the refrigerator door shelf if refrigeration is required or in the office above the storage cabinet).
- All medications that are considered controlled substances must be locked and kept out of reach of children.
- Program Director, Assistant Director, and the Lead Teacher will be responsible for the administration of medication. This staff is trained in EEC’s 5 Rights for Administering medication.
- The Center will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time and date of each administration, the dosage, and the name of the staff person administering the medication. This completed record will become part of the child's file.
- All Allergy information will be posted but privacy protected unless written parental authorization to post the information is given.

\*\*\* All unused medication will be returned to the parent.

### **Plan for Mildly Ill Children**

Children who are mildly ill may remain in school if they are not contagious (refer to Plan for Infectious Disease) and they can participate in the daily program including outside time.

If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Program Director will contact the child's parent(s). The parent(s) will be asked to pick up the child.

The child will be cared for in a quiet area, a classroom or in the Center's office by a teacher qualified staff member or by the Program Director until the parent(s) arrive to take the

child home. Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

## **Plan for Managing Infectious Disease**

Staff will take extra special precautions when children who are ill are diagnosed at the Center and when children who are mildly ill remain at the Center.

Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the Center if it is determined that any of the following exist:

- The illness prevents the child from participating in the program activities or from resting comfortably.
- The illness results in greater care need that the child care staff can provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever 100 under the arm, unusual lethargy; irritability, persistent crying, difficulty breathing, or other signs of serious illness.
- Diarrhea twice within the hour.
- Vomiting two or more times in the previous 24 hours at home or once at the center.
- Mouth sores, unless the physician states that the child is non-infectious.
- Rash with fever or behavior change until the physician has determined that the illness is not a communicable disease.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment.
- Tuberculosis, until the child is non-infectious.
- Impetigo, until 24 hours after treatment has started or all the sores are covered.
- Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours
- Head lice free of all nits or scabies and free of all mites.
- Chicken pox, until the last blister has healed over.
- Hepatitis Types A, B and C

A child who has been excluded from child care may return after being evaluated by a physician, physician's assistant or nurse practitioner and it has been determined that he/she is considered to pose no serious health risk to him or her or to the other children. Nevertheless, the program Director may make the final decision concerning the inclusion or exclusion of the child.

If a child has already been admitted to the Center and shows signs of illness (for example: a fever equal to or greater than 100 degrees under the arm, a rash, reduced activity level,

diarrhea, vomiting, etc.), he/she will be offered their mat, cot, or other comfortable spot in which to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interests of the child that he/she be taken home, his/her parent will be contacted immediately and asked to pick the child up as soon as possible. The child will not be allowed to return to the center for 24 hours after the fever, vomiting and or diarrhea has stopped without any medication.

When a communicable disease has been introduced into the Center, parents will be notified immediately, and in writing by the Program Director. Whenever possible, information regarding the communicable disease shall be made available to parents. Program Directors shall consult the Child Care Health Manual for such information. DPH must be contacted when there is a reportable communicable disease in your program.

The program requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health's recommended schedule. No child shall be required, under 102 CMR 7.00 to have any such immunization if his parent(s) object, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contradicted. This must be maintained in the child's file.

No child will be admitted into the program without the required documentation for immunizations. (Childhood Lead screening must be done on all children; it is not considered an immunization).

The program will maintain a list of children who have documented exemptions from immunizations and these children will be excluded from attending when a vaccine preventable disease is introduced into the program. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is 1-888 658-2850.

## **Procedure for Identifying and Reporting Suspected Child Abuse and Neglect**

All staff members are mandated reporters according to Massachusetts General Law C119, Section 51A. This means that if a staff member has a reasonable suspicion of abuse or neglect of a child he/she must report the concerns to the Program Director immediately.

The following procedure will be followed:

- A staff member who suspects abuse or neglect must document her observations, including the child's name, date, time, child's injuries, child's behavior, and any other pertinent information. The staff member will discuss this information with the Program Director.



- The Program Director and the staff member will make a verbal report to DCF, to be followed by a required written report 51A within 48 hours.

**Department of Children and Families Telephone # is 508-929-2000**

- If a staff member feels that an incident should be reported to DCF, and the Program Director disagrees, the staff member may report to DCF directly.
- All concerns of suspected abuse and neglect that are reported to DCF will be communicated to the parents by the Program Director unless such a report is contra-indicated.

**Procedure for Identifying and Reporting Child Abuse/Neglect while in the care of the Center**

It is the Center's commitment to protect all children in care from abuse and neglect. The following are procedures for reporting suspected child abuse/neglect while the child is in the Center's care.

Any report of suspected abuse or neglect of a child will be immediately reported to the Department of Children and Families and the Department of Early Education and Care. A meeting will be held with the staff member in question to inform him/her of the filed report.

Dept. of Children and Families telephone # is (508)929-2000.

Department of Early Education and Care Telephone # is (508)798-5180.

The staff member in question will be immediately suspended from the program with or without pay pending the outcome and the length of the DCF and EEC investigations.

If the report is screened out by DCF, the Program Director has the option of having the staff member remain on suspension pending the EEC investigation even if the 51A report is screened out. The staff member will not return to work until EEC finishes its investigation and free the staff member from allegations.

This decision will be made by the Program Director and will be based on the seriousness of the allegations and the facts available.

If the allegations of abuse and neglect are substantiated, it will be the decision of the Program Director whether or not the staff member will be reinstated. The Program Director and staff will cooperate fully with all investigations.

All staff is aware that they are mandated reporters, and must report any suspicions of child abuse or neglect to the director. Any time there is a change in a child's behavior or any signs of possible physical and sexual abuse; the staff must document this information in the child's daily note log and bring this to the attention of the director immediately.

The director will review the information and make a verbal report to DCF if necessary. Within 48 hours, the director must submit a written report to DCF.

The Department of Early Education and Care must also be notified that a 51A has been filed. The director may or may not notify the parent that a 51A has been filed.

Parents may contact EEC for a licensing history.

Department of Early Education and Care address:  
10 Austin Street  
Worcester, MA. 01609

## **Child Guidance Policy**

### 1. The prohibitions in the department of early education and care regulations

- Spanking or other corporal punishment of children
- Subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment
- Depriving children of meals or snacks
- Using methods such as force-feeding children
- Disciplining a child for soiling, wetting, or not using the toilet; or forcing a child to remain in soiled clothing or forcing a child to remain on the toilet, or using any other unusual or excessive practices for toileting
- The Department of Early Education and Care does not allow any licensed childcare programs to use discipline and techniques that acquired the use of any physical restraint.

### 2. Child guidance goals that help children with the following:

- To be safe with themselves and with others
- To feel good about themselves
- To develop self-control and good coping skills
- To appropriately express their feelings
- To become more independent
- To balance their needs and wants with those of others
- To learn new problem-solving skills, including non-violent conflict resolution
- To learn about conversation and to use equipment, materials and other resources in caring, appropriate ways

### 3. Methods of child guidance that include the following:

- Plan for appropriate behavior through the environment by arranging furniture and other materials to encourage active learning and independence

- Plan daily scheduling that prevents boredom, waiting, hurriedness, with time to relax and enjoy activities
- A daily routine with ample opportunity for children to select activities and move between them at their own pace and one that gives children ample notice of transitions ahead of time
- Provide children with expectations that are clear, age appropriate and applied in a consistent way. Allow children to participate in the establishment of rules, policies and procedures where appropriate and feasible
- Reinforce positive behavior by recognizing children's positive actions
- Adults model appropriate behavior by being consistent with what the programs expectations for children
- Redirect children toward positive activities by interrupting a child's negative behavior and steering the child toward an acceptable substitute activity
- Teach children new skills and encourage them to discuss and resolve their conflicts on their own or with the adults assistance when necessary rather than imposing an adult solution on them. Encourage children to express their feelings in words and to resolve problems peacefully
- Ignore simple inappropriate negative behavior that is unpleasant
- Work in close partnership with parents to address children's difficulties at home and at the program. Develop shared understanding to develop consistency between home and childcare
- Observe and document children's behavior
- Meet with parents, keep them informed of their children's behaviors and document your parent discussions
- Assess specialized support services if a child's behavior continues to be harmful to themselves or others. With a written parental permission, refer the family for mental health counseling or other specialized services that can help address the child's behavior problems.

#### Referral list

- Together for Kids
- UMass Early Intervention

## **Parent Involvement**

- Teachers meet with individual parents to review each child's progress throughout the year. Conferences may be scheduled at any time.
- Parents receive daily written information regarding their child's daily curriculum through a daily note or a posting outside the door of your child's classroom (or e-mail for our tech savvy parents).
- If parents have concerns or need assistance with problems related to the child care center, they may discuss the issue, if applicable, with the staff involved. If they are not satisfied, they may discuss their concerns either with the director.

- Social events are occasionally held during the year to encourage interactions between staff and families.

## **Parental Rights**

Chapter 28, section 10 of the General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating rules and regulations governing the operation of day care centers. The licensee (day care center owner) is required to inform all parents of specific information about their rights and responsibilities at the time of admission of the child to the center. Section 7.04 of 102 CMR 7.00, the regulations which govern day care centers, contains more information.

## **Parent Conferences**

You have the right to request an individual conference with the program's staff. The licensee has the responsibility to make the staff available.

## **Parent Visits**

You have a right to make unannounced visits to your child's room while your child is present. We have an open door policy.

## **Parent Input**

The program must have a procedure for allowing your input in the development of center policy and procedure. The program must allow you to make suggestions, but it is up to the program to decide whether or not they will be implemented. If the parent requests a written response, the licensee shall respond in writing to the parents.

## **Progress Reports**

At least every six months, you should either meet with the center's staff to discuss your child's progress, or receive a written progress report of your child's activities and participation in the center. The report must become part of your child's center record. If your child is an infant or a child with disabilities, you should receive a written progress report every three months. Center staff must bring any special problems or significant development, particularly if they regard infants, to your attention as soon as possible.

## **Meeting prior to admittance**

The licensee shall assure that the Director/designee meets with you prior to admitting your child to the center. At the meeting, the licensee in addition to the information continued in this fact sheet, must provide you with: the center's written statements of purpose; types of services provided; referral policy; Child Guidance policy; termination and suspension policy; a list of suggested nutritious foods you can send for snack and meals; the policy for identifying and reporting child abuse and neglect; the transportation plan; a copy of the health care policy (if you request); procedure for administration of medicine; procedures for providing emergency care and the illness exclusion policy; and a copy of the fee schedule. All of this information may be contained in the Parent Handbook. You should also be given the opportunity to visit the center's classrooms either at the time of the meeting or prior to the enrollment of your child.

## **Your Child's Records**

### **Confidentiality and Distribution of Records**

Information contained in a child's record shall be privileged and confidential. The licensee shall not distribute or release information in a child's record to anyone not directly related to implementing the program plan for the child without consent of the child's parent(s). The licensee shall notify the parent(s) if a child's record is subpoenaed.

The child's parent(s) shall, upon request, have access to his child's record at reasonable times. In no event shall such access be delayed more than two (2) business days after the initial request with the consent of the child's parent(s). Upon such request for access the child's entire record regardless of the physical location of its parts shall be made available.

The licensee shall establish procedures governing access to, duplication of and disseminating of such information; and shall maintain a permanent, written log in each child's record indicating any persons to whom the information contained in a child's record has been released.

Each person disseminating or releasing information contained in a child's record, in whole or in part, shall upon each instance of dissemination or release enter into the log to following: his name, signature, position, the date, the portions of the record which were disseminated or released, the purpose of such dissemination or release, and the signature or

the person to whom the information is disseminated or released. Such log shall be available only to the child's parent(s) and center personnel responsible for record maintenance.

### **Amending the Child's Record**

A child's parent(s) shall have the right to add information, comments, data or any other relevant materials to the child's record

A child's parent(s) shall have the right to request deletion or amendment of any information contained in the child's record. Such request shall be made in accordance with the procedures described below:

If such parents is of the opinion that adding information is not sufficient to explain, clarify, or correct objectionable material in the child's record, he shall have the right to have a conference with the licensee to make his objections be known.

The licensee shall, within one (1) week after the conference, render to such parent(s) a decision in writing stating the reason or reasons for the decision. If his decision is in favor of the parent(s), he shall immediately take steps as may be necessary to put the decision into effect.

### **Transfer of Records**

Upon written request of the parent(s) the licensee shall transfer the child's record to the parent(s) or any other person the parent(s) identifies, when the child is no longer in care.

### **Charge for Copies**

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

## **Responsibilities of the Program**

### **Notification of Injury**

The licensee shall inform parents immediately of any injury which requires emergency care beyond minor first aid and shall inform parents in writing of any first aid administered to their child on the same day. In addition, the licensee will notify parents immediately in the event their child has been bitten or experienced a head injury.

## **Providing Information to the Department of Early Education and Care**

The licensee must make available to the Department of Early Education and Care any information required to be kept and maintained under these regulations and any other information reasonably related to the requirements of these regulations. This includes information in your child's record. Authorized employees of the Department are not to remove identifying case materials from the center premises and are required to maintain the confidentiality of individual records.

## **Reporting Abuse and Neglect**

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

## **Availability of Regulations**

The center must have a copy of CMR 102 7.00, Standard for the Licensure or Approval of Group Day Care and School Age Child Care Programs, on the premises, available to any person upon request. If you have questions about any of the regulations, ask your center Director to show them to you.

## Receipt of Parent Handbook

I have read and understood the policies and procedures outlined in the Parent Handbook. I understand and agree to cooperate with these policies.

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Print Name

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Parent/Guardian Signature

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Date

Please return this receipt to Hala Laverdure, Director of Children's Corner Child Care Center of Worcester.

Note: Children's Corner Child Care Center of Worcester, LLC reserves the right to update this document at any time without prior notice. In the event that any updates are made, the updated document shall be posted on our website immediately at [www.childrenscornerccc.com](http://www.childrenscornerccc.com).