

Longwood Medical Area Child Care Center

Parent Handbook

Revised January 2019

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INTRODUCTION

The Longwood Medical Area Child Care Center (LMACCC) is a non-profit organization, incorporated in 1982. It was established to provide child care services to the employees and students of ten institutions that participated in the Center's early start-up. LMACCC has grown from an original 42 licensed slots to 96 licensed slots. LMACCC moved to its current 395 Longwood Avenue location in 1992. LMACCC provides care for infants, toddlers, and preschoolers, ages two months to five years.

LMACCC is a member of the family of organizations with the Medical Academic and Scientific Community Organization (MASCO), Inc.

Mission and Values

LMACCC's mission is to provide the highest quality of childcare to members of the LMA community. LMACCC strives to:

- Create a secure environment where children, parents and staff feel safe to communicate feelings, where they are actively listened to and their individual needs are supported
- Create a warm and caring environment that promotes children's self-esteem, social and emotional development, and provides for their physical well-being
- Value diversity in children, parents and staff and strive to adapt to their changing and unique needs
- Support our staff with wage and benefit programs that attract the highest quality of teaching staff
- Operate the Center in a financially responsible manner in order to maintain its economic viability

Organization and Structure

The Center's governance global policies are established by the fourteen-member board of directors, which is comprised of six parent representatives and one representative from each of the seven-member institutions who supported the start-up of the Center at 395 Longwood Avenue. They are:

- Brigham and Women's Hospital
- Harvard Medical School
- Joslin Diabetes Center
- Dana-Farber Cancer Institute
- Harvard School of Public Health
- Simmons University
- MASCO

The Center's goal is to assure that parents represent a spectrum of families and a range of age groups. Information concerning board vacancies is published in the Center's newsletters. Potential board parent volunteers are encouraged to contact the Center Director or other parent board members to inquire about participating on the board. Any LMACCC parent may attend board meetings in a non-voting capacity.

The President of LMACCC and MASCO's Human Resources Director supervise the Center Director. MASCO provides support services to the LMACCC. Parents may bring global concerns regarding the LMACCC to the Center Director, or the LMACCC President, who, when necessary, will bring the matter to the board of directors.

The Center Director is responsible for the day-to-day operation of LMACCC. Responsibilities include: fiscal management, staff hiring and supervision, compliance with Department of Early Education and Care (EEC) licensing regulations, enrollment, and program development and evaluation. The Director and the Assistant Director should be contacted about tuition and fees, any administrative matters or concerns about the premises as well as questions about staff. Program Coordinators should be contacted in regards to the educational program.

Each classroom has a Program Coordinator. They are responsible for classroom management, curriculum development, classroom space organization, and classroom staff supervision. Classroom teams typically meet weekly to discuss educational plans, each child's developmental progress, and parental concerns. Parents are encouraged to contact a Program Coordinator with questions concerning their child. The Teachers may provide parents specific feedback regarding daily events.

EDUCATIONAL APPROACH

The LMACCC assists children in their learning process by providing opportunities for participation in varied and repetitive experiences within a caring and secure environment. The emphasis is on teaching general rules about concepts and encouraging children to develop strategies for problem solving. Based on developmental levels and interests, each classroom offers activities that stimulate:

- the establishment of supportive patterns of interaction
- the ordering of experiences through cognitive strategies
- the incorporation of experiences into the play mode
- the opportunity to explore the environment through physical contact and active participation

Child Guidance

In keeping with the philosophy and educational approach of the Center, the program's child guidance policy is designed to assist children in understanding and controlling

their behavior and emotions. Staff members act as role models to children by providing, facilitating, and supporting appropriate behavior. Children are encouraged to "use words" about how they feel rather than use a physical response. At times, a child will be directed to a supervised "alone time" for a few minutes to allow the child to regain control of their actions. The child is then invited to rejoin their peers or encouraged to invite a friend or two to play. The staff facilitate a developmentally appropriate discussion between children to ensure that they understand the mutually agreed upon rules.

The child guidance policy of the LMACCC is based on an understanding of the individual needs and development of the children. It is designed to protect both individuals and groups within the classroom. No child will be suspended as a form of discipline.

Staff members provide consistent guidance to children based on an understanding of individual needs and development of children by:

- encouraging self-control and using positive child guidance techniques such as recognizing and enforcing appropriate behaviors, age appropriate expectations, setting clear limits, and redirecting behaviors into play
- helping children learn and use social communication, and emotional regulation skills when dealing with challenging behaviors
- using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to encourage appropriate behavior and prevent challenging behaviors
- intervening quickly when children are physically aggressive with one another and helping them develop more positive strategies for resolving conflict
- explaining rules and procedures and the reasons for them to children, and, where appropriate and feasible, allowing children to participate in the establishment of program rules, policies and procedures
- reinforcing positive behavior by recognizing positive actions
- modeling appropriate behavior through what adults say, expect, and do
- redirecting an individual child to an appropriate activity that meets the child's specific need
- teaching children new skills to discuss and resolve conflicts independently or with adult assistance rather than imposing an adult's solution upon them
- encouraging children to express feelings and resolve problems mutually and peacefully
- ignoring simple inappropriate negative behavior that is unpleasant
- working with parents for consistency of behaviors at home and school
- observing and recording behaviors
- meeting with the family and discuss referring the child to the appropriate services that can best address the child's behaviors developing behavioral and

safety plans for children that require them and train all staff on all safety plans and appropriate interventions

Staff members shall not:

- use corporal punishment, including spanking
- subject children to cruel or severe punishment, humiliation, or verbal abuse, neglect, or abusive treatment such as hitting in any manner on the body, shaking, or delivering threats or derogatory remarks
- deprive children of outdoor time, meals, or snacks
- force feed or otherwise make children eat against their will or use food as a consequence
- discipline children for soiling, wetting or not using the toilet, force a child to remain in soiled clothing or to remain on a toilet, or use other unusual or excessive practices for toileting
- confine a child to a swing, high chair, crib, playpen, or any other equipment for an extended period of time in lieu of supervision
- Use excessive time out. Time out may not exceed one minute for each year of the child's age and must take place within educator's view.

Infant Classroom

Age Range: 2 to 24 months

Hours: 6:45 AM to 6:00 PM

Activities are age-appropriate in both the younger and older infant rooms and vary according to developmental abilities of the children. A variety of toys and materials are available to assist children in concentrating on fine and gross motor skills, self-awareness, sensory development, and self-help skills.

Young Infants

The young infant room is designed for seven children from 2 months to 9-10 months of age. In this room, individual feeding and sleeping patterns of younger infants are followed in order to provide care that is as consistent as possible with the home environment.

Nursing mothers, as well as bottle feeding mothers and fathers, are welcomed during the day. All infant families are required to follow LMACCC's bottle feeding policy (see Attachment A). In order to minimize the adjustment period, nursing mothers are asked to introduce a bottle at home for a few weeks before the infant begins at the Center. In the event of an unintended exposure to breast milk families agree to provide the Center with medical information on request (i.e. HIV and/or hepatitis information).

A general feeding schedule should be provided to the classroom teaching staff. Children that are exclusively breast fed should also have a back-up bottle of formula or breast milk in the event that mom is unavailable to nurse. Every child is required to have an additional supply of formula or breast milk to be transported in an emergency backpack in the event that the classroom must leave the premises.

As the infant matures, parents decide when they would like baby food or finger foods introduced. Introduction of new foods must occur at home.

Each young infant is assigned a crib that is furnished with a firm, properly fitted mattress. Infants will be provided with fresh linens daily inclusive of sleep sacks/suits during rest time. Infants are always placed on their backs to sleep and continuously supervised. To ensure children's safety, pillows, comforters, stuffed animals or other soft, padded materials are not permitted in cribs. Pacifiers support safe sleeping and are permitted in the cribs.

Information for parents on Keeping Sleep Time Safe is available online at:

<https://www.mass.gov/info-details/safe-sleep-information-for-parents-and-caregivers>

Older Infants

The Older Infant room is designed for seven children from 9-10 months to 18 months of age. Children's needs are met on individual schedules. Morning snack, lunch and an afternoon snack are provided as needed. Introduction of new foods must occur at home.

LMACCC follows the Department of Early Education and Care safe sleep practices. Children under 12 months old sleep in cribs following the same guidelines as younger infants. At 12 months children may transition to sleep mats on the floor and can be provided with blankets.

At approximately 15 months of age, staff may support children as they transition towards a group schedule for eating, sleeping and play activities.

With infants commonly on the floor, we want to provide a clean, safe and healthy environment in our Infant Rooms. We practice a "shoe free" policy in both of the Infant classrooms. We ask that all adults and mobile children entering the room please remove shoes. Clean socks are provided for individuals with bare feet. We take this action to prevent outside contaminants from being brought into the classrooms and spread onto the carpet; particularly during the cold weather with snow and salt. The infants spend much of their time exploring on the floor, so it is best that these areas are kept as clean as possible.

When infants begin to walk independently families will be asked to provide the program with “indoor only” shoes to be left at the Center.

The infant room diaper policy includes the following steps:

- Each child's diaper is changed when wet or soiled.
- Each educator washes their hands with liquid soap and water using friction and dries their hands with a paper towel before picking up the infant.
- The changing table is covered with sterile paper before the child is placed on it. The child is placed on their back on the diaper changing table.
- Each educator puts on vinyl gloves prior to removing a child's diaper.
- The child's bottom and genital area are cleaned with diaper wipes, wet paper towels, or wet paper towels with soap, according to the directions as provided by parents.
- The dirty diaper, cleaning cloths, and vinyl gloves are placed in a plastic bag that is immediately tied and deposited in the adjacent garbage can.
- Diaper cream can be placed on the bottom and genital area as specified by the parent so long as the child's skin is not broken.
- A clean diaper is secured on the child and clothing replaced. The child's hands are washed with liquid soap and running water and dried with a paper towel.
- The infant is returned to play area.
- Wet or dirty clothing is placed in a plastic bag and put in the child's cubby after the diapering procedure is completed.
- The paper is removed from the changing table and discarded in the adjacent garbage can.
- The educator washes the table with soap and water and then sterilizes the changing table with a bleach and water solution, made daily. The bleach solution is designated by the Department of Early Education and Care.
- The educator washes their hands with liquid soap and hot water without touching the sink handle with their hands.
- Information regarding the diaper change is recorded on the child's daily note and classroom white board.

The changing table is not used for any other activity.

The Center provides the following basic supplies for infants:

- sheets, sleep sacks/sleep suit, washcloths, and bibs
- feeding dishes, cups, and utensils (breastmilk requires feeding items from home)
- filtered water is provided and whole milk for Infants over 12 months
- Vaseline, Desitin, Balmex, and Boudreaux's Butt Paste (parents should discuss preferences with staff and provide written authorization)

- diaper wipes, paper towels, sterile changing table paper, vinyl gloves, and plastic bags

Parents provide:

- disposable diapers, package labeled with the child's name
- prepared formula or breast milk in labeled bottles in accordance with bottle feeding policy (Attachment A)
- jarred, bottled, or dry food in small quantities labeled with the child's name in accordance with food warming policy (Attachment B)
- cooked and fresh labeled foods to be stored daily in the refrigerator
- empty labeled bottles and nipples
- two complete sets of labeled clothing including undershirts and socks
- a pacifier (optional)
- appropriate clothing for outdoor play or walks

Mixed Classroom

Age Range: 12 months to 2 years 9 months

Hours: 7:15 AM to 6:00 PM

The mixed classroom is designed to support both the needs of older infants and young toddlers. The classroom is designed to accommodate three children ages 12 to 15 months and six children ages 15 months to 2 years 9 months.

The classroom encourages children to explore their environment. Expectation levels are individual for each child, and staff work to gradually build attentiveness to tasks. In this setting, children move freely and are allowed to choose activities independently. In this classroom the children are given a wide variety of activities from which to choose. The options range from materials that work to enhance a child's sensory perception to ones that focus on creative play or construction.

Building autonomy is emphasized in the curriculum. In this room children begin to identify their physical and emotional needs. They are encouraged to participate in transitional tasks such as clean up so as to teach them responsibility and the fundamentals of self-care. The educators also strive to model empathy for and understanding of the feelings of others, awareness of the rights of individual children and their peers. Educators engage children in positive social interactions.

Language skill development is also a large focus of the classroom. Throughout the day staff and children will label objects, feelings and activities. Staff ask questions like, "what will happen when...?" Staff also promote child problem solving with feedback, as well as storytelling, reading, music puppets and interactive conversations.

Toddler Classroom

Age Range: 15 months to 2 years 9 months

Hours: 6:45 AM to 6:00 PM

The toddler classrooms are focused on identifying the developmental pace and learning style of each student. The classroom environments coupled with educator engagement create an atmosphere of growth that supports the child's development. Each classroom is designed to accommodate one group of nine children ages 15 months to 2 years 9 months.

The setup of the classrooms is very similar to that of the mixed classroom. Educators continue to guide children with expressive language, social interactions with peers and self-help skills.

Toilet training can be an integral component of the toddler classrooms. Parents are invited to a collaborative meeting with the infant/toddler coordinator prior to the process starting. At each diaper change, children are asked if they would like to use the potty or toilet. Clapping, cheers, stars, stickers, or "happy faces" reward successful attempts, and accidents ("sneak outs") are considered normal. The children take an active role in encouraging each other to become toilet trained and staff actively work to keep the environment relaxed and stress-free.

The diaper changing policy for the mixed room and toddlers is the same as the policy for infants except for the following:

Children will be toilet trained in accordance with the request of their parent(s) and consistent with the child's physical and emotional abilities. Diapers and underwear are still checked every two hours in addition to whenever children are soiled or wet.

The Center provides the following basic supplies for toddlers:

- bowls, plates, cups, and utensils
- whole milk
- all snack foods
- Vaseline, Desitin, Balmex, and Boudreaux's Butt Paste (parents should discuss preferences with staff and provide written authorization)
- diaper wipes, paper towels, vinyl gloves, plastic bags and sterile changing table paper
- blankets, sheets, and bibs

Parents provide:

- lunch foods labeled with the child's name in accordance with food warming policy (Attachment B)
- disposable diapers, package labeled with the child's name
- two complete sets of labeled clothing including underwear, socks and a pair of sneakers
- appropriate seasonal clothing for outdoor play
- a favorite labeled cuddle toy for nap (optional)

Preschool Classrooms

Age Ranges: 2 years 9 months to 5 years

Younger Preschool Hours: 7:15 AM to 6:00 PM

Middle Preschool Hours: 6:45 AM to 6:00 PM

Older Preschool Hours: 7:15 AM to 6:00 PM

The preschool consists of three classrooms: a 3-year-old classroom, a 3- and 4-year-old classroom and a 4- and 5-year-old classroom.

Each of the three classrooms is designed to provide children with independent choices of activities that vary in complexity. Pre-math and pre-reading skills are developed by working with clay, baking with dough, singing songs with rhythmic beats, storytelling from child-drawn pictures, sand and water experiments as well as with blocks and manipulatives. Working with a variety of materials in many different ways encourages each child to organize and understand the properties of the world in which he or she lives. Staff members act as facilitators by asking "what if" questions to stimulate divergent thinking and problem solving, while developing imagination and creativity.

The curriculum also focuses on further developing empathy between children. Staff assist them with helping each other during play and encourage the children to accept responsibility for their own actions and feelings.

The Center provides the following basic supplies for preschoolers:

- bowls, plates, cups, and utensils
- low fat milk, water
- all snack foods
- blankets (washed daily) and sheets for nap (washed weekly)

Parents provide:

- lunch foods labeled with the child's name in accordance with food warming policy (Attachment B)
- two complete sets of labeled clothing including underwear and socks
- appropriate seasonal clothing for outdoor play

- a favorite labeled cuddle toy for nap (optional)

ADMISSION

Waitlist and Enrollment

Waitlist slots are maintained by the Center for employees of participating LMACCC institutions as well as the community. The Center maintains a current waitlist for each participating institution for each classroom. Enrollment priority is given to whichever institution has an opening in its enrollment slots and then according to the application date in the appropriate classroom category. Openings are available to the general community when the wait lists of member institutions do not have children of the appropriate developmental or chronological age. The LMACCC does not discriminate in providing services to children and their families on the basis of race, sex, religion, cultural heritage, toilet training status, political belief, marital status, sexual orientation, or disability.

Diverse Learners

The Center will contact, when appropriate and after obtaining written parental consent, the agency or agencies serving the child to gain the relevant information needed to determine whether or not to accept a child who is a diverse learner. This is to better enable the Center to decide whether the facilities available are adequate and able to suit the child's needs.

Steps for determining the enrollment of a diverse learner include:

- The Center, with parental input, in conjunction with information from the child's agency, will write specific accommodations required to meet the needs of the child while they attend the Center. These accommodations often include, but are not limited to:
 - modifications to child's participation in regular Center activities
 - size of the group to which the child may be assigned and the appropriate staff child ratio
 - special equipment, materials, ramps, or other forms of aids
- If in the Center's judgment, the accommodations required by 102 CMR 7.10(2)(a) to serve the child cause the Center an undue burden, the Center will provide to the parent(s) written notification within 30 days of receipt of authorized, requested information and the reasons for this decision. The parent(s) will then be informed that they may contact the Department of Early Education and Care and request that EEC determine if the Center is in compliance with 102 CMR 1.03(l) and 7.10(2). The Center will maintain a copy of the notification in Center records.

- Accommodations related to the toileting needs of a child with a disability, who is not toilet trained, is not considered an undue burden.
- The Center, in determining whether the accommodations required by 102 CMS 7.10(2) (a) are reasonable or would cause an undue burden, shall consider many factors. These include, but are not limited to:
 - nature and cost of the accommodations needed to provide care for the child at the Center
 - ability to secure funding or services from other sources
 - overall financial resources of the Center
 - the number of persons employed by the Center
 - the effect on expenses and resources, or the impact otherwise of such action on the Center
 - whether the accommodations alter the fundamental nature of the program
- The Center shall, with written parental permission, participate in the development and review of the child's program plan and in cooperation with the agency or agencies serving the child.
- The Center shall, with written parental permission, inform the appropriate administrator of special education, in writing, that the Center is serving a child with a disability.
- The Program Coordinators will serve as the Center's liaisons for each child with a disability. They are responsible for coordinating care in the program and with service providers and communicating with the child's parents, service providers and Center's staff.

Pre-Admission Visits

Prior to enrollment, parents are encouraged to visit the Center and meet with the Director or Assistant Director, the Program Coordinators and the educators of the proposed classroom. This visit is an opportunity for families to observe the classroom, discuss the educational philosophy and ask questions. Typically a week prior to the scheduled start date program coordinators arrange two classroom visits for the child to become acclimated with their peers, teachers and the classroom routine. The classroom staff will also use these orientation visits to learn about the interests and needs of each child and family. Visits of approximately 1 1/2-2 hours, both in the morning as well as the afternoon, offer enough time for the child to begin to feel comfortable, and affords the opportunity to end on a positive note with the child wanting to experience more.

Contracts

Prior to enrollment, parents are required to sign a contract with the Center. In addition, contract amendments are required prior to changes in enrollment including hours, change in employment/student status, schedules, service periods and rate changes. Executed amendments are required at least 30 days in advance from 9/16-5/14, 45 days in advance from 5/15-6/30 and 60 days in advance from 7/1-9/15 of enrollment changes when initiated by parents by submitting the Contract Amendment Notice. Signed renewal contracts must be submitted within 7 business days of receipt to maintain enrollment. By executing the contract, the parent agrees that the contract and any subsequent amendments and attachments represent the entire binding agreement between the parent and the Center for care of the child.

Rules and policies of the Center are fully set forth in the parent handbook and parent agreement. Compliance with the rules and policies in the parent handbook are a contract provision. The parent may elect to withdraw the child from the Center by written notice to the Center within 30 days after the parent's receipt of written notice of any change in the rules. If the parent does not notify the Center within this period of time, the parent will comply with all changes in the rules that may, from time to time, be adopted by the center. No change in the Center rules will be effective without at least 7 days prior written notice to the parent.

Contract Termination

Contracts for service may be terminated by the parent for any reason by completing a Contract Amendment Notice. The parent is required to give a minimum of 30 days written notice to the Center to terminate a contract, except when service agreements have been executed for which for the service period between May 15th and June 30th when a 45 notice is required ("contract renewal") and for the period between July 1st and September 15th ("Summer Term"), when 60 days prior notice is required for terminations occurring or to occur during the Summer Term of the period identified in their contract.

In the event that the parent withdraws the child with less than the minimum notice as stated above, the parent will be financially responsible to the Center as follows regardless of whether or not the child is in the Center:

- In the event the Parent(s)/ Guardian(s) withdraws the child from the LMACCC without providing prior written notice, as set forth above, the Parent(s)/Guardian(s) expressly agree to pay to the LMACCC Tuition for the period necessary to complete the notice period in addition to any past due amounts, regardless of whether the child is in the LMACCC during the period.
- Withdrawals during the Summer Term, tuition for the period between the date of written notification to the Center and September 15th, plus any past due amounts.

Tuition Billing

Tuition is paid on a monthly basis. Full payment of monthly tuition is required regardless if the child is absent for any reason, if the Center closes for holidays, inclement weather, or for the health, safety, or well-being of the children. Revision in tuition rates may be made by the Center with 60 days written notice to parents.

The Center's tuition billing and accounting system is administered by MASCO. The parents expressly agree to pay the Center tuition for the services rendered to the child. The parent receives a tuition statement which is payable on receipt. Tuition which is received later than the 1st of the month is considered to be "late" and a fee of \$20.00 may be assessed to any late payment. A written warning will be given to parents around the 5th day of the month for which the tuition is past due (Example: warning on September 5th for September tuition). Parents may avoid termination by reaching a mutual, written agreement of payment schedule and remitting the current month's tuition on the first of the month. Parents who do not adhere to the signed, mutual agreement of past due tuition will be terminated immediately.

Advance Payment and Withdrawal

A non-refundable advance payment equivalent to one week's tuition is required for each child two weeks prior to the enrollment date. The parent may have the advance payment credited against his or her last month's tuition obligation, provided that the parent has complied with the termination notice as outlined in the Contract Termination section of this handbook.

In the event that the parent withdraws the child without sufficient notice as stated above, or has outstanding financial obligations to the Center at the time of withdrawal, the advanced payment will not be credited against the parent's last month's tuition bill.

Part-Time Admission

Part-time enrollment is considered anything less than five service days per week and must include a Monday and/or Friday. Availability varies yearly based on current enrollee schedules. Part-time students are assessed a monthly surcharge that is updated annually.

Admission Forms

At the initial visit, parents will be directed to LMACCC's website for enrollment forms. These forms must be completed in entirety at the start of enrollment and annually in order for child to be in attendance. Please note that the emergency contact must be a known significant person to the child and be easily available to respond in the parent's absence. Parents are required to keep all information accurate and current. A new financial contract ("Attachment C") will be generated by the Director reflecting a

change in classroom. Please give new information regarding work number and address changes to the Director, Assistant Director, coordinators or administrative assistant.

Transitions

Arrival/Departure

It is important for each child to feel that their parent is part of their classroom. Parents are invited to stay for a few minutes at arrival and departure to assist their child with the transition from home to school and vice versa. Transition times are stressful for both the child and the parent(s). Most children will at some time experience "separation anxiety" and not want to stay at the Center. In order to facilitate a trusting relationship, "good-byes" need to be said openly and directly with reassurance of when the parent will return. If the child does not become interested in an activity, it may be helpful to make the transition directly to a staff member. Many children like a daily ritual of saying "good-bye" and waving at a window or classroom door while watching the parent leave.

Similarly, at pick-up time in the afternoon, parents are invited to join in the activities and "work" with their child. Children need time to make the departure transition and may often want to show off their latest discovery or creation. If a child has difficulty with leaving the Center at the end of the day, a direct "good-bye" and a reminder of when the child will return is usually helpful. Good-byes can be difficult at the end of the day and children have very individual needs; it is helpful if parents discuss their child's needs and design a consistent plan for leaving with the afternoon educator and Program Coordinator.

Whenever a parent is in the classroom, the parent is responsible for their child and implementing the classroom rules with their child.

Please note that the front doors often become congested at drop-off and pick-up. Help keep exit doors clear in case of an emergency by exiting quickly. Parents please stop children from opening doors and closing doors.

If someone other than a parent is picking up a child, the office staff and educators need verification in advance. Children will not be released without prior authorization even if the alternative pick-up person is indicated on enrollment forms. The administrator logs the change for pickups and drop offs.

If a child is going to arrive late or be absent, parents need to call the Center in the morning prior to 10:00am to share their plans or discuss if the absence is due to illness. (See "Policy for Illness").

Between Classrooms

Staff and children will visit other classrooms throughout the year to encourage a sense of community with the entire Center. Extra visits will be made to the classroom that is next in the child's progression of development. Parents will be informed a month in advance by the Director or Assistant Director of their child's classroom that a transition is proposed. Before the transition takes place, a meeting will be held with the parent(s) and the Program Coordinators.

During the month before the move, children will visit the proposed classroom. Visiting schedules are flexible and allow for opportunities to experience various parts of the day. The transition schedule can be amended to accommodate children's individual needs.

From the Center to a New School

Parents and coordinators mutually determine the schedule and strategy for a child and/or family leaving the Center. Educators will announce the child's "last day" on the curriculum board for all families to see. Children will be given an opportunity to say good-bye to peers. Parents are encouraged to communicate appropriately with teachers and child about the new school and upcoming transition.

With parent permission, LMACCC will complete questions from new school and provide a copy of recent progress report. Please allow up to 10 business days for completion.

Routine Classroom Transitions

Children experience many small transitions throughout the day. Staff will provide ample verbal warnings for children prior to supporting children through the schedule in the classroom day. Children will be allowed sufficient time to end a play project or thought.

At weekly team meetings, staff and administration will review strategies to support children who seem challenged by the transitions within daily routines.

STAFF INFORMATION

Child/Staff Ratio

The Center is licensed to serve 96 children: 14 infants, 9 mixed older infants and toddlers, 18 toddlers, and 55 preschoolers. Each room is staffed according to licensing regulations from the Commonwealth of Massachusetts Departments of Early Education and Care (EEC). The full-time professional staff is enhanced with part-time educator assistants, student educators, and on occasion student interns. The ratios by classroom are:

- Infant: 7 children/2 staff

- Mixed and Toddler: 9 children/2 staff
- Young Preschool: 17 children/2 staff
- Middle Preschool: 18 children/2 staff
- Older Preschool: 20 children/2 staff

A current staffing schedule is posted each week in the classrooms.

Staff Qualifications

All educators working in the capacity of a teacher are EEC certified. Teaching assistants work under the supervision of EEC certified teaching staff. Administrators are EEC certified as educators and directors. Typically, the part time assistant teachers are local college students. All staff receive background record checks prior to hire and every three years thereafter.

The Center on occasion has student observers and interns from surrounding colleges. These individuals are supplementary to the program staff and are thus not considered when determining the child/staff ratios.

The Center has on staff EEC-certified educators, who function as float teachers. They cover regularly scheduled staff vacations as well as unanticipated staffing needs.

If more than one educator is absent Administration coordinates staff arrangements. Arrangements may include the assistant of part-time college students, the Administrative Assistant or a Program Coordinator.

If an unfamiliar substitute is being used, they will visit the classroom prior to the regular staff member leaving. This enables the substitute and children to become acquainted with one another.

All staff are familiar with and actively practice and implement the Center's philosophy, organization, policies, and procedures. Prior to into the classroom ratios all staff receive an orientation. Orientation is provided in the classroom under the direction of experienced staff members as well as with the individual's direct supervisor.

During the orientation process, all staff members are made aware of the following:

- the position of the staff person responsible for conducting the orientation
- the new member's job description
- the schedule and number of hours of the orientation

The staff member will then be made aware of the Center's:

- personnel policies
- statement of purpose

- statement of non-discrimination
- health and safety policies and procedures
- medication administration
- safe sleep for infants
- procedures for protecting children from abuse and neglect
- fire and evacuation policies and procedures
- telephone system
- child guidance policy
- Department of Children and Family Social referral policy and procedures
- philosophy and organization
- referral procedures
- procedures for parent visits, including communication, input, and conferences
- disaster plan

Staff members will also be responsible for completing trainings in:

- EEC orientation
- medication training
- SIDS training
- USDA/Nutrition training
- Look Before You Lock training
- mandated reporter training

The orientation leader will be sure to identify EEC as the licensing authority of the Center. The new staff member will next be made aware of the location of all EEC regulations and will be provided with access to them.

PARENT INVOLVEMENT

Arrival/Departure

The Center believes each parent should be a part of their child's classroom. Parents are invited to stay for a few minutes at arrival and departure to assist their child with the transition from home to school and vice versa. Transition times are stressful for both the child and the parent(s). Most children will at some time experience some degree of separation anxiety and not want to stay at the Center. In order to facilitate a trusting relationship, good-byes need to be said openly and directly with reassurance of when the parent will return. If the child does not become interested in an activity, it may be helpful to make the transition directly to a staff member. Many children like a daily ritual of saying good-bye and waving at a window or classroom door while watching the parent leave.

Similarly, at pick-up time in the afternoon, parents are invited to join in the activities with their child. This gives children time to make the departure transition and possibly

invite their parent to become engaged in their latest discovery or creation. If a child has difficulty with leaving the Center at the end of the day, a direct good-bye and a reminder of when the child will return is usually helpful. Good-byes can be difficult at the end of the day and children have very individual needs; it is helpful if parents discuss their child's needs and design a consistent plan with the afternoon teacher to assist the child leaving the program.

The front doors often become congested at drop-off and pick-up. Individuals should keep exit doors clear in case of an emergency by exiting quickly. Children should not open and close doors.

If someone other than a parent is picking up a child, the staff needs verification in advance. All pick-up persons, including other parents in the Center, must be confirmed with the classroom teacher as well as an Administrator. Alternative pick up people should be prepared to present a government issues ID such as a license or passport. Children will not be released to anyone other than a legal parent/guardian without same day notification from the parent/guardian.

If a child is going to be absent from the center due to illness families should contact an administrator prior to 10:00 AM and disclose symptoms. (See "Illness").

If a child is going to arrive later than 10:00 AM families should contact an administrator. Families are required to drop children off with their classroom teachers. In the event that the classroom is on the rooftop playground, a walk, or at Simmons University families should plan on dropping off at that specific location.

Whenever a parent is in the classroom, the parent is responsible for implementing the classroom rules with their child. Similarly, parents are responsible for the care of their children during the time they are dropping off and picking up.

Communication

In order for the Center to optimize the care that is provided, it is essential to have daily parent/staff communications. At morning drop off families are encouraged to allow a few minutes prior to departure to share information with teaching staff. In the evening, families should plan on arriving to the program by 5:50 PM to allow educators to share daily highlights. If a longer discussion is needed, appointments for meetings or phone conversations can be made with the assistance of the Program Coordinators. Meetings typically take place between 10 am and 1 pm. Families are welcomed to call the classrooms throughout the day to check in on their children.

Upon pick up, parents will receive a verbal report of pertinent information from teaching staff such as activities, naps, food intake, social interactions, toileting, etc.

Daily curriculum highlights are posted on dry erase boards in every classroom (with the exception of the young infant room). The infant classroom provides daily report cards which record naps, meals, diaper changes and food intake. Mixed, Toddler and Preschool classrooms all have a daily record keeping system to share specific nap times. Meal information is recorded on dry erase boards in the Mixed and Toddler Classrooms. Information is available in written form to accommodate families whose primary language is not English or who require alternative communication methods.

Notices/Newsletters

Notices, newsletters, general information, and reminders are distributed in each child's cubby, e-mailed, posted to www.lmaccc.org, and/or posted on classroom bulletin boards and locations throughout the Center. Parents should be alert for new notices to keep informed of Center plans.

Policy Changes

Families will be notified in writing minimally seven days prior to the implementation of any change in program policy or procedures.

Visits

Parents are welcome to visit the Center throughout the day and spend time with their child. Some parents choose to come for lunch on a daily basis, while others drop by whenever they have a few minutes. Since older infants and toddlers respond differently than preschoolers to the additional transitions required with visiting, it is helpful to discuss visiting plans with the Program Coordinator and make arrangements according to your child's needs. If a parent visits spontaneously, it is helpful to call beforehand to avoid a schedule conflict (i.e. the children have left for a walk).

Parents of children who are scheduled to attend the program for ten or more hours each day are encouraged to visit or call their child daily.

Meetings/Conferences

Parent conferences are held according to EEC regulations, every three months for infants, and every six months for toddlers and preschoolers. However, meetings with staff members may be requested at any time. During these meetings, the teaching staff provide parents with a written update of their child's skills and interests.

The Center also holds a number of parent events throughout the year. A center calendar depicting all events for the year is distributed late summer and posted on the LMACCC website. Classroom teaching staff and Program Coordinators routinely hang relevant articles to a particular age group outside of the child's classroom.

GENERAL INFORMATION

Center Hours

- Infant Classroom 6:45 AM to 6:00 PM
- Mixed Classroom 7:15 AM to 6:00 PM
- Toddler Classroom 6:45 AM to 6:00 PM
- Younger Preschool 7:15 AM to 6:00 PM
- Middle Preschool 6:45 AM to 6:00 PM
- Older Preschool 7:15 AM to 6:00 PM

Children over 18 months of age can be dropped off in the toddler room prior to the Mixed Room opening at 7:15 AM. Children younger than 18 months of age can be dropped off in the Infant Room prior to the Mixed Room opening at 7:15 AM.

The Middle Preschool Room accepts children from the Younger Preschool Room and the Older Preschool Room prior to those classrooms opening at 7:15 AM.

Late Care/Fees

The Center closes promptly at 6:00 PM. A late fee of 20 dollars for each 15 minutes or a fraction thereof will be charged for care after this time. Late payments are issued via an upcoming tuition invoice.

All parents, children, and staff members must vacate the Center premises by 6:00 PM. If a parent is detained due to an emergency and is unable to pick up their child by 6:00 PM, the parent is responsible to contact an authorized person listed on their child's "Arrival/Departure Permission" form to make a pick-up by 6:00 PM. Families that are anticipating arriving late to the program should contact a center administrator.

Child Records

The individual records of each child are available to their parent(s) upon request. A parent can have a conference with the Director to clarify or create an amendment, addition, or deletion to their child's record according to EEC regulations. Records are considered confidential information and are kept in a locked file cabinet. Records can only be sent to or viewed by a third party with a parent's written consent. The Center will notify the parent(s) if their child's record is subpoenaed.

Transitional Items

Children often want to bring a toy or a small object from home to the Center. Soft toys (such as stuffed animals and blankets) are encouraged for naptime. Other toys will be stored in the child's cubby. A teacher may help a child during group time to talk to their peers about the special toy.

Toy weapons are not permitted in the program. Action figures are discouraged.

Children often like to bring their breakfast to the Center and eat it after they arrive. With some children, this eases the transition between home and school. Breakfast foods may be brought to the classrooms before 8:30 AM. Breakfast closes at 9:00 AM and snack is provided by the Center at 10:00 AM. Children who arrive after 8:45 AM are encouraged to wait until snack time to eat. Young infants who have started eating solid foods will be fed breakfast at the Center. Gum and candy are not allowed in the center; sweets such as cookies and cupcakes are strongly discouraged.

Cubbies

A child's cubby is a place to store their personal belongings. This includes their personal toys, nap blankets, soiled clothing, lunch boxes, notes for home and completed projects. Parents are responsible for checking the cubby daily for items to be brought home. Whenever soiled clothing is sent home, a clean set should be brought in the next day so as to ensure the child always has an extra set of clothing. LMACCC has a limited supply of extra clothing. If a child is sent home with "LMACCC" labeled clothing, parents are asked to return the items in clean condition within a week.

Naps

The EEC guidelines require a nap/quiet time in each child's daily schedule. At the Center this is scheduled for after lunch. Children are offered a mat and blanket. Non-sleepers will be offered quiet activities.

Outside Play, Movement, and Swimming

The Center's goal is to have the children go outside daily. EEC requires that educators must protect children against cold, heat and sun injury. The changes in weather require that program administrators monitor the weather via web information closely to maintain the health and safety of children. The Center uses a child care weather watch tool to determine outdoor play. Children are required to come to the program with appropriate, labeled outdoor clothing.

In the summer and warmer months, parents are required to provide their child with:

- a bathing suit and towel
- a hat
- safe outdoor shoes (no crocs or flip-flops)

The Center provides sunscreen lotion. Parents are welcome to provide their own with written permission for it be applied at the center.

In the winter and colder months, parents are required to provide their child with:

- a snowsuit

- hats
- mittens or gloves
- snow boots

Movement activities take place at the Holmes Fitness Center at Simmons University. The majority of the year Infants and Toddlers attend movement on Wednesdays and Fridays; Preschoolers attend movement on Mondays, Tuesdays and Thursdays.

For children that are fully toilet trained and 2 years 9 months or older, Simmons University periodically offers a swim program. The swim program is offered for an additional fee (paid to Simmons University).

Field Trips

Short walks and excursions within the general Longwood Medical and Academic Area (LMA) are frequently scheduled. A field trip permission form, included in the enrollment packet, gives permission for excursions outside of the Center. Parents will be informed in advance and asked to sign supplemental form(s) in the event that additional field trips are planned.

Parent participation is welcome and often needed on field trips that require transportation to ensure a high adult to child ratio. The Center provides bus transportation for field trips as necessary.

Birthday Celebrations

Parents are welcome to plan birthday celebrations with the classroom teachers. Parents are required to provide a list of ingredients for all foods. Guidelines vary by classroom and teachers can provide suggestions. LMACCC encourages healthy snack items.

Holidays

There are different ethnic and religious backgrounds represented in the Center. The Center recognizes and celebrates the holidays celebrated by enrolled children.

The following is a list of Center holidays from July 1st through June 30th. On all of these dates, the Center will be closed. Parents will be notified at least 30 days in advance of any changes in our holiday schedule, and a new schedule will be issued by June 1st. The program is typically closed for one week between Christmas and New Year's Day. Parents will receive an additional hard copy of the list.

Holiday List

Independence Day
 Labor Day
 Columbus Day

Thanksgiving
Day after Thanksgiving
Christmas
New Year's Day
Martin Luther King Day
President's Day
Patriot's Day
Memorial Day

Inclement Weather

In the event of inclement weather, the Center Director and/or the President of the LMACCC, or their designee, may decide to close the Center. If the Center is to be closed all day, the decision will be made by 6:00 AM. If inclement weather impacts the operating hours families are notified two ways. First, families may check on snow closings by dialing the LMACCC Snow Line at (617) 632-2827 and pressing #4. If there is not a message standard operating hours are in effect. A message indicates program hours are impacted or the program is closed. Lastly, families are also encouraged to reference the Channel 7 website <https://whdh.com/storm-closings-delays/> to view school closings. LMACCC will be posted at the very end of the notifications under "Daycares".

LMACCC recognizes that many parents work in medical professions, and therefore are required to assume their duties regardless of the weather conditions. The Center aims to only close in extreme emergencies such as the closing of the MBTA or at the Governor's recommendation.

Baby Sitting

Families occasionally need additional childcare and may choose to ask members of the LMACCC staff to provide babysitting services during off-duty hours, outside of the child care center. The LMACCC is in no way involved in such agreements and bears no responsibility or liability for any damages resulting from private engagements.

Parking

Short-term parking is available in the drop-off loop. The drop off loop is a shared space with the general public. Parking in the loop is limited to 15 minutes. To avoid congestion, if a space is not immediately available in the loop families are asked to drive through the loop and enter the garage with a LMACCC issued access card.

Free parking for up to 45 minutes can be accommodated in the 375 Longwood Garage with the LMACCC issued access card. As a family enrolls in LMACCC, they are required to complete a parking form for their cars. The Center provides up to two access cards per

family. Parking cards are activated approximately two working days after being enrolled in the Center. Please report lost cards to a program administrator.

Families should plan to utilize the parking in the 375 Longwood Garage for no longer than 30 minutes to allow for entry and exit times. The 45-minute parking limit is strictly enforced and violations of parking times can result in loss of access cards.

Families anticipating parking beyond 45 minutes should enter the 375 Longwood Garage by pulling a ticket from the podium. Access tickets are all self-paid; the center is not able to provide parking validation.

Families should keep the following in mind when parking in the 375 Longwood Garage:

- Tuesday afternoons the Temple Israel has Hebrew School that lets out between 5:00 PM and 5:30 PM. Please use the parking garage to avoid delays and congestion in the loop.
- 8:30 AM to 9:00 AM is a heavy traffic time for the loop. The parking garage is a good alternative to avoid congestion in the loop.
- There is no parking on Nessel Way as it is privately owned. Cars parked on this street are subject to be towed.

OBSERVATION AND TESTING

Medical and educational professionals or students requesting permission to conduct research involving children enrolled at the Center must formally apply to the Center Director who will determine if the study is appropriate to conduct in the Center.

Protections for Children

- Research may involve survey or interview procedures if these procedures present minimal risk to the child subject. "Minimal risk" specifies that the anticipated risks are no greater than those ordinarily encountered in the daily Center activities.
- Researchers must present how the project will benefit the Center and/or the individual children.
- Written permission must be obtained from each child's parent or guardian for an interaction with a child other than general observation. "General observation" indicates observation of regular educational strategies, curricular techniques, or classroom management where the interactions take place with regular childcare center staff and the investigator does not participate in the activities.
- Observations and research must be recorded in such manner that will prevent any identification directly, or through identifiers, of the subject being observed.
- Research involving the use of cognitive, diagnostic aptitude, or achievement tests will have testing results shared with the subject's parent or legal guardian.

PREVENTION OF CHILD ABUSE OR CHILD SEXUAL ASSAULT

Curriculum and Classroom Techniques/Policies

- Toddler and preschool classrooms will include anatomically correct dolls and curriculum materials for both sexes. These materials will be used for low-key informal learning opportunities at the child's initiative.
- Staff members will identify body parts with non-clinical, yet biologically correct words without placing undue emphasis on such labeling. Children will be permitted to use whatever alternative names they have acquired from home.
- All children will be approached by staff members with sensitivity and respect. Children will be encouraged to assert their individual rights of privacy and safety.
- Known adults will change diapers for infants and toddlers. Substitutes and new employees will be accompanied by employees of longer tenure for bathroom supervision of preschoolers.
- As bathroom use is open and not segregated by gender, arrangements will be made for any child who indicates (verbally or behaviorally) a need for more privacy.
- Professional discretion will be used when adults display affection to children. Affection will be given with sensitivity to each child's needs. If the child indicates any distress, the adult will ask before initiating unsolicited affection. Each child has a right to refuse affection from the educator.
- Children will be encouraged to control their immediate environment by expressing their feelings and needs to both peers and adults. All children will be taught to say things along the lines of, no, no thank you, please stop, etc. to others when their rights have been denied (i.e. a toy has been taken away by another child), or when they are in physical or emotional distress. Preschoolers will be taught to request and expect privacy, both emotionally and physically, and to respect the privacy of others. They will also be encouraged to talk about uncomfortable or "unfair" situations with trusted adults and to use their peers as a support group when they need help.
- Children will be formally introduced to new staff members and substitutes, as well as new enrollees and their parents. Pictures will be taken and displayed outside the classrooms and in the hallways of each floor so that families can learn the faces and names of the newer community members.
- Children will be discouraged from talking to people they do not know (i.e. the people walking by the Center). Preschoolers will informally discuss the need to be careful with known and unknown adults. This topic will be explained through the use of different scenarios:
 - Some adults like children so much that they think only about how much they like the child and forget to think about what the child needs. Sometimes when this happens, a child gets hurt and needs to go to other adults and talk about this happening.

- Some adults make children feel uncomfortable and forget that children have a right to privacy. These adults usually require medical help.
- Some adults want children and they try to take other people's children without permission.

Preschoolers will thus not leave the center with known or unknown adults unless their parents have personally told them it was permitted.

Older toddlers and preschoolers will be encouraged to know their full names, the names of their parents, and the city in which they live. Older preschoolers will work on spelling their full name and memorizing their address and phone number.

Nap times will be supervised by a minimum of two adults in each area. Substitutes and new employees will be accompanied by employees of longer tenure.

Record-Keeping and Reporting

- All staff members will immediately report any suspicious behavior of adults or children to their Program Coordinator or other administrative staff.
- All staff members will record any suspicious marks on the child's body and immediately report the information to their Program Coordinator or other administrative staff.
- Recording will consist of a description of the behavior and/or mark, date of the observation, signature of the observer, the name of the witnesses, and the parent response to the information after a discussion with the Program Coordinator or other administrative staff.
- Records will be kept in confidential and separate classroom logs until they have been requested by the Director for the official files.
- In the event that the staff or administrators feel that the reports on file warrant notification of the Commonwealth of Massachusetts Department of Children and Families according to the State mandate, the Director, or their designate, will speak to the parents prior to filing the initial report of suspicion of child abuse or neglect to the Department of Children and Families.
- The Director will notify the Department of Early Education and Care immediately after filing a 51A report or learning that a 51A report has been filed, alleging abuse or neglect of a child while in the Center's care or related activity.
- The Center will cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the Center. The Center will provide consent of disclosure to the EEC information from, and allowing the EEC to disclose information to any person and/or agency the EEC may specify as necessary to the prompt investigation of allegations and the protection of children.

- All staff will immediately report to the Program Coordinator, Assistant Director, Administrative Assistant and Director any staff person they suspect of child abuse or neglect. The Director will immediately remove the staff person from classroom work, file a 51A report with the Department of Children and Families, and notify the EEC that a 51A report has been filed. The allegedly abusive or neglectful staff member will not be allowed to work directly with children until the Department of Children and Families has completed its investigation and the EEC has said the staff person may return to classroom work.
- All records are available to concerned parents upon their request and in compliance with EEC regulations.

Center-Wide Activities/Resources

The Center's resource library, located on the second floor, provides appropriate information on child development topics and special needs.

Upon expression of parental interest, an annual parent-staff workshop will be offered on the subjects of special needs, child development, and child abuse or child sexual assault.

Staff receive training in the prevention and detection of abuse by:

- reviewing Center policies at orientation with a program administrator
- attending training at weekly staff meetings focused on prevention curriculum and policy techniques
- completing an annual training on mandated reporting by the Department of Early Education and Care

REFERRAL SERVICE

- The staff will inform their Program Coordinator immediately if they have a concern about a child's developmental process, play interaction, language development, or health.
- The Program Coordinator will observe the child in the classroom and record the child's behavior. The Program Coordinator and Director will meet with the staff to review and discuss concerns. The coordinator will arrange a meeting with the parent(s) to discuss the Center's concern.
- A written statement by the Program Coordinator will be provided to the parent(s) outlining the Center's reason for suggesting a referral for additional services for their child. The statement will include a summary of the observations and efforts the Center has made to accommodate the child's needs.
- The Center will assist the parent(s) in the referral process after written parental consent is received.

- If the child is at least 2 1/2 years of age, the Center will provide the parent(s) with a list containing information regarding the availability of services in the area. At this time the parent(s) will be made privy to their rights, including the right to appeal under Chapter 766.
- If the child is under the age of three, the Center will provide the parent(s) a list of available Early Intervention Programs.
- The Center, with written parent permission, will contact the agency or provider who evaluated the child. This is so the Center can better meet the child's needs at the Center.
- If the agency determines that the child does not require their services or is ineligible to receive services the Center will review the child's progress every three months to determine if another referral is necessary.
- The Center will record all referrals, parent conferences, and results.

HEALTH AND SAFETY

Health Records

Every child is required to have a yearly medical examination by the family pediatrician, which should include a developmental history, height, weight and complete physical exam. Each child should be completely immunized or in the process of receiving immunization against DTP, Polio, MMR, Hib, Hep B, Chicken Pox, PCV7, Hep A, Rotovirus, and Influenza. A lead screening is also suggested. Beginning at age two every child should have a dental evaluation. Children beyond three years of age should have annual vision and hearing evaluations.

Children cannot be admitted into the program without updated medical information on file. Continued up-to-date medical information is required to avoid an interruption in care. Each child's confidential health record will be kept at the Center.

An Individual Health Care Plan (IHCP) for each child with a chronic medical condition (*i.e. allergies to medications or foods, asthma, diabetes, eczema, etc.*) which has been diagnosed by a licensed health care must be maintained annually. Any medications accompanying a chronic medical condition must be up-to-date. Any child with a chronic medical condition cannot be admitted into the program without a completed IHCP. Continued up-to-date IHCP's and medications are required to avoid an interruption in care.

The IHCP must include the following:

- description of the chronic condition which has been diagnosed by a licensed health care practitioner
- description of the symptoms of the condition
- outline of any medical treatment that may be necessary while the child is in care

- description of the potential side effects of the treatment
- outline of the potential consequences to the child's health if the treatment is not administered

The health record will include the following:

- the name, address, and telephone number of the child's parent(s), guardian, and of two emergency contacts
- a completed copy of the child's yearly physical examination that includes name, address, and telephone number of the child's physician
- a record of the child's completed immunizations
- a list of any allergies the child may have to food, chemicals, or other materials (see allergy policy)
- a list of persons authorized to pick up the child in the absence of a parent
- signed permission for emergency treatment when the child's parent and physician cannot be reached
- a record of accidents and injuries that occur while the child is in the Center
- teachers' observations regarding pertinent health problems
- a record of all referrals and follow-ups
- medication authorization slips for a one-year period

Allergies

At the time of enrollment, each parent will be asked whether their child has any known allergic reactions to foods, medicines, animals, or other substances. Please inform an administrator if this information changes. This information will be recorded on the child's emergency information in their file. Any child with an allergy is required to have an up-to-date IHCP.

Allergy and other pertinent health information is confidentially posted in the classrooms and visible only to LMACCC personnel. All Center staff will be responsible for protecting children from exposure to any items that may cause them to have an allergic reaction.

Illness

When a child is out sick, the parent is asked to call the Center by 9:00 AM and report pertinent information regarding the child's illness. With any contagious illness, it is most important that an administrator is notified in order to prevent further spread of the illness and to recommend evaluations as needed.

Similarly, all parents of children exposed to a contagious or infectious disease will be notified and alerted to watch for symptoms. In the case of strep throat, parents will be encouraged to have throat cultures done. Please notify an administrator of all strep results.

It is the responsibility of the Center's educators to observe children throughout the school day for signs of illness.

Upon arrival, the child will be observed and if any of the following signs of illness are noted, the child will be sent home with their parent(s):

- fever of 100.4 degrees or higher
- wheezing
- any case of diarrhea
- any vomiting in the previous 24 hours whether at home or in the program
- inflammation of the eyes and/or signs of conjunctivitis
- rash
- signs of severe cold or sore throat

Parents will be called during the school day to take their children home if such symptoms are exhibited after arrival. Families are expected to come to the Center within one hour of the phone call to pick up their child.

Isolation

If a child shows signs of illness during the day, the following action will be taken:

- The parent will be notified via phone that their child is sick and be asked to take their child home. If a family is not spoken to directly messages will be left. An administrator will also connect with families via email if a direct communication was not possible.
- A child displaying an illness will be allowed to rest in a secluded area of the classroom.
- In the event that a communicable disease such as influenza is indicated the child will wait in one of the administrative offices and be supervised by an EEC certified educator.
- In the event that the parent cannot be reached within a half hour, the Center will contact the people listed on the child's emergency information sheet and/or the child's physician. If none of the above can be reached, Center staff will contact the Longwood Medical Area Child Care Center's consulting pediatrician.

Any teacher having contact with a sick child (taking temperatures, wiping noses, etc.) will wash their hands with liquid soap and running water using friction before returning to children.

A child may return to the Center under the following conditions with a physician's release:

- Contagious diseases after the period of contagion is over:
 - Chicken Pox - after all spots have crusted

- Measles - five days after rash begins
- German Measles - after rash disappears
- Mumps - nine days after onset of swelling
- Lice - after treatment is completed and all nits are removed
- Scabies - after treatment is completed and free of all mites
- Impetigo - 24 hours after treatment has started or all the sores are covered
- Conjunctivitis - 24 hours following the first dose of medication
- Tuberculosis - until the child is non-infectious
- Mouth sores - until sores have disappeared
- Strep infection - 24 hours after treatment has begun and the child has been without a fever for 24 hours

A child sent home with an illness at any point in the day must remain out of the program the entire following school day.

A child may return to the Center under the following conditions without a physician's release:

- Fever - 24-hours fever-free without fever-reducing medications. A child sent home at any point in the day with a fever must remain out of the Center the entire next school day.
- Diarrhea - 24 hours following the last sign of diarrhea. A child sent home at any point in the day with diarrhea must remain out of the Center the entire next school day.

Children with a diagnosis of molluscum are required to have all lesions covered with clothing or with waterproof bandages prior to arriving to the program. Children with this diagnosis will be excluded from participating in swimming lessons until the child's pediatrician determines that the molluscum has cleared and the child no longer exhibits any symptoms of the virus.

Note: It is very important that parents inform staff members of any medications that have been administered to their child so the staff can be alert to any unusual signs or symptoms the child may demonstrate.

Emergency Numbers

The following emergency numbers **MUST** be posted on each telephone at the Center.

Police, Fire, Ambulance	911
Poison Control Center	800-222-1222
Children's Hospital Emergency Services	617-355-6611

First-Aid Supplies

- First-aid supplies will be kept in each classroom in a designated cabinet and backpack out of the reach of all children.
- All classroom personnel will be instructed in the proper use of first-aid supplies through American Red Cross First-Aid classes. In major emergencies, the Center Director or another administrator should be consulted immediately to help assess the problem.
- The consulting physician developed a list of medical supplies that the Center maintains. The list includes: adhesive tape, Band-Aids, gauze pads, bandages, compresses, gauze rolls, bandages, instant cold packs, vinyl gloves, tweezers, a thermometer, and scissors.
- The cabinets and backpacks will be checked weekly by the classroom teachers who will report to Program Coordinators to ensure that supplies are adequate.

Mildly-Ill Children

Children returning to the Center after an illness or attending children who appear mildly ill will be observed by the teaching staff for contagious or infectious illnesses listed in the Policy for Illness. The classroom staff will provide an environment that meets the on-demand needs of the mildly-ill child. The child will be made to feel comfortable and welcome. The child will be allowed food, water, rest, appropriate play materials, and space as needed.

Accidents and Injuries

The Center's policy for accidents or injuries will be followed at the Center and while on a field trip. When on a field trip, a designated staff person will carry a backpack containing sterile wipes, Band-Aids, sterile gauze, attendance sheets, the emergency numbers for each child, the emergency numbers designated and posted by the Center and a charged cell phone. At least one staff member must be certified in Infant/Child CPR and First Aid.

For all injuries an accident form will be completed and will be kept in the child's file. A copy will be given to the parent(s) and a copy will be given to the administrative assistant who will enter the child's name, staff present, and injury, location of injury, date and time into the injury log. The Program Coordinator(s) will review the accident log monthly to determine the potential areas or times of risk of accident to children.

Minor Injury/Illness

A minor injury or illness is defined as a health situation that can be addressed with limited interventions.

Examples of Minor Injuries may include:

- splinters

- scrapes
- scratches
- small bruises

Examples of Minor Illnesses may include:

- cold-like symptoms
- sore throat
- stomach upset

In the event that a child is injured, LMACCC staff will fully assess the child's injury and:

- contact an administrator
- complete an injury report within 24 hours
- provide timely (same day), full and accurate verbal notification to the parent/guardian regarding the injury
- perform First Aid as trained and necessary
- contact the Center's health care consultant if necessary to address questionable injuries (or illnesses)
- parents will be requested to transport children to health care site for injuries that are not life threatening but may require physician intervention
- in the event that parents cannot be reached and physician intervention is deemed appropriate an ambulance will be called

Major Injury/Illness

A major injury or illness is defined as a health situation that requires immediate medical intervention.

Examples of Major Injuries may include:

- head injuries with or without loss of consciousness
- open puncture wounds and lacerations
- eye injuries
- injured limbs not spontaneously and promptly used by the child

Examples of Major Illnesses may include:

- convulsions
- signs of anaphylaxis
- symptoms of heat stroke
- symptoms of hypothermia

In the event that a child sustains a major injury or illness, LMACCC staff will fully assess the child's injury and:

- contact an administrator

- administer First Aid and CPR to the child as trained and deemed necessary based on the nature of the emergency
- call emergency medical services immediately (911)
- provide immediate, full and accurate verbal notification to the parent/guardian regarding the injury/illness
- complete an injury report within 24 hours
- contact the Department of Early Care and Education as required

For any inappropriate ingestion of a non-comestible substance, the Poison Control Center will be contacted at 800-222-1222.

Medication

The Center will give out prescription drugs when accompanied by a completed authorization form from the child's parent or guardian and a prescription from the child's physician. The doctor's written prescription must state the child's name, directions for administration of medication, dosage, as well as the length of time that the medication should be administered. Prescription medications must be current; old prescriptions will cannot be utilized.

The Center will administer non-prescription drugs (i.e. Vitamins, Ibuprofen, Tylenol, or cough medicine) when accompanied by a completed authorization form from the child's parent or guardian that is also signed by the child's physician. The medication form must state the name of the non-prescription medication, dosage, the duration of medication, and name of child. The prescription for the over-the-counter medication is kept on file. The Center will administer the prescribed over-the-counter medication to a child recuperating from a diagnosed or treated illness so long as the Center has a current parent authorization form.

Authorization forms are valid for a maximum of one year; the parent must fill out new forms if the medication is to be continued. Forms are available through the child's teacher or the administrative staff, as well as online. Please have one on hand to take to the doctor at the time of an appointment.

All staff will be trained in the Five Rights of Medication annually. The morning educator will check each morning for any new or continued medications to be administered. They will be responsible to check that all the authorization forms have been properly completed. If the medication form is not completed or is not present, the morning teacher will inform the child's parent that the medication cannot be administered.

The morning educators will administer medication to children if needed before noon. The afternoon educators will administer medications if needed after noon. When the medication has been given, the teacher will record the date, time, and dosage on

the medication form (Infant teachers will also record this same information on the child's daily report). The educator will then store leftover medicine in staff room refrigerator.

All unfinished medications will be returned to the parents.

Staff Health

State regulations require that every staff member (e.g., administrator, teaching staff, intern, or volunteer) file a certificate signed by a physician that states that the individual is free of any illness or condition, whether mental or physical, which might adversely affect the welfare of children. Each staff person must have evidence of measles and mumps vaccine if born after 1958. All staff must have evidence of Rubella immunization.

Hygiene and Infection Control

All staff and children wash their hands with liquid soap and running water using friction at least at the following times:

- before eating or handling food
- after toileting or diapering
- after coming in contact with body fluids and discharges
- after cleaning
- after handling animals or their equipment

Staff and children dry their hands with disposable towels.

Staff wash with soap and water and a disinfectant solution as required by the Department of Early Education and Care (prepared daily). They use this to clean specified equipment, items, or surfaces according to the following schedule:

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
- mops used for cleaning body fluids
- thermometers

At least daily:

- toilets and toilet seats
- containers, including lids, used for soiled diapers
- sinks and sink faucets

- drinking fountains
- water table and water play equipment
- play tables
- smooth surfaced non-porous floors
- mops used for cleaning
- cloth washcloths and towels
- crib sheets, mat sheets, sleep suits and sleep sacks for infants
- blankets used for all children

At least weekly:

- mat sheets

At least monthly or more frequently as needed to maintain cleanliness, or when wet, soiled, and before used by another child:

- cribs, cots, mats or other approved sleeping equipment
- machine washable fabric toys

The disinfectant solution is prepared daily in a labeled spray bottle. All disinfectant solutions are stored in a secure place that is out of reach for all children.

Children shall wash their hands at least at the following times:

- before eating or handling food
- after toileting or diapering
- after coming in contact with body fluids and discharges
- after handling Aquarium animals or their equipment
- after cleaning

Children will be reminded not to share:

- cups or bottles
- eating utensils
- combs and brushes
- mouthed toys

Children must wear shoes. Infant families are required to keep a set of shoes to be worn in the classroom exclusively.

Children and adults will be discouraged from close physical contacts such as hugging and kissing when an upper respiratory tract infection is ongoing.

SNACKS AND LUNCHES

Snacks are provided by the Center and will be served between 9:30 AM - 10:00 AM and 3:30 PM - 4:00 PM daily for older infants, toddlers, and preschoolers. These may consist of:

- various types of bread products (e.g., mini bagels, English muffins, pita bread)
- low-sodium crackers (e.g., oyster crackers) and low-sugar cookies (e.g., Nella Wafers)
- fresh fruit and/or vegetables
- unsweetened applesauce
- raisins
- yogurt, cottage cheese, cream cheese or cheddar cheese

Brown Bag Lunch Ideas

Sandwich Outsides: whole wheat bread, English muffin, pita bread, oatmeal bread, rye bread, corn bread, bagels.

Sandwich Insides: grilled cheese, egg salad, chicken salad, cottage cheese, meat slices tuna fish, cream cheese.

Peanut butter can be combined with grated carrots, ground raisins, banana slices, applesauce, low-sugar jelly, etc.

Cream cheese can be combined with grated pineapple, ground raisins, grated cucumber, low-sugar jelly, etc.

Both peanut butter and cream cheese can be thinned with milk or orange juice.

Finger Foods:

fruit cocktail in light syrup	hard-boiled eggs (over 10 mos.)	melons	pears (peeled)	berries
pickles	bananas unsweetened	Cheeses (cottage cheeses)	peaches (peeled for infants)	yogurt
apples	dry cereal	Unsalted tofu	misc. crackers	oranges
tender meat	Fish	poultry	dried fruits	meatballs
carrot sticks	Toast	tomatoes	mushrooms	zwieback
peas	Pasta	asparagus	broccoli	celery w/cream cheese
green beans (cooked for infants)	peanut butter	zucchini		

Soft Foods:

- soups
- yogurt
- chowders
- cottage cheese
- stew
- canned fruit
- leftover vegetables
- pasta

Foods not recommended for children under two years of age include (hard to digest and may cause choking):

- corn
- nuts
- leafy vegetables
- popcorn
- raisins
- raw onions
- baked beans
- olives
- chocolate
- seeds
- raw carrot sticks

If you have any questions concerning your child's nutritional needs please contact your child's pediatrician.

EMERGENCY CONTINGENCY PLANS

Lost Child

LMACCC is committed to exercising appropriate supervision of children to ensure their health and safety at all times. In the event that a child is presumed lost we adhere to the following procedures:

- Educators will take attendance by name and count children prior to leaving Center and calling main office with classroom attendance for that specific time frame. Administrators log attendance into an attendance log. Teachers will take attendance by name and count during transition to new destination and again when reaching new destination.
- Classroom educators will always have a charged cell phone on a designated educator. Cell phone must always be on.
- When away from the Center or on the playground, educators will call main office and communicate change in attendance. Administrator will log change into an attendance log.
- Educators will take attendance by name and count prior to returning to Center and calling main office with classroom attendance. Administrators will log attendance into an attendance log.
- Classrooms will always have accurate large and small attendance sheets on hand.
- Educators will look for potential hiding places for children and have awareness of other adults in vicinity.

- Classroom backpacks are checked weekly and contain first aid materials and emergency information for each child.
- Classrooms have a meeting location predetermined in the event of a fire drill or other emergency.
- Classrooms must go on a walk with minimum of two adults or partner with another classroom.
- Always supervise children and call first floor office if additional assistance is needed.

However, in the unlikely event that a child does go missing while in our care, the following procedure will be followed:

- One educator will remain with larger group of children and other educator will search the immediate area for the missing child.
- If the child is not immediately located the educator will call LMACCC at 617-632-2755 and provide description and information to Director or another administrator.
- The Director or another administrator will immediately call Boston Police and provide information of current location of children and area where child went missing and any other pertinent information.
- The second teacher will stay with group engaging them in activities to keep children calm and occupied.
- At the direction of Director or another administrator the staff and children will return to the Center and allow Police Department to search for missing child.
- Parents will be immediately advised of situation by Director or another administrator and kept abreast of the situation.
- Director will call and report missing child to the Department of Early Education and Care; President of LMACCC and MASCO Security.

Evacuation

- The Center has an evacuation plan, which is posted in classrooms as well as the hallways.
- The Center will conduct fire/emergency drills for the classrooms and the playground at least 12 times a year at different times of the day and affecting all children and staff. The Program Coordinator for each classroom will make sure that all staff understand the fire evacuation plan for all classrooms. All staff will be notified when orientated to the Center, of evacuation cribs located in the infant rooms. The administration is responsible for keeping a log including attendance, date, time and effectiveness of each drill.
- The fire/emergency evacuation plan will be posted conspicuously at each entrance, in hallways, in each classroom, in the office, in the staff room, and on the playground.

In accordance with the Massachusetts fire and safety codes, each classroom has two means of emergency egress. In the event of a fire, the designated educator in each classroom will take the attendance sheet, which will always be posted in a convenient location in the classroom, and with the help of other classroom educator, will evacuate all children in a quick, but orderly fashion. The designated educator will be responsible to account for all of the classroom members before leaving the building.

Any administrative staff, other than the Director or their designee, will assist with the evacuation of infants and younger toddlers. The Center Director, Assistant Director, Program Coordinators, administrative assistant, and/or their designee(s) will be the last person to leave the building after checking all rooms to ensure everyone has evacuated. Once out of the building, all children will be taken across Longwood Ave and stand behind the Beth Israel parking garage. Each teacher designee will retake attendance upon reaching the parking garage.

Sheltering in Place

If circumstances arise in which it may not be safe to go outside (due to environmental reasons) then the Director or designee may require that the program shelter in place. Shelter in place is a short-term measure implemented to isolate children and staff from the outdoor environment.

This response is considered appropriate for, but is not limited to, the following types of emergencies:

- external chemical release
- dirty bomb
- hazardous material spills

The Director or designee will announce over the center intercom that the program children and staff need to stay in the building. The program doors will remain closed and the building engineer may be instructed to shut down the building's heating, ventilation and air conditioning systems to prevent exposure to the outside air. Likewise, the building engineer will facilitate contacting electric, gas and water services for guidance. Students and staff may freely move about inside the buildings, but no one will leave the premises until directed by fire officials, law enforcement, or site administration.

The following is kept on site to maintain operations in the event of a shelter in place directive:

- emergency telephone
- crackers, dry cereals, raisins, applesauce and other short-term snacks
- baby formula
- blankets

- flashlights
- diapers
- spare clothing
- crayons, markers, paper, books, board games, etc.

Lock Down

Lockdown is implemented when the threat of violence or gunfire is identified. During lockdown, students and staff are to remain in designated lockdown locations at all times. Children and staff are instructed not to evacuate spaces until they are cleared by law enforcement or given an “all clear” signal by the Director or designee. Likewise, children will not be released to families until the “all clear” signal has been given.

This response is considered appropriate for, but not limited to, the following types of emergencies:

- gunfire
- threat of extreme violence outside the classroom
- imminent danger in the surrounding community

Lockdown requires closing and locking doors immediately after which no one is allowed to enter or exit.

In the event of a lock down an announcement will be made over the intercom via the Director or designee. Staff will be instructed to close all the program blinds and shut off the lights. Administration will be responsible for locking the stairwell doors leading from the playground as well the Preschool entry doors on the first and second floor. Program staff will instruct all children to sit on the floor and encourage them to stay calm and quiet. Staff will keep children out of sight lines from doorways. Staff maintain children’s attendance throughout the day. Attendance will also be taken during the lockdown procedures as well as immediately following the receipt of an “all clear” announcement.

If escape is required the classroom staff will take emergency backpacks. The backpacks contain food, water, necessary medications and first aid supplies. The Toddler Classroom will carry a bag full of diapers of suitable sizes for all children. The Infant Classroom will take an additional bag containing back up formula. Infant Teachers will also take at least one breast milk bottle for each child that is exclusively breast feed.

The following are options for alternative spaces:

For the First Floor:

- Children and staff can go into the adult bathroom on 1st floor. This bathroom can be locked from the inside.

- Children and staff can exit out the rear entrance of the child care. The first classroom out of the entrance will retrieve the key to the trash room. Children and staff will enter the trash room and will lock the door from the inside.

For the Second Floor:

- Children and staff can go into the adult bathrooms on the 2nd floor. These bathrooms can be locked from the inside.
- Children and staff will enter the Telecom work space using a key pad code. Once in that space staff will call the elevator and press the stop button.

The program is equipped with a stationary panic button as well as mobile panic alarms worn by Center Administration. In the event of a significant threat of violence or gunfire the panic alarms will be pressed. In response to a button being depressed, American Alarm Company calls the Boston Fire Department and Boston Police to the program. Security in the 375 Longwood Building, the Building Engineer and Center Director all receive notification via the alarm company that the panic button was depressed.

Each classroom is equipped with a landline and cellular phone. The first-floor administrative office has a two-way radio to connect with security in the 375 Longwood building.

Loss of Heat, Water or Power

Power and Heat Loss: The Center is connected to the emergency power system at 375 Longwood Avenue. In the event of a power loss the Center will be supplied electricity and heat. Parents will be called and notified that the Center will be closing early.

Water: The Center maintains 72 gallons of water on site. The LMA area determines the amount of potable water required to be delivered in the case of a disaster.

LICENSING AGENCY

The Department of Early Education and Care (EEC), Metro Boston office, located at 1250 Hancock Street Suite 120S, Quincy MA 02169 is the child care licensing authority for LMACCC.

Families may contact the Department of Early Education and Care (EEC) at 617-472-2881 for information regarding the program's regulatory compliance history.

Attachment A: Bottle Feeding Policy

Purpose

To define the standards, procedures, and restrictions around infant bottle feeding.

Bottle Material

- Only aluminum or BPA-free plastic bottles can be used (labeled #1, 2, 4, or 5).
- Glass bottles are not permitted.

Labeling

- Bottles should be labeled with the infant's first name and last initial on the nipple ring, the bottle as well as the cap. Use the LMACCC label machine and tape to label unlabeled bottles. Unlabeled bottles cannot be fed to a child.
- Frozen breast milk should be labeled with the child's first name, last initial and date it was expressed.
- Teaching staff and/or parents will color code bottles with colored masking tape placed on the nipple ring, the bottle as well as the cap. These colors will match those that are on the infant's cubbies, diaper labels and cribs.

Warming of Breast Milk or Formula

EEC licensing regulations require that liquids, foods and appliances that are or become hot enough to burn a child are kept out of the reach of children. Thus, a crock pot, slow cooker, bottle-warming appliance or microwave oven cannot be used to warm bottles.

- Frozen breast milk can be defrosted by placing it in the refrigerator.
- Bottles can be served cold or at room temperature.
- Bottles may be held under warm, running water or placed in a container of warm tap water.
- The container of water must not be heated on the stove or in a microwave.
- The temperature of the water shall not exceed 120 degrees.
- The container shall not be accessible to children or placed where it could tip or fall into the children's area.
- The teacher should not hold an infant while removing the bottle from the warm water.
- Bottles shall not be left to warm either under running water or in a container of warm water for more than five minutes.
- After warming, bottles shall be mixed gently and the temperature of the milk tested before feeding. The breast milk or formula should feel warm, but not hot. To test, shake a formula bottle or swirl a breast milk bottle, then sprinkle a few drops from the bottle on your wrist or forearm to test the temperature. *According to the*

American Academy of Pediatrics in Caring for our Children, the risks of transmission of infection to caregivers who are feeding expressed human milk is very low.

Wearing of gloves to feed expressed human milk is unnecessary, but caregivers with open cuts on their hands should avoid getting expressed human milk on their hands, especially if they have any open skin or sores on their hands. Excessive shaking of human milk may affect the nutritional value as may excessive heating.

- Fresh breast milk and formula can be out of the refrigerator for two hours before it must be discarded. Some families may want to take the chill out of refrigerated milk using this method. However, once the milk is introduced to the infant's mouth it must be used within the hour and any remaining milk discarded. If the milk has been unrefrigerated for greater than one hour prior to being served, it cannot be served if it exceeds the two-hour maximum. For example, milk left out for one and a half hours prior to being served must then be discarded after one half hour from being served.

Feeding

- EEC licensing regulations require that a current feeding schedule is maintained for each child, documenting use of either breast milk or formula, any new foods introduced, food intolerances, food preferences and observations related to developmental changes in feeding and nutrition.
- Infants must be fed according to their individual feeding schedules according to parent instruction or a child's individual needs based on cues. Caregivers must respond to the needs of infant when he or she indicates signs of hunger. Caregivers must respond to early signs of hunger. Do not wait to feed until the infant is upset or crying from hunger. Never force an infant to eat or finish a bottle or a serving of solid food.
- Each bottle should contain only enough breast milk or formula for one feeding.
- Caregivers must wash their hands before handling bottles or feeding an infant.
- Infants must be held individually when fed a bottle. Never prop an infant to bottle feed.
- With both breast milk and formula there is a one-hour window to feed infants from the point that they sip from the nipple. After one hour the breast milk or formula must be discarded as the milk is no longer sanitary, even if it is placed in the refrigerator.
- Frozen breast milk can only be served within three months of the date it was expressed. If unused, frozen breast milk can be returned to the family if it older than three months from the date it was expressed.
- Formula can only be used before the expiration on the container.
- Formula must never be frozen.

Storage

- Frozen breast milk can be stored in the Center's first floor refrigerator. The breast milk must be labeled and placed in the rear of the freezer.
- Designated spaces are to be determined for individual children in the classroom refrigerator and labeled with the child's first name and last initial. Bottles are to be stored with the corresponding name.
- Breast milk and formula can be stored in the classroom refrigerator for one day. Refrigerators must be emptied each night and contents sent home with families.
- If breast milk or formula was left in the classroom refrigerator then efforts should be made to contact the family before the program closes to see if they would like to retrieve it. At 6:00 PM, evening teachers must then dispose of any breast milk or formula left in the refrigerator.

Sanitizing

- Families should provide one bottle and one nipple per feeding.
- Each day bottles must be sent home to be sanitized. This includes all formula as well as breast milk bottles.
- Any item used to serve breast milk cannot go through the sanitizer, including bottles, nipples, nipple rings, bottle covers, spoons, cereal bowls, sippy cups, etc.
- At the end of the day, all breast and formula bottles that have not been consumed by a child should be returned to the families.

Spilled Breast Milk Precautions

- Breast milk is a body fluid and should be treated as such. Caregivers should clean up breast milk spills like any other fluid by wiping up the spill while wearing disposable gloves and cleaning the spill area with bleach and water solution.

Attachment B: Food Warming Policy

Purpose

To define the storage standards, procedures, and restrictions around warming children's food.

Containers

- Only aluminum or BPA-free plastic containers can be used (labeled #1, 2, 4, or 5). Glass containers are not permitted. Smaller sized containers are recommended to ensure that all food may be accommodated in the classroom refrigerator.
- Food requiring refrigeration should be placed in the classroom refrigerator. Teaching staff must ensure that the refrigerators are maintained at a temperature less than 41 degrees.
- Nonperishable food must be stored in a sealed container (either an aluminum container with cover, a plastic container with cover, or a zip lock bag).
- Hot and cold foods should be stored in separate containers for heating purposes.

Container Labeling

- Containers should be labeled with the child's first name and last initial on the container as well as the lid. An unlabeled container of food cannot be fed to a child.
- *Infant* families are responsible for recording all food on the daily report cards.
- *Mixed and Toddler* families are responsible for recording food on dry erase boards.
- *Preschool* families are responsible for recording food on the daily sign-in sheets.
- If food is not labeled, or there is a question related to the contents of a container, then teaching staff must contact the family prior to warming and/or serving the food.

Hygiene

- All staff must wear food handling gloves when preparing and serving food.
- A new set of gloves must be worn when handling the food of a child with a known or suspected food allergy.
- Staff must wash hands in between changes of gloves.

Allergy and Food Preferences

- All children with an identified allergy or food preference will be provided with an 8" x 10" yellow placemat that indicates their health needs on the back of the mat. These placemats must be used anytime food and/or beverages are served. The placemat must be left at the child's place setting until the child has concluded their food or beverage.

- A new set of gloves must be worn when handling the food of a child with a known or suspected food allergy. Staff must also wash hands in between changes of gloves.
- The food from any child with a known or suspected food allergy must be warmed individually to avoid potential cross contamination.

Warming of Food

- The food of a child with a known or suspected food allergy must be warmed individually.
- Containers that are identical may not be warmed at the same time to diminish the possibility of food being inadvertently switched.
- Lids must be removed from containers just prior to warming food.
- Only microwave safe containers may be used to warm food. Staff must avoid warming aluminum foil, zip lock bags, melamine containers and all containers labeled as not microwave safe.
- Food may be warmed in the microwave so that it is tepid. This typically means that the food is heated between one to three minutes. Prior to serving food all program staff must ensure that the food is lukewarm and not hot. Food that is too hot may exhibit visual signs such as steam, boiling, bubbling and/or burn marks. Additionally, a burning odor may be present if the food has been warmed too long. Staff may ensure that food is lukewarm by touching the container and the food with a clean glove.
- After warming food, the lid must be immediately placed back on the container.
- Food should be placed on the child's placement once warmed.
- Staff that have warmed food must mark their initials next to a child's name indicating that the food has been warmed in accordance to the Food Warming Policy.