

**LMACCC Parent Handbook
2016 Edition**

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I. HISTORY AND PURPOSE

The Longwood Medical Area Child Care Center (LMACCC) was established in 1982 to provide high quality 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 slots, moving from 2 Short Street to 191-195 Park Drive. In 1992 the LMACCC moved to its current location, 395 Longwood Avenue. LMACCC provides care for infants, toddlers, and preschoolers, ages two months to five years.

Longwood Medical Area Child Care Center Mission Statement

Our mission is to provide quality childcare to members of the LMA community.

We strive 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 met
- adapt to the ever changing and unique needs of a diverse community
- create a warm, sincere, and caring environment that promotes children's self-esteem and social, emotional, physical, and cognitive development

LMACCC is a non-profit organization, incorporated in 1982. It is a member of the family of organizations with the Medical Academic and Scientific Community Organization (MASCO), Inc.

II. ORGANIZATION AND STRUCTURE

The Center's policy is established by the fourteen-member board of directors, which is comprised of seven 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
Simmons College

Dana-Farber Cancer Institute
Harvard School of Public Health
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 newsletter. Potential volunteers are encouraged to contact the Center director or other parent members of the board to discuss participation. Any Center parent may attend board meetings in a non-voting capacity.

The President of LMACCC and MASCO's HR Director supervise the Center director. MASCO provides support services to the LMACCC. Parents should bring questions regarding the Center to the director or president, who, when necessary, will bring the matter to the board of directors.

The director is responsible for the day-to-day operation of the Center. 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 should be contacted about tuition and fees and for administrative matters or concerns about the premises. The assistant director and/or the program coordinators should be contacted for concerns regarding the educational program and staff.

Each classroom has a program coordinator. He or she is responsible for classroom management, curriculum development, organization of classroom space, and supervision of educators, educator assistants, student educators, and student interns. Classroom teams meet weekly to discuss educational plans, each child's developmental progress, and parental concerns. Parents can contact the program coordinators about issues concerning their child's health, development, socialization, or program involvement. The morning and afternoon team teachers give parents specific feedback regarding each day's events.

III. EDUCATIONAL APPROACH AND OVERVIEW

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 Policy

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 his/her 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.

Under this policy, 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

Under this policy, no staff member shall:

- 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: (2 to 15 months)

Hours: 6:45 AM to 6:00 PM

The infant classroom is comprised of two rooms with seven children in each room. The young infant room follows the individual feeding and sleeping patterns of younger infants 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. Nursing parents are required to follow the Center breast milk policy. If you plan to nurse your child, please inform the program coordinator of your infant's general feeding schedule and provide a back-up bottle of formula or breast milk in case you have to miss a feeding. 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. As the infant matures, parents decide when they would like baby food or finger foods introduced.

Each young infant is assigned a crib that is furnished with a firm, properly fitted mattress as well as fresh linen daily. To ensure children's safety, pillows, comforters, stuffed animals or other soft, padded materials are not permitted in cribs. Infants are always placed on their backs to go to sleep unless the child's healthcare professional orders otherwise in writing. Infants will be provided with clean, sleep sacks during nap time and are always supervised during sleep.

Older infants in the adjoining room eat a morning snack, lunch, and an afternoon snack together at a child-size table. Nap schedules are specific to each infant and as they need to sleep.

Older infants sleep on mats placed on the floor to encourage independent re-entry into activities upon awakening. Activities are age-appropriate in both infant groups 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.

Shoe Free Infant Room:

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 room and spread onto the carpet; particularly during the cold weather with the 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 program.

The infant room diaper policy includes the following steps:

1. Each child's diaper is changed when wet or soiled.
2. Each educator washes his/her hands with liquid soap and water using friction and dries his/her hands with a paper towel before picking up the infant.
3. The changing table is covered with sterile paper before the child is placed on it. The child is placed on his/her back on the diaper changing table.
4. Each educator puts on vinyl gloves prior to removing a child's diaper.
5. 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 specific to each child on the wall chart.
6. 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.
7. A diaper cream is placed on the bottom and genital area. This is specified on the wall chart or in a daily note.
8. 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.
9. The infant is returned to play area.
10. Wet or dirty clothing is placed in a plastic bag and put in the child's hall cubby after the diapering procedure is completed.
11. The paper is removed from the changing table and discarded in the adjacent garbage can. The educator washes his/her hands with liquid soap and hot water without touching the sink handle with his/her hands.

12. 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 bleach solution is kept in a cabinet reach of children in a labeled spray container.
13. The time of bowel movements are then charted 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, blankets, 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, Destin, Balmex, and A&D (parents should discuss preferences with staff)
- diaper wipes, paper towels, sterile changing table paper, vinyl gloves, and plastic bags

Parents provide:

- disposable diapers labeled with the child's name
- prepared formula or breast milk (dated) in labeled bottles (no glass)
- jarred, bottled, or dry food in small quantities labeled with the child's name
- 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)
- a favorite labeled blanket or cuddle toy (optional)
- appropriate clothing for outdoor play or walks

Mixed Classroom: (12 months to 2 years 9 months)

Hours: 7:00 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 nine 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 objects and 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 the central focus of the curriculum. This is accomplished by helping the child learn to identify his/her physical and emotional needs and then meet the needs. Children are also 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 introducing cooperation during play.

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: (15 months to 2 years 9 months)

Hours: 6:45 AM to 6:00 PM

The toddler classroom is focused on identifying the developmental pace and learning style of each student. The classroom environment coupled with educator engagement creates an atmosphere of growth that supports the child's development. The classroom is designed to accommodate two groups of nine children ages 15 months to 2 years 9 months.

The setup of the classroom 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 this classroom. 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 and 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 A&D
- diaper wipes, paper towels, vinyl gloves, plastic bags, and sterile changing table paper
- blankets, sheets, and bibs

Parents provide:

- lunch foods
- disposable diapers labeled with the child's name
- two complete sets of labeled clothing including underwear and socks
- appropriate seasonal clothing for outdoor play
- a favorite labeled cuddle toy for nap (optional)

Pre-school Classrooms: (2 years 9 months to 5 years)

Younger Pre-School	7:00 AM to 6:00 PM
Middle Pre-School	6:45 AM to 6:00 PM
Older Pre-School	7:00 AM to 6:00 PM

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

Each of the three classrooms is designed to provide children with independent choices of activities that vary in complexity and address basic concepts of social and physical reality. 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 (top and bottom of containers must be labeled) and two complete sets of labeled clothing including underwear and socks
- appropriate seasonal clothing for outdoor play
- a favorite labeled cuddle toy for nap (optional)

IV. ADMISSION POLICIES

Waitlist and Enrollment Policies

Waitlist slots are maintained by the Center for employees of participating LMACCC institutions as well as the community. The Center maintains a current waiting list 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 reserves the right to accept children as needed to provide a balanced classroom composition. 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 are:

1. 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
2. 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(I) and 7.10(2). The Center will maintain a copy of the notification in Center records.
3. Accommodations related to the toileting needs of a child with a disability, who is not toilet trained, is not considered an undue burden.
4. 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
5. 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.

 6. 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.

 7. 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 Visiting

Prior to enrollment, parents are encouraged to visit the Center and meet with the director, the program coordinators, and the educators of the proposed classroom. This visit is an opportunity to observe the classroom, discuss the educational philosophy, and ask questions. Children are welcome to attend the initial visit or plan additional visits with their parents when they can play in the classroom, meet the other children, and become familiar with the teaching team. The classroom staff will use these orientation visits to learn about the interests and needs of each child and family. This visit also gives the families an opportunity to review the child's developmental history with a program coordinator. For very young children, or children who have not previously been in center care, it is often helpful to plan two or three visits in the week before enrollment commences. 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 also 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 or the Center will not hold the child's slot. 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. No change in the Center rules will be effective without at least 30 days prior written notice to the parent.

Contract Termination

Contracts for service may be terminated by the parent for any reason. 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:

- 30 days of tuition from the date of written notification to the Center, plus any past due amounts
- 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

The Center will provide a list of other local centers at the request of terminating families.

Tuition Billing and Collection

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. All late payment fees will be credited to the LMACCC Annual Fund. 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 Payments 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 given the Center a minimum of 30 days written notice of the intent to withdraw the child from the Center except:

- when a parent has given a minimum of 60 days written notice of the intent to withdraw the child from the Center when service agreements have been executed which include service for the period between July 1st and September 15th ("Summer Term")
- when the parent has given a minimum of 45 days' notice between May 15 and June 30 ("contract renewal")
- when the family has no outstanding financial obligations to the Center at the time of withdrawal

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 available and 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 that need to be completed prior to the child starting the program as well as annually. 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 contact 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 or administrative assistant.

Transitions:

Transitions for Arrival/Departure

It is important for each child to feel that his/her parent is part of his/her 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 his/her child.

Safety tip: 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. The administrator logs the change for pickups and drop offs in the log. All pick-up persons, including other parents in the Center, must be listed on the

arrival/departure permission form and a signed, dated release note must be given to the office in the morning.

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

Transitions 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 program coordinator 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, a current educator or the program coordinator will visit the proposed classroom with the children. The educator or coordinator will stay with children during the visits for the first week, gradually encouraging integration into the new classrooms. By the end of the second week, the children will be invited to stay for morning snack without the former educators.

Parents are encouraged to say good-bye to the prior classroom on their child's last day at afternoon snack. After the good-byes, it is most helpful if each parent, with their child, packs up the old cubby and walks to the new classroom and places the child's items into the new cubby.

On the first day in the new classroom, parents need to be prepared to spend extra time saying good-bye.

Transitions from the Center to New School

Parents and coordinators mutually determine the schedule and strategy for a child and/or family leaving the Center. Educators will make a "last day" memento for the child. Children will be given an opportunity to say good-bye to peers. Parents are encouraged to communicate appropriately with teachers and child about new school and transition.

With parent permission, LMACCC will complete questions from new school and provide a copy of recent progress report.

Routine Daily 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.

Staff will review at weekly team meeting children who seem challenged by the transitions within the daily routine and will develop strategies to support the child.

V. 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 student interns.

Ratios by Room:

- Infant: 7 children/2 staff
- Mixed and Toddler rooms: 9 children/2 staff
- Preschooler ratio:
 - Younger: 17 children/2 staff
 - Middle: 18 children/2 staff
 - Older: 20 children/2 staff

A current staffing schedule will be available at the start of each semester.

Staff Qualifications

All staff members are EEC certified as educators or educator assistants. LMACCC currently recruits teaching staff with a Bachelor's Degree in ECE and assistant educators with an Associate's degree in ECE. Priority is given to teacher candidates who have several years of experience and have completed required classes in early child development. Part-time educator assistants are chosen for their empathy and communication skills with young children. Most of the part time educator assistants on staff are attending local colleges

and are majoring in early childhood education, secondary education, sociology, or psychology.

The Center often has student educators from Lesley University, Wheelock College, Emmanuel College, Simmons College and Northeastern University. Interns and student educators are supplementary staff and are thus not considered when determining the child/staff ratio.

The Center has on staff a full-time EEC certified educator, who functions as the on-site substitute and covers all regularly scheduled staff vacation and sick hours.

In the event of illness or absence of a regular staff member, the substitute educator (EEC certified) is scheduled. If more than one staff shift is not covered arrangements are made by an administrator. Part-time substitutes are contacted from a current list and used on a regular basis. If an appropriate substitute is not available, the administrative assistant or program coordinators will assume a teaching role.

If an unfamiliar substitute is being used, he/she 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. New staff will not be scheduled into a classroom until they have completed the orientation process and been debriefed by their 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
- infant sleeping position
- 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

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

VI. 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 for leaving with their afternoon teacher.

Safety tip: The front doors often become congested at drop-Off and pick-up. Please 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 listed on the arrival/departure permission form and a signed and dated release note must be given to the Center's office in the morning.

If a child is going to arrive late or be absent, it is required that parents call in the morning to share their plans or discuss if the absence is due to illness. (See "Policy for Illness").

Whenever a parent is in the classroom, the parent is responsible for implementing the classroom rules with his/her child.

Communication

In order for the Center to optimize the care that is provided, it is essential to have daily parent/staff communications. Please plan a few extra minutes at arrival to share the previous evening's or the morning's events with the morning educator. If a longer discussion is needed, appointments for meetings or phone conversations can be made (1:00-2:00 PM is preferred). Prior to departure time, parents may call their child's classroom to check with the afternoon educator and discuss the day. Upon pick up, parents will also receive a report of pertinent information such as activities, naps, food intake, and the times of bowel movements. Information is available in written form to accommodate families whose primary language is not English or who require alternative communication methods. Daily notes are given to the parents of infants and the information is listed on wall charts in all of the other classrooms.

Notices/Newsletters

Notices, newsletters, general information, and reminders are distributed in each child's cubby, e-mailed, posted to www.lmaccc.org, and posted on classroom bulletin boards and locations throughout the Center. 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.

Visiting

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 breakfasts. At these events, articles are available on child development and other topics of interest.

VII. GENERAL INFORMATION

Center Hours

- Infant Classroom 6:45 AM to 6:00 PM
- Mixed Classroom 7:00 AM to 6:00 PM
- Toddler Classroom 6:45 AM to 6:00 PM

- Younger Pre. 7:00 AM to 6:00 PM
- Middle Pre. 6:45 AM to 6:00
- Older Pre. 7:00 AM to 6:00 PM

The toddler room accepts mixed room children until the 7:00 AM educator arrives.

The middle preschool accepts children from the younger room and older room until the 7:00 AM educator arrives.

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 parents following month's tuition will reflect late fee charges.

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 his/her 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.

Child Records

The individual records of each child are available to his/her 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 his/her peers about the special toy.

Toy weapons and action figures are discouraged in the Center.

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. Snack is eaten by 10:00 AM, so children who arrive after 8:30 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.

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.

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 older infants, toddlers, and preschoolers go outside almost every day, usually twice. Appropriate, labeled, outdoor clothing is required.

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 flip-flops)

The Center provides sunscreen lotion.

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

- a snowsuit
- hats
- mittens or gloves
- snow boots

On Wednesday and Friday the infant toddler program attends movement activities at the Holmes Fitness Center at Simmons College.

On Monday, Tuesday, and Thursday the preschool program attends movement activities at the Holmes Fitness Center at Simmons College.

For children 2 years 9 months and older, swimming lessons and Micro-Soccer are offered for an additional fee (paid to Simmons College) in the spring, summer and fall.

Field Trips

Preschool classrooms aim to have one field trip each year. Short walks and excursions within the general Longwood Medical and Academic Area (LMA) are also frequently scheduled. The 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 an additional form when trips are planned.

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

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.

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

Snow Day Policy

In the event of a heavy snow or ice storm, 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. Parents may check on snow closings by dialing the LMACCC Snow Line at (617) 632-2827 and pressing #6. Families are also encouraged to use "Channel 7 on your cell" for school closing, delays and early releases notification process to your cell phone. Families can register for Channel 7 on your cell by going to www.whdh.com, clicking on "Snow Day Alert" under 7 on your cell, inputting their cell phone number, name of the cell carrier and "LMACCC". Questions about this process can be directed to WHDH at webmaster@whdh.com or by calling 1-877-316-5990.

Because many parents work in medical professions, and therefore are required to assume their duties regardless of the weather conditions, the Center will only close in extreme emergencies.

Baby Sitting

Families occasionally need additional childcare and may choose to ask members of the LMACCC staff to provide baby-sitting 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 (15 minutes or less) is available in the drop-off loop. Free parking for up to 45 minutes can be accommodated in the 375 garage with a LMACCC parking access card. Beyond 45 minutes parents are required to pay for parking.

As a family enrolls in LMACCC, they are required to complete a parking form for their cars. The Center provides an access card for each vehicle. Parking cards are activated approximately two working days after being enrolled in the Center. Please report lost cards to the garage manager and LMACCC's main office.

Parking Tips

- Tuesday afternoons the Temple Israel has Hebrew School that lets out between 5:00 and 5:30 PM. Please use the parking garage to avoid delays and congestion in the Loop.
- 8:30 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.

VIII. OBSERVATION AND TESTING POLICIES

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 Involved as Subjects in Research:

- 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.

IX. POLICIES FOR 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 "pet" names they have acquired.
- 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

1. All staff members will immediately report any suspicious behavior of adults or children to their program coordinator or the administrative staff.
2. All staff members will record any suspicious marks on the child's body and immediately report the information to their program coordinator or the administrative staff.
3. 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 the administrative staff.
4. Records will be kept in confidential and separate classroom logs until they have been requested by the director for the official files.
5. In the event that the staff, program coordinators, 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 his/her 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.
6. 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.
7. 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.

8. 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.
9. 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

X. REFERRAL SERVICE POLICY

1. 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.
2. The program coordinator will observe the child in the classroom and record the child's behavior. The 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.
3. 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.
4. The Center will assist the parent(s) in the referral process after written parental consent is received.

5. 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.
6. If the child is under the age of three, the Center will provide the parent(s) a list of available Early Intervention Programs.
7. 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.
8. 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.
9. The Center will record all referrals, parent conferences, and results.

XI. HEALTH AND SAFETY POLICIES

Health Record Requirements

Every child is required to have a yearly medical examination by the family pediatrician, which should include a developmental history, height, weight, complete physical exam, tuberculin test and lead screen (nine months to six years old). Hemoglobin and urinalysis tests are also recommended.

Children beyond three years of age should have annual vision and hearing evaluations. Each child beyond fifteen months of age attending the Center must have measles, mumps, chicken pox, and rubella immunizations. Each child should be completely immunized or in the process of receiving immunization against diphtheria, pertussis, tetanus, polio, hepatitis, and hib.

Every child beyond two or three years of age should have a dental evaluation. Each child will have a confidential health record kept on file at the Center.

An Individual Health Care Plan (IHCP) for each child with a chronic medical condition (*ie allergies to medications or foods, asthma, diabetes, eczema, etc.*) which has been diagnosed by a licensed health care must be maintained annually.

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:

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

Protecting Children with Allergies

At the time of enrollment, each parent will be asked whether his/her 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 his/her file.

In addition, this information will be posted in the child's classroom (i.e. near snack area). All Center staff will be responsible for protecting children from exposure to any items that may cause them to have an allergic reaction.

Policy for 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 the Center director be 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 the Center director of the 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 his or her parent(s):

- fever of 100.4 degrees or higher
- wheezing
- diarrhea
- vomiting two or more times in the previous 24 hours at home or once at the Center
- inflammation of the eyes
- 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.

Isolation Procedure

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

- a. The child will wait in one of the administrative offices in and be supervised by an EEC certified educator.
- b. The parent will be notified that their child is sick and be asked to take their child home.
- c. In the event that the parent cannot be reached within half an 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 his/her 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 – until examined by a physician deemed not contagious and approved for re-admission
 - Tuberculosis – until the child is non-infectious
 - Mouth sores – until a physician releases child as non-infectious
 - Strep infection – until 24 hours after treatment and the child has been fever free for 24 hours

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
- Diarrhea – 24 hours and when solid stools have returned

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	9-911
Poison Control center	9-617-232-2120
Children's Hospital Emergency Services	9-617-355-6611

First-Aid Supplies

1. First-aid supplies will be kept in each classroom in a designated cabinet and backpack out of the reach of all children.
2. 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 designee should be consulted immediately to help assess the problem.
3. 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 roles, bandages, instant cold packs, vinyl gloves, tweezers, a thermometer, and scissors.
4. The cabinets and backpacks will be checked weekly by the classroom teachers who will report to program coordinators to ensure that supplies are adequate.

Policy for Mildly-Ill Children

Children returning to the Center after an illness or attending children who appear mildly ill will be observed by the program coordinator 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.

Policy for 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.

Minor Injuries - Emergency Care:

- care limited to general first-aid procedures
- parent(s) will be informed on the day the injury occurs
- the Center's health care consultant will be contacted when addressing questionable injuries or illnesses
- another staff member will contact an administrator
- injuries will be assessed and treated according to the Red Cross first aid guidelines
- an ambulance will be contacted for transport in case of serious emergency
- for less serious emergencies, parents are asked to transport their child to the hospital
- if parent is not available, an ambulance will be called

An accident form will be completed for all injuries 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 classroom(s) program coordinator who will enter child's name, staff present, 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.

Major injuries are defined as follows:

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

For any inappropriate ingestion of a non-comestible substance, the Poison Control Center will be contacted at 617-232-2120

Medication Administration Procedures

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.

The Center will administer non-prescription drugs (i.e. baby aspirin, Tylenol, or cough medicine) when accompanied by a completed authorization form from the child's parent or guardian, and a prescription from the child's physician. The written prescription must

state the name of the non-prescription medication, dosage, 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 month; 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. He/she 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.

Health Policy for Staff, Student Interns/Teachers, Volunteers

Massachusetts State Law requires that every staff member file a certificate signed by a physician, officially licensed to practice medicine, that states that the individual has been examined within six months of starting work and 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 Policy

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
- bibs
- 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 and blankets for infants

At least weekly:

- mat sheets
- individual child blankets

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.

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

XII. SNACKS AND LUNCHES

Snacks and Lunches

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

- a. various types of bread products (i.e., bagels or English muffins)
- b. low-sodium and low-sugar crackers or cookies
- c. baked items (generally prepared by the classroom)
- d. fresh fruit and/or vegetables
- e. unsweetened applesauce and raisins
- f. yogurt, cottage cheese, or cheese

Brown Bag Lunch Ideas

Sandwiches

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

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	stew
yogurt	canned fruit
chowders	Leftover vegetables
Cottage cheese	juices
pasta	

Foods not recommended for children under two years of age

The following foods are hard to digest and may cause choking:

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

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

XIII. Policy for Evacuation and Natural Disasters

Lost Child Policy

LMACCC policy to prevent losing children is as follows:

- 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 on 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 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 on 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 designated administrator.
- The director or 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 designee 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 and or designee 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.

Fire Policy

1. The Center has a fire evacuation plan, which is also in classrooms and in hallways.
2. The Center will conduct fire 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 the two evacuation cribs located in the infant rooms. The administration is responsible for keeping a log including attendance, date, time and effectiveness of each drill.
3. The fire evacuation plan will be posted conspicuously in each entrance, in hallways, in each classroom, in the office, in the staff room, and on the playground.

Fire Evacuation Plan

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 his/her designee, will assist with the evacuation of infants and younger toddlers. The Center director, assistant director, program coordinators, administrative assistant, and/or his/her 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
- Markers, crayons, paper, books, board games, etc.

Lock Down Procedures

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. Staffs 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.

XIV. 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.