



Play is the work of childhood – Mr. Rogers

GARDEN CITY CHILDRENS CENTER



HEALTH CARE POLICY AND PROCEDURES

HANDBOOK

323 Elliott Street <> Beverly, Ma. 01915 <> Tel 978-927-9898
www.gardencitychildrenscenter.com



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HEALTH CARE POLICY CONTENTS

INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING:

- Emergency Telephone Numbers
- E.E.C. contact info
- Procedures for illness / emergency, including...
 - Method of transportation
 - Notification of parents
 - If parents cannot be reached
 - Plan for field trips
- Procedures for using and maintaining first aid supplies
- Plan for evacuation
- Plan for mildly ill children
- Plan for dispensing medication
- Plan for meeting individual children's health needs, including:
 - Identifying allergies
 - Protecting children from exposure to foods
 - Chemicals
 - Allergens
- Procedures for identifying and reporting suspected child abuse or neglect to
 - DSS
 - OCCS
- Plan for injury prevention
- Plan for management of infectious diseases
- Plan for implementation/monitoring of infection control
- Plan for toileting and personal hygiene
- Plan for pets on premises
- Termination of Child Care Plan: Including
 - Preparing the child to leave
- Transportation
- Infant sleep policy
- BRC/CORI Policy
- Medication training and administration
- Tooth brushing



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HEALTH CARE POLICY AND PRECEDURES

Section 7.07(16) required a written Health Care Policy Statement provided to each staff member, posted at each telephone and including the following information:

OWNER AND EXECUTIVE DIRECTOR

Heidi Sopp
323 Elliott Street, Beverly, MA. 01915
(978)210-8111 Mobile
hsopp@comcast.net

DIRECTOR

Diane Pitman
978-927-9898
dbpit@comcast.net

HEALTH CARE CONSULTANT

Nancy Vatosios R.N.
8 Mildred Road, Danvers, MA 01960
(508) 843-2392
Available for consultations

Fire Department	911	(978)922-2424
Police Department	911	
Ambulance Service	911	
Poison Center		(800)682-9211
Beverly Hospital		(978)922-3000
North Shore Children's	(978)745-2100	
Department of Social Services	(978)922-1719	
Public Health Department	(978)921-8591	
<i>Designated adult</i>		
Nancy Vatosios	(508)843-2392	

FACILITY INFORMATION

Garden City Children's Center
323 Elliott Street
Tel: 978-927-9898 Fax: 978-927-9890
hsopp@comcast.net

Early Education and Care

Licensor Nicole Rodgers (978) 826-1316
360 Merrimack Street, bldg 9 3rd floor Lawrence, Ma 01843



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In the case of an extreme emergency, Beverly Hospital is the closest and cases would be brought there.

When calling 911, it is necessary to include the callers name, the nature of the emergency, the school's name, address, telephone number and the location in the building.

In cases of illness or emergency either on school property or on a field trip sponsored by the school, the following procedures would be followed:

- A. Call the appropriate emergency number
- B. Call parent or person designated on child's information sheet. If unable to reach parent or designated person, call the child's pediatrician. If unable to reach any of the three above call Nancy Vatousios for general advice.
- C. Do not move the child
- D. Make sure airway is open and give mouth to mouth respiration if necessary.
- E. Control severe bleeding
- F. Call poison center for advice if poisoning or indigestion of harmful chemicals have occurred
- G. Protect the child from further injury
- H. Keep the child warm and stay with the child until help arrives.
- I. A staff member will accompany the child in the ambulance with the child's folder containing pertinent health information and consent forms.
- J. All of the above will not be done necessarily in steps as numbered. Staff will be accomplishing all of the above simultaneously.

PROCEDURES FOR EMERGENCIES AND ILLNESS:

In the event of an injury or illness on the premises of Garden City Children's Center which results in the need of first aid and/or transportation to the hospital the following steps need to be taken:

- A. The nearest CPR and/or First Aid certified staff member available will perform the necessary CPR/First Aid actions needed to assist the child.
- B. The next available staff member will call 911 for transportation and assistance.
- C. Staff members need to be aware of the other children and call for additional assistance from other staff members if ratios and/or the safety of the children is threatened.
- D. The director or lead teacher shall notify the child's parent or other emergency contact if parents cannot be reached of the situation and will determine if the parent or emergency contact person should come to the school or in the event of a time factor, meet at the hospital while the child's teacher accompanies the child on the ambulance.



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- E. If the child is being transported by an ambulance with a staff member, they will be responsible for taking the child's file with them and for getting information needed to get the file back to the center.
- F. If hospitalization or emergency medical treatment is needed, Garden City Children's Center will contact the O.C.C.S. and report the injury or illness within 24 hours.

Prior to all field trips, the director shall discuss with the staff members and chaperones attending the field trip the procedures for emergencies and illness, the field trip location and provide a plan for emergencies at the specific location. Lead staff members are required to carry a portable first Aid kit, cell phone and emergency contact information on all field trips. In the event of an injury or illness on the field trip, the lead teacher will assess the situation and give first aid if needed. Additional staff members will call for an ambulance if needed as well as care for the other children. Once the ambulance has been called, the center shall be notified immediately.

An injury report will be done immediately and if needed, the center will report the illness/injury to the O.C.C.S. within 24 hours of the emergency.

PROCEDURE FOR USE AND MAINTAINENCE OF FIRST AID EQUIPMENT:

All first aid kits will be clearly marked and kept out of the reach of children.

- A. The first aid materials for the center are located on the wall to the right of the play yard door in the toddler/ preschool room in a kit clearly marked "first aid". Additional first aid kits and portable fanny packs are located in the director's office. Portable kits must be taken with the director's consent and then promptly returned to the director's office.
- B. It will be the responsibility of the Classroom lead teacher to maintain the kits and promptly advise the director when supplies are needed to replenish the kits. The health care consultant must approve all items in the kit.
- C. First Aid is administered by staff members who have trained in First Aid. During field trips a lead staff member will carry a portable first aid kit and will administer first aid when necessary.
 - a. The use of cleaning, antiseptic solutions or first Aid creams are not permitted.
 - b. Contents of the first aid kit are: adhesive tape, band aids, bandages, disposable latex gloves, instant cold pack, scissors, tweezers, thermometer, coins for the telephone and a class emergency notification list. All items in the First Aid kits will be approved by the Health Care Consultant.



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EMERGENCY PLAN FOR THE EVACUATION OF THE CENTER:

- A. The evacuation plans are posted and located at each EXIT in each classroom as well as in the foyer area on the opposite wall from the office window.
- B. Attendance sheets will be maintained by the classroom teachers *each child will be marked present as that child enters the classroom and marked out when they exit the classroom for the day. The attendance log will be kept with the classroom teachers at all times to be checked regularly by the director.
- C. Teachers and children are to proceed to their designated areas. The lead teacher is responsible for obtaining the attendance log and shall take attendance once arriving at the safety area. The lead teachers are to proceed to the exit and lead the children to the safe-designated area. The lead teacher is to assist any children that have a physical disability and is responsible for checking for any stragglers and then exiting the building after the children have been completely evacuated. Any child with a physical disability will be scooped and carried by the lead teacher in a cradle carry.
- D. Infants will be evacuated in the evacuation crib to be rolled outside. All other children will be evacuated on foot out the appropriate exit
- E. The director or lead teacher in charge will do a visual check of each classroom before exiting the building.
- F. Fire drills are practiced at least once every month and at varied times. Advance teacher warning may not always happen. The alarm will sound indicating the drill has been started. Teachers will follow the posted evacuation plan.
 - a. The director will document date, time and effectiveness in a log located in the directors office. The log may periodically be checked by either the fire inspector or the Office of Child Care Services.
 - b. IN the event of an actual fire or drill, re-entry into the building will not be permitted until the fire department or director determines it safe to do so.
- G. in the event of an emergency that warrants vacating the premises due to severe weather or natural disaster, the staff will evacuate the children to the school basement through the bulkhead door located on the side of the Pre-K room through Heidi's back yard. The lead teachers will be responsible for taking all childrens medications with them before leaving the premises. An emergency evacuation bag with food, diapers, wipes, water, first aid supplies and activities will be kept in the basement for use during such an emergency.
 - a. parents will be notified with a voice message on the schools answering machine.
 - b. classroom teachers will take attendance once in basement and will continue to monitor attendance throughout stay .
- H. In the event of an emergency situation such as power outage, loss of heat or water where "sheltering in place" would be best, precautions must be taken to try to stay as safe as possible for the duration of the emergency.
 - a. In the event of loss of heat, power or water, the center will remain open for up to 3 hours. Parents will be notified that unless power, heat or water



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restored, they will need to pick up their child at a designated time of 3 hours from the start of the event.

- b. Extra water will be stored with emergency evacuation bag in the event it is needed. This should be used for drinking as well as hand washing as needed.
- c. Blankets can be used as needed for warmth.
- d. The school is equipped with emergency lighting as well as flashlights and lanterns with batteries are stored with emergency evacuation bag.
- e. In the event that power, heat or water needs to be turned off, the lead teacher and/or director will be responsible for doing so.

In the event of a potential threat from an intruder inside or outside the program...

The lead teacher will contact 911 with a description of the intruder, the emergency as well as the location of the school and where the children will be kept safely

- a. the staff will close and lock classroom doors
- b. turn out the lights in the classroom
- c. gather the children into the bathroom located in their classrooms
- d. have the children sit on the floor and do their best to reassure children they are safe and will be ok
- e. take attendance of the group before, during and after the emergency

MISSING CHILDREN

In the event that a child is missing from the classroom, the teacher will immediately open classroom door and yell to director and other teachers that a child is missing and to please look in their classroom. Once that has been done, the director and lead teacher will do a full check of the premises inside and then outside. If the child is still not found after a quick check of the premises, the authorities and parents will be notified immediately. The staff will continue to proceed with the day and activities with the other children while the director and lead teacher continue to handle the emergency. The video surveillance tapes will be searched with the authorities as well to help determine the whereabouts of the child or who may have him/her.

INJURY PREVENTION PLAN

Each classroom has a book which contains a log for recording any injuries or administration of first aid. It is the responsibility of each classroom lead teacher to maintain a current log book in their classroom at all times.



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Each day the classroom lead teacher will do a safety check of the areas used to remove or repair any hazard which may cause injury.

- Outlet covers in place
- Report any unsafe equipment both inside and outside to the director

Parents will receive an accident report that includes: date, time, a description and location of the injury, how the injury occurred, what first aid was administered and a follow up plan. It will be by a staff member whom witnessed the injury. The parent will sign a copy for the files and leave it with the teacher. The signed copy must be logged and filed in the child's office file. The log will be monitored and kept current by the classroom lead teacher and can be reviewed by the director anytime.

No smoking is permitted in any of the areas used by children or parents during the hours that children are in attendance.

All toxic substances, poisonous plants, medications, sharp objects, matches and any other hazardous objects and materials shall be kept in a secured place and out of the reach of children.

Only staff who are currently certified in first aid and cpr will be allowed to administer first aid to any children.

Prior to all field trips, the director shall discuss with the staff members and chaperones attending the field trip the procedures for emergencies and illness, the field trip location and provide a plan for emergencies at the specific location. Lead staff members are required to carry a portable first Aid kit, cell phone and emergency contact information on all field trips. In the event of an injury or illness on the field trip, the lead teacher will assess the situation and give first aid if needed. Additional staff members will call for an ambulance if needed as well as care for the other children. Once the ambulance has been called, the center shall be notified immediately.

An injury report will be done immediately and if needed, the center will report the illness/injury to the O.C.C.S. within 24 hours of the emergency.

PLAN FOR MANAGING INFECTIOUS DISEASE

**** PLEASE REFER TO PARENT HANDBOOK FOR TEMPORARY CHANGES TO THIS POLICY DUE TO COVID 19 STATE GUIDELINES ****

To minimize the spread of infectious diseases a daily health check will be done while greeting children in the morning for symptoms requiring exclusion from the program:



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- When children are greeted in the morning, a quick health check will be done.
- Activity levels (sluggish, sleepy…) breathing difficulties, skin color, severe coughing, rashes, swelling or bruises, discharge from the nose, ears, eyes, sores, general mood, gastro intestinal, respiratory and skin or direct contact infections.

If a child exhibits any of the above, the parent will be asked to take the child home.

Once a child has been admitted to the program and develops any of the symptoms requiring exclusion, the procedure for the “mildly ill” child will be observed as stated under the “plans for meeting the individual needs of a mildly ill child while in care”. This will be done until the child is taken home or the child has been evaluated by a physician or nurse practitioner and is considered to pose no serious health risk to themselves or to other children.

Children may return to school after exclusion when he/she is free of fever, diarrhea, constant cough and constant nasal discharge for at least 24 hours. If a child has a communicable disease and needs antibiotics, they must have completed 48 hours on medication before returning. Parents are asked to inform the school when their child has a communicable disease.

Letters of information will be posted or sent home to each family when there is a report of a communicable disease in the child’s classroom. Please review parent board located opposite of the office door daily for any new information. The letter will contain symptoms, what to look for and what precautions to take. A complete list of common childhood diseases with symptoms and re-admittance into school requirements are listed in the parent handbook. Further medical information can be sought from our health care consultant.

If a child has not been immunized due to a written statement that it conflicts with their sincere religious beliefs or that such a procedure is contradicted then this child must be excluded from the program when a vaccine preventable disease is introduced into the program. This shall also apply to any children who are late in receiving necessary vaccinations.

An illness or injury where medical attention is sought and requires no treatment does not need to be reported to the Office of Child Care Services.

Any illness or serious injury that occurs at the center and requires medical attention will be reported to the O.C.C.S. by submitting a GCC illness/injury report form to the center’s O.C.C.S. licensor within three business days. The health care consultant will also be notified of the situation immediately.

Asthma attacks, seizures and bee stings do not need to be reported.



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All toxic substances, medications and hazardous materials will be kept in a locked cabinet, closet or in the director's office.

For further information, please refer to our "plan for meeting the individual needs of the mildly ill child while in care"

PLAN FOR INFECTION CONTROL

ALL STAFF MEMBERS SHALL BE TRAINED IN INFECTION CONTROL PROCEDURES BEFORE STARTING WORK AND WILL BE MONITORED REGULARLY BY THE DIRECTOR DURING STAFF OBSERVATIONS.

**** STAFF HAS UNDERGONE ADDITIONAL COVID 19 INFECTION CONTROL TRAINING ****

Bleach and Water

Frequent and effective hand washing MUST be done by staff and children

- After any toileting or diapering
- Before any snacks or food preparation of any kind
- After sneezing, coughing, wiping a runny nose or coming into contact with body fluids and discharge.
- Anytime hands are obviously soiled
- After handling center animals or their equipment
- After cleaning
- Before and after water play
- Before and after the administration of medication

Procedure (for fifteen seconds)

- Standing well away from the sink, turn on the water
- Wet hands and wrists thoroughly by holding them under the running water, with elbows higher than the hands so that the water flows downward to the fingertips.
- Take a generous portion of liquid soap
- Scrub each hand with the other, creating as much friction as possible by interlocking the fingers and moving the fingertips back and forth
- Rinse the hands thoroughly by holding them under the running water, with elbows higher than the hands so that the water flows downward to the fingertips (all soap should be carefully removed to avoid roughened skin)
- Dry wrists and hands with the electric dryer or paper towels, wiping from the area of the wrists to the fingertips or use the same procedure under an electric dryer.
- When not using a sensor faucet, the faucet is considered contaminated, turn off the water by using dry paper towels to cover the faucet handle

Facilities used for hand washing after diapering or toileting shall be separate from facilities and areas used for food preparation and food service.



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The procedure for the cleanup of blood spills:

- Remove children from the area
- Any persons dealing with the removal of blood spills needs to wear latex gloves
- Wipe the area with paper towels until the blood has been cleaned up
- Bleach area with blood spill concentrate
- Dispose of all waste including paper towels, gloves and mop used for cleanup into a DOUBLE BAG.
- Immediately dispose of the waste into the trash area outside.
- Immediately follow up with hand washing. See procedure above

SANITATION OF EQUIPMENT:

Toys and equipment will be sanitized on a regular basis. Surfaces will be sprayed at the end of the day with Lysol, bleach and water solution or similar disinfectant. Play tables that are used for eating will be sprayed before snack/eating and allowed ten minutes to soak and disinfect if using Lysol spray or will be sprayed and wiped immediately if using bleach solution. The same procedure will apply before and immediately after use of the equipment for eating. **During any spraying or general housekeeping activities, the children will not be in the area. The disinfecting materials will be kept locked up or out of the reach of the children AT ALL TIMES!!! The use of the dishwasher can be used for cleaning and disinfecting any toys/equipment that will fit into the machine.

Cleaning done daily: * BEFORE AND AFTER USE DURING COVID 19 REOPENING *

- Toilets and toilet seats
- Sink and sink faucets
- Water table and water play equipment * NOT IN USE AT THIS TIME *
- Play tables
- Smooth surface and non porous floors
- Mops used for cleaning

Sanitation of non-disposable first aid materials:

- Non disposable first aid materials such as tweezers, scissors and thermometers must be sterilized upon completion of use on each child. The procedures acceptable shall be to boil equipment for five minutes or soak equipment in bleach and water solution. All materials are to be placed in the first aid kit once sterilized.
- Children bring their own blankets for a brief rest time. The blankets will be sent home at the end of each week or sooner if needed for cleaning by the parent.
- Cots and cribs will be sprayed with Lysol after each use and when children are not in direct contact with the equipment. Blankets and bedding will go home at the end of each week or sooner if needed for cleaning.

**** ADDITIONAL CLEANING AND SANITATION PRACTICES ARE IN PLACE DURING COVID 19 REOPENING PHASES ****



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TOILETING AND PERSONAL HYGIENE POLICY

It is recommended but not mandatory that children entering the preschool rooms be toilet trained.

Each child must bring labeled disposable wipes.

A complete change of clothes is necessary for all Infants, toddlers and children not currently toilet trained. If an accident should occur, all fecal matter should be emptied into the toilet. Soiled clothing should be double bagged in a sealed plastic bag and stored separately. The staff should be sensitive to each child's individual toileting needs and shall respond to a toileting accident in a professional manner. Teachers will wash their hands with soap and running water after assisting a child.

All toilet training will be done only with the parents consent and must stay consistent with the child's physical/emotional abilities.

Clean, dry diapers or underpants must be made available for the child to be changed when soiled or wet.

Children will be given individual wipes or washing and drying materials for washing hands after diapering.

A disposable and adequately sized covering shall be placed over the diapering area for each new changing and must be disposed of once the changing has been completed.

The changing area must be cleaned and disinfected after each diaper change.

The center will supply a closed, lined container for soiled diapers and shall empty the container daily. All non disposable diapers will be stored and sealed in a labeled plastic container and returned to parents daily.

A box or bag of additional clothes will be kept on the supply shelf in the classroom closet for the children who may need a change of clothes.

Children and teachers shall wash their hands with soap and running water after toileting.

All individual, labeled toothbrushes must be stored open to the air without touching. Toileting policy will be posted in each bathroom.

TOOTH BRUSHING will be offered whenever children are in care more than 4 hours or consumes a meal in care. Tooth brushing is typically offered daily after lunch.

Not being offered at this time



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PLAN FOR MEETING THE INDIVIDUAL NEEDS OF THE MILDLY ILL CHILD WHILE IN CARE:

**** PLEASE REFER TO THE PARENT HANDBOOK FOR CURRENT COVID 19 PRACTICES ****

Once a child develops any symptoms requiring exclusion they may be put into the office and made warm and comfortable until they can be taken home, suitably cared for elsewhere, can be evaluated by a physician, physician's assistant or nurse practitioner and is considered to pose no serious health risk to him/her self or to other children. A teacher or the director will remain with the child to see to the needs of the child concerning food, drink and quiet activities until the parent arrives.

Children who are mildly ill and not contagious will be permitted to stay and participate in program activities or rest in a comfy area. If the illness results in greater care than the staff can provide without compromising the health and safety of the other children, the child will be made comfortable while the lead teacher or director notifies the parent or emergency contact to come and pick the child up.

All items used by the mildly ill or contagious child will be disinfected with Lysol or bleach and water solution (see sanitation procedures).

The teachers and director must be trained in the following areas:

- General practices and procedures for the care and comforting of the mildly ill child
- Recognition and documentation of symptoms of illness.
- How communicable diseases are spread
- Administration of medication by teachers only
- When and how to call for medical advice
- Taking children's temperatures
- Handling bodily fluids
- Hand washing and
- First aid

Parent or person designated on information will be notified

In the absence of the above, call the child's pediatrician. If unable to reach him/her, call Nancy Vatosios for general advice.

PLAN FOR ADMINISTERING MEDICATION:

Although the administration of prescription medication is required in all programs, no medication (prescription or non-prescription) will be dispensed at GARDEN CITY CHILDRENS CENTER under any circumstances unless administered under the following guidelines:

For prescription and non-prescription medication: **NO FIRST DOSE**



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- **The “5 rights”** all staff will be trained and annually evaluated every January on the “5 rights” compliance. Administering staff will be trained (EEC computer training) and certified in medication administration before they can administer medications to any child.
- Staff will also be trained on recognizing adverse reactions to given medications
- May be administered to a child only with a written parental and physician authorization which indicates that the medication is for that specific child and specifies the dosage, number of times a day to give meds and the number of days it is to be dispensed. (For prescription medication, this may include the label of the medication). No medications shall be administered contrary to the directions on the original container unless authorized by a written order of the child’s physician. All parental authorizations need to be reissued when authorized date has expired and all parental authorizations must be signed after each new medication has been authorized.
- For topical non-prescription medications such as sunscreens, petroleum jelly or other ointments may be administered to a child only with a written parental authorization listing the specific topical non-prescription medications to be administered and the criteria for administration.
- All medications are to be kept labeled and in the original container and in a zip lock bag with the child’s name, the name of the drug and the directions for its administration and storage. This does not apply to topical non prescription medications which are not applied to open wounds, rashes or broken skin.
- The center shall maintain a written record of the administration of any medication, prescription or non-prescription, including topical non-prescription meds, to each child which includes the time and date of each administration, the dosage, the name of the staff member administering the medication and the name of the child.
The completed medication record shall be made a part of the child’s file.
- Oral non -prescription consents need to be renewed/resigned weekly
- Emergency medications need to be immediately available.
- All unused medications shall be stored under proper conditions for sanitation preservation, security and safety. All unused medications shall be disposed of using guidelines or returned to the parent when no longer needed. All medications must be kept in the white medication wall cabinet located in the director’s office at all times when not either being administered or handed back to the parent. All controlled substances must be kept locked away.
- Any yearly consent forms must be followed up at time of meds with parental consent forms.
- All medications will be stored in the white and clear medication cabinet clearly marked and located at the director’s desk. All unused meds will be returned to the parent.
- The program will make every attempt to contact the parent before a child received any meds unless the child needs meds urgently or when contacting the parent will delay appropriate care.



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- The first dosage of any new med will be administered by the parent at home to watch for any allergic reactions. We cannot administer any first dose at Garden City.
- All medications must be handed directly to the staff member by the parent.
- All med forms will be clearly marked when and what time the child received the medication. The lead teacher will go over the med form at any shift changes with the oncoming staff to be sure the child's medications continue as scheduled.

PLANS FOR MEETING SPECIFIC HEALTH CARE NEEDS:

A chart with information including child's name, allergy, causes and preventative measures will be posted in each classroom on the children's bulletin board. Parents will complete a health form that states any allergies or health concerns each school year. Teachers will review during orientation any students who need monitoring.

- Individual health care plans will be kept for children with chronic conditions. In collaboration with the child's physician and program health care consultant. Symptoms and treatment of side effects and consequences of failure to treat training will be provided to administering staff.
- Parents are expected to make arrangements with the director to train the staff in their child's IHCP.
- Materials that a child/ren are allergic to will be kept in the locked supply room closet or in the director's office.
- Foods will be monitored at all meal times to be sure that the child/ren does not come in contact or consume any foods that may cause a problem and/or lead to an allergic reaction. Food is kept out of the reach of the children at all times other than snack/meal times.

PROCEDURES FOR REPORTING SUSPECTED CHILD ABUSE /NEGLECT:

D.S.S. – CHILD ABUSE HOTLINE – 978-922-1719

O.C.C.S. – 978-524-0012

BOTH OF THESE AGENCIES MUST BE NOTIFIED IF INSTITUTIONAL ABUSE/NEGLECT HAS BEEN ALLEGED.

Teachers will review in one of the staff training seminars how to recognize abuse and neglect of a child.

- All staff are mandated reporters and shall report suspected child abuse and/or neglect first to the center administrator and next to the department of social services pursuant to MGL c.119 & 51A.
- Child abuse is the non-accidental commission of any act by a caretaker which causes or creates a substantial risk of harm to a child's physical and emotional well being, including sexual abuse.



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- Child neglect is the failure by the caretaker, either deliberately or through negligence, to take those actions necessary to provide a child with minimally adequate food, safety, clothing, shelter, medical care, supervisions or other essential care.

Teachers will maintain incident records when a child exhibits any of the signs of abuse and neglect. It will be dated and witnessed by at least one other teacher. The record will be kept confidential.

Reporting of any abuse or neglect will be followed as indicated in the Massachusetts law section 51A and 51B of the general laws, chapter as amended by chapter 1076 of 1973. Any problems of dealing with such will be reviewed and discussed with the administrator preceding the report. Massachusetts law requires that private school teachers and educational administrators who in their “professional capacity” shall have reasonable cause to believe that children under the age of sixteen years is suffering serious physical or emotional injury resulting from abuse inflicted upon him including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependant upon an addictive drug at birth, shall immediately report such condition to the department of public welfare by oral communication and by making a written report within 48 hours after such oral communication.

The program administrator shall notify the O.C.C.S. immediately after filing a 51A report or learning that a 51A has been filed, alleging abuse or neglect of a child while in the care of the program or during a program related activity.

All concerns of suspected abuse and neglect that are reported to O.C.C.S. will be communicated to the parents by administration unless such a report is contradicted.

PROCEDURE FOR HANDLING ALLEGATIONS OF ABUSE / NEGLECT BY STAFF MEMBERS:

The program and staff will cooperate fully with all investigations

Whoever has reasonable cause to believe that a staff member has been abusive or neglectful toward a child/ren shall immediately notify the administrator.

The suspected or alleged employee shall be notified of report being filed and immediately be removed from working directly with children until a written investigation has been completed by O.C.C.S.. It will be left to the discretion of the director to decide based on the situation if the staff member shall receive pay while on suspension

The director or administrator will prepare within 24 hours but no later than 36 hours a written report of the situation. The report shall include dates, times, names of all parties (adult and children) place and description of the incident.

If allegations of abuse or neglect are substantiated, the staff member will not be reinstated.



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Each staff employee will be required to sign a statement of procedural understanding at time of employment

WRITTEN PLAN FOR PETS ON PREMISES:

GARDEN CITY CHILDRENS CENTER will allow small pets on the premises for “show and tell” purposes only, providing the pet does not cause allergic reactions in children and staff. If any pets are brought in:

- They must be free from disease, licensed or vaccinated if required.
- Cages must be maintained and kept clean and sanitized.

TERMINATION OR SUSPENSION OF CHILDCARE PLAN

The center’s staff and administration are committed to the health, happiness and wellbeing of all children in our center. We do not ever want to bar a child from continuing enrollment at our school, and will explore every option to avoid this action. If termination or suspension needs to happen, the parents will be informed in writing of the specific reasons why as well as any conditions for the students return

However, under the following circumstances, it may be found necessary to suspend a child’s enrollment at Garden City Children’s Center.

- Failure to provide health information as mandated by the O.C.C.S.
- Being one week behind in tuition payments

Under the following circumstances it may be necessary to terminate enrollment:

- Behavior where a child repeatedly endangers him/herself, other children, and staff (eg: compulsive biting).
- Excessive lateness in payments, with no attempt to explain or rectify the situation with the center.
- Inappropriate or abusive behavior on the part of the parent.
- Defiant refusal by the parent/guardian to cooperate with established center policies.
- Voluntary withdrawal from the parent
- Aging out of the program
- Loss of subsidiary
- Non payment of fees
- Dangerously inappropriate behavior by the child

Voluntary withdrawal by the parent: The parent must give the center at least two weeks written notice and explain their reasons for leaving if they are comfortable doing so.



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Aging out: The center should give the parent as much notice as possible but at least month if the child must leave because he/she is aging out and there is no room for him/her in the next room. Parents should inform the center in June if their child will be attending Kindergarten in September.

Loss of subsidy: The parent or center will inform the other when they become aware that a subsidy is in danger of being lost. This notification should be at least two weeks prior.

Non payment of fees: When a parent misses a payment, they will be given a late notice. A payment is considered late if payment is not received before the second day of scheduled care for the current week. Late notices will be sent weekly until the fee is paid. After a parent receives 3 notices, they will receive an advance notification of termination. The child/ren may still be terminated from care even if the fees are paid within two weeks.

Dangerous behavior: If the childcare center determines that a child is consistently abusive to the other children or staff, written notices will be sent to the parent describing the behavior. After three notices, parents will be required to meet with the staff to set up a plan to resolve the situation. If the parents do not attend this meeting or if the plan does not result in the elimination of the dangerous behavior in a set amount of time, the child will be terminated from care.

Whenever a child leaves the center, the parents will be informed about the availability of other services in the community.

If Garden City Children's Center chooses to suspend, it will not be for punishment, not to circumvent requirements and not in violation of ADA.

To avoid suspension and/or termination of children due to challenging behavior, the child's teacher and/or director

- Will meet with parents to discuss other options
- Will provide referrals for evaluations and services
- Will pursue consultation & training for the program
- Will develop behavioral intervention plan for home and in the program

PREPARING THE CHILD TO LEAVE:

- All children will be treated with respect and kindness no matter why they are leaving.
- Only persons who need to know the reasons for termination will be informed of the reasons
- A week before the scheduled departure date, teachers should begin discussing the departure date. Ex: J.P. is going to a new school or Alexia is going to stay home with her mommy.
- On the child's last day, a small goodbye party will be held during snack time. Teachers can decide the form of the party but it must be similar for all children leaving the class.



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- When a child leaves unexpectedly and there is no opportunity to prepare the class, the teacher will give the appropriate explanations about their classmates departure:
Ex: Julian's mommy is sick and he is going to live with his grandmother. I'll miss him and I am sorry that we did not get to say goodbye but I am sure that he will have fun with his grandmother.

These discussions will be appropriate to the age but will occur for all children, even those who do not yet speak.

TRANSPORTATION PLAN

At no time is any member of GARDEN CITY CHILDRENS CENTER allowed to transport a child in the direct care of the center in an unauthorized vehicle. Transportation to and/or from Garden City Childrens Center and/or a before or after school program must be provided by the parents or made through private contacts and will not be at the responsibility of GARDEN CITY CHILDRENS CENTER.

GARDEN CITY CHILDRENS CENTER will most often use a state approved bus company to transport children to/from field trip destinations and will on occasion use parent vehicles for field trip transportation. Seat belts are always provided on the bus and the children must follow safety regulations that apply to being transferred in a motor vehicle. We do not follow school bus guidelines. Any child who would normally be required to ride in a booster or car seat must use the same on the school bus. If the child arrives for the field trip and does not have the appropriate equipment, they will not be allowed to attend the field trip.

In the event of an emergency on or off the premises, an ambulance would be called to provide transportation to and from the hospital.

Written parental consent must be given for all transportation.

On a rare occasion, GARDEN CITY CHILDRENS CENTER may use parent transportation for field trips. No parent shall transport any child without first providing GARDEN CITY CHILDRENS CENTER with a copy of a current driver's license and car registration and proof of sufficient auto insurance. Once again no child will be allowed unless they have the appropriate equipment for transportation.

FIELD TRIPS

Availability of field trip activity must be at least verbally confirmed before travel or use. A plan for or discussion of supervision will take place before departure. Children must carry on them at all times the program info and a cell phone must accompany staff members on the field trip at all times.



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INFANT SLEEP PLAN

Effective April 15, 2009

All infants under 12 months must be put to sleep in their designated crib. They are to be placed on their backs and in a sleep sac for a blanket if needed. No other bedding, toys, bottles or blankets can be placed in or around the child's crib. They may have a pacifier to fall asleep but it cannot be replaced once it has fallen out and the have fallen asleep. It is against EEC regulations to allow children to sleep in a car seat or swing. Once the child has fallen asleep, they are to be put into their cribs. Children must be visable in their cribs at all times. There can be no bedding/blankets obstructing views or hanging over the end of the cribs.

BACKGROUND RECORD CHECK/CORI POLICY

14.02: Policy

In order to ensure that employees or other persons regularly providing child care or support services with potential for unsupervised contact with children in any program or facility licensed and/or funded by EEC are appropriate for serving in their positions, a Criminal Offender Record Information (CORI) check and a DSS Background Record Check shall be performed on all candidates for positions in such programs or facilities, as provided in 606 CMR 14.00. Further, a Criminal Offender Record Information (CORI) check and a DSS Background Record Check shall be performed periodically, but no less often than every three years, on all persons in such positions. It is the policy of EEC that convictions of certain crimes, and certain other conduct, pose an unacceptable risk to the children served by EEC and its licensed and/or funded programs. 606 CMR 14.00 sets forth minimum standards for review of background information. Stricter standards may be set by EEC licensed and/or funded programs. While effective immediately, EEC shall implement the provisions of 606 CMR 14.00 in phases. EEC shall issue implementation procedures with timetables for such implementation.



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Group and School Age

Child Care, Residential

and Placement Licensing

NEW INTERIM OPTIONAL¹ POLICY: Background Record Checks²

P-EEC-BRC-08-01

EEC regulations prohibit a hiring authority from confirming an offer of employment until the satisfactory completion of both a Criminal Offender Record Information (CORI) investigation and a Department of Social Services (DSS) Background Record Check investigation of the candidate. Further, the regulations prohibit a candidate from commencing employment until after the candidate is cleared as a result of the CORI and DSS Background Record Check investigations, in accordance with 606 CMR 14.00.

As required by EEC licensing regulations, EEC licensed programs have a legally mandated obligation to provide sufficient staffing to assure proper supervision of the children enrolled in these programs so that safe and appropriate early care and education services are provided. Both EEC and its licensed programs recognize that delays in the Background Record Check (BRC) process hinder a program's ability to hire staff expeditiously and meet its regulatory obligations regarding staffing.

This new interim Policy is designed to give relief to programs experiencing delays in the processing of DSS Background Record Checks. Please note that anyplace where this Policy conflicts with EEC's Background Record Checks Technical Assistance Paper, this Policy will govern until further notice.

Notwithstanding the provisions of 606 CMR 14.07, the hiring authority may, upon the hiring authority's election³, permit a candidate to commence employment and count in ratios, prior to the completion of the DSS Background Record Check investigation, but only under the following circumstances:

1. A CORI investigation of the candidate has been completed and the candidate has been "CORI-cleared" by the hiring authority. "CORI-cleared" means:

¹ Programs are not required to utilize this Policy and may still elect to wait for the results of both the entire CORI investigation and the entire DSS investigation prior to making hiring decisions. Those programs that do avail themselves of this Policy must follow all the requirements set forth in this Policy and must apply this Policy to all applicants. This Policy cannot be applied to certain applicants and not to others.

² This Policy is applicable to candidates for employment with Group, School Age, and Residential programs, and Foster and Adoption Placement agencies. This Policy is not applicable to prospective foster and adoptive parents.

³ The hiring authority may choose to continue to wait in making any offers of employment until the both the entire CORI investigation and the entire DSS investigation are satisfactorily completed.



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- a. The results of the CORI investigation have resulted in a finding of “no record”; or
 - b. The hiring authority has granted discretionary approval to hire the candidate in accordance with the provisions of 606 CMR 14.11(1) and/or (2) based on a full and complete review of all CORI investigation findings, and has documented in writing the rationale for the CORI discretionary approval to hire and keeps such document in accordance with the provisions of 606 CMR 14.11.
2. The candidate is then permitted to be hired conditionally, subject to successful completion of the DSS Background Record Check investigation.⁴ **The CORI-cleared only employee may be counted in ratios, but may not have any unsupervised contact with children.**
 3. The CORI-cleared only employee may perform the duties of the position for which he or she is qualified by background and experience as set forth in EEC regulations and may be counted in ratios. However, the CORI-cleared only employee may not have any unsupervised contact with children pending the satisfactory completion of the DSS Background Record Check investigation. This condition must be documented in writing by the hiring authority in both the candidate’s BRC file and in written correspondence addressed directly to the candidate.

In addition, programs must ensure that both administrators and staff are aware of which employees have only been CORI-cleared and, therefore, are not permitted any unsupervised contact with children. Programs that avail themselves of this procedure must include in their BRC policies the method by which they plan to notify administrators and staff regarding which employees are not to have any unsupervised contact with children. Programs are reminded the EEC BRC regulations, as well as statutes governing both CORI and DSS information, require that such information be kept strictly confidential. Accordingly, programs must consider this in drafting their BRC policies, and EEC suggests that programs adhere to the following best practices:

- When informing administrators and staff which employees may not have unsupervised contact with children, Licensees and/or Reviewers with Authority must emphasize that this status in no way

⁴ Programs are reminded that, under the EEC Background Record Check Regulations, they must ask on their application for employment if a candidate has been found to have abused or neglected a child either in Massachusetts or elsewhere. Programs are further reminded that disclosure by a candidate of either a criminal record or a DSS history must be kept confidential and must be filed with the candidate’s BRC information.



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implies that an employee has any adverse Background Record Check information; and

- If a conditional offer of employment is withdrawn based upon denial of discretionary approval, programs must ensure that any inquiries as to why a conditional employee is no longer on staff should be met with a response stating that information regarding personnel decisions cannot be discussed and that no one should draw any negative conclusions based upon the fact that the conditional employee is no longer working at the program.
4. Upon receipt of the DSS Background Record Check investigation data, and within two weeks of receipt of the DSS 51B report, the hiring authority must document the completion of the candidate's DSS Background Record Check investigation and that the candidate has been "DSS Background Record Check Cleared." "DSS Background Record Check Cleared" means:
- a. The results the DSS Background Record Check have resulted in a finding of "no finding"; or
 - b. The hiring authority has granted discretionary approval to hire the candidate in accordance with the provisions of 606 CMR 14.11(3) based on a full and complete review of all DSS Background Record Check investigation findings, and has documented in writing the rationale for the DSS Background Record Check discretionary approval to hire and keeps such document in accordance with the provisions of 606 CMR 14.11(3).

Programs that choose to avail themselves of the hiring procedures outlined in this Policy must add the procedures outlined above to their BRC policies.

In conclusion, it must be emphasized that a candidate must never be allowed to have unsupervised contact with children unless the candidate undergoes the satisfactory completion of the entire BRC process. The "satisfactory completion of the entire BRC process" means that the candidate must be cleared as a result of both the CORI investigation and the DSS Background Record Check investigation as follows:

- (a) The results of both the CORI investigation and the DSS Background Record Check investigation have resulted in findings of "no record/no finding;" or
- (b) The hiring authority has granted discretionary approval(s) to hire the candidate in accordance with the provisions of 606 CMR 14.11, based on a full and complete review of all CORI investigation findings and DSS Background Record Check investigation findings, and has documented in writing the rationale for the discretionary approval(s) to hire.