

BROCKTON DAY NURSERY



“Caring for children and their families since 1894”

PARENT HANDBOOK

243 Crescent Street
Brockton, MA 02302
(508)588-2700 Fax: (508)559-1496
www.brocktondaynursery.org

CHILD'S NAME: _____

Classroom number: _____

Lead Teacher: _____

Teacher: _____

Assistant Teacher: _____

CHILD'S NAME: _____

Classroom number: _____

Lead Teacher: _____

Teacher: _____

Assistant Teacher: _____

BROCKTON DAY NURSERY

PARENT HANDBOOK

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WELCOME!

Welcome to Brockton Day Nursery! Thank you for choosing our program. The staff of BDN look forward to working with you and your child, and hope that the information contained in this handbook will be helpful to you.

You are welcome to visit the program at any time your child is in attendance and we welcome your ideas, questions, and suggestions.

We look forward to serving you and your family!

ABOUT BROCKTON DAY NURSERY

Brockton Day Nursery has been in existence since 1894 and has been located at 243 Crescent Street since 1978. BDN serves children from four weeks of age to fourteen years. We are open year-round from **6:30 AM to 6:00 PM**, Monday through Friday. Our programs include:

-
- Infants - 4 weeks to 15 months
 - Toddlers - 15 months to 2 years, 9 months
 - Preschoolers - 2.9 to 6 years
 - School-Age - 7 to 14 years
-
-

Brockton Day Nursery is licensed by the Department of Early Education and Care (DEEC.)

BDN is committed to providing quality programs to children and families of Brockton and surrounding communities. Our child care services include:

-
- Nutritious meals - breakfast, lunch, and snack
 - Developmentally appropriate activities for each stage of development
 - Rest time
 - Several playground areas for outside activities and play
 - Qualified and trained teachers
 - Diapers
 - Fun, fun, fun!
-
-

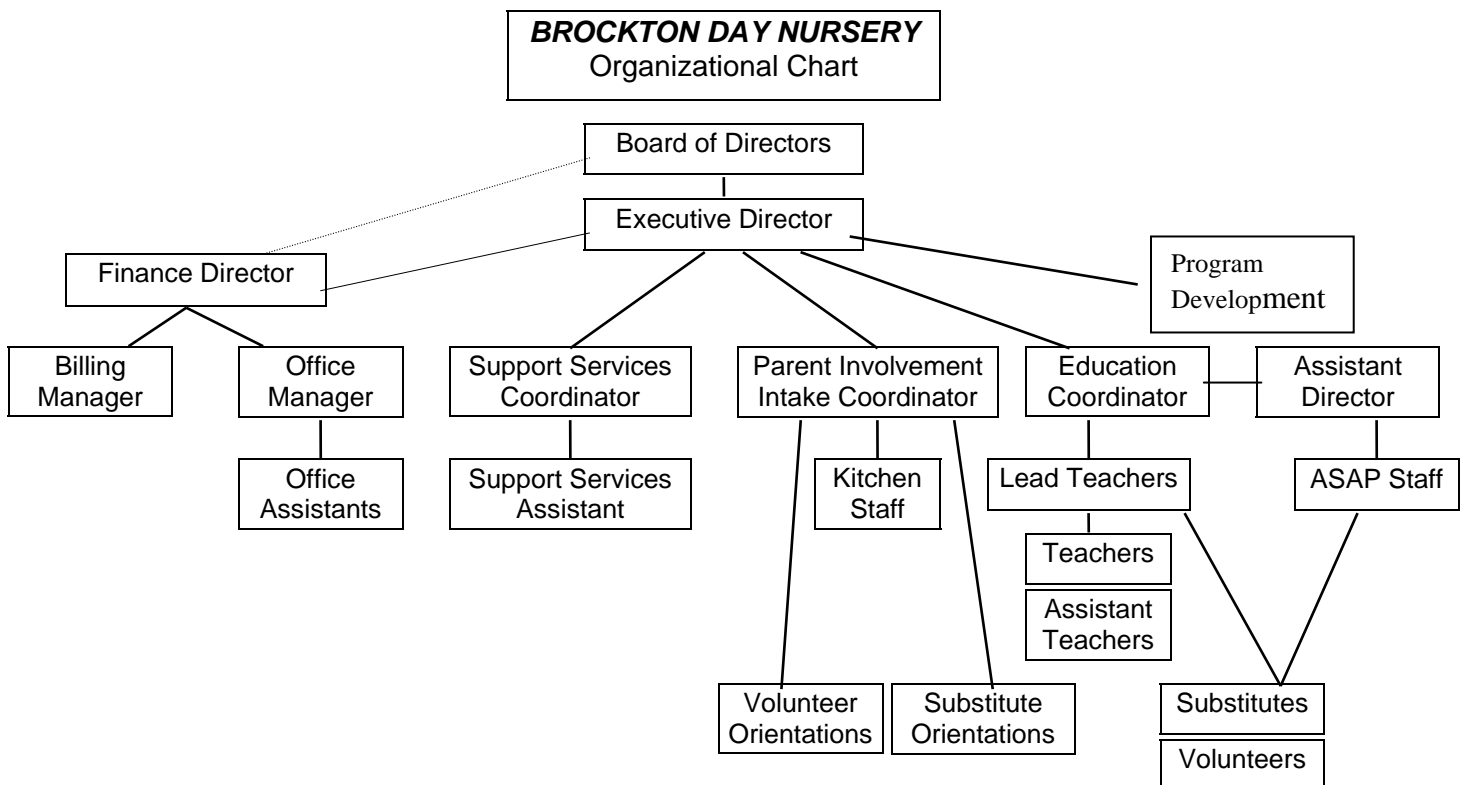
Brockton Day Nursery is a non-profit organization. It is run by a volunteer Board of Directors. The Executive Director is responsible for the day-to-day operations of the center.

Each classroom is staffed with a Lead Teacher, Teacher, and an Assistant Teacher. School-age classrooms are staffed with Group Leaders and Assistant Group Leaders. Staff are certified by the Office of Child Care Services.

Administrative staff includes:

Executive Director	Patti Plummer-Wilson
Assistant Director	Benita Smith
Education Coordinator	Jennifer Jardin
Parent Services Coordinator	
Support Services Coordinator	Patricia Dorelien
Social Worker	Fern Shalit
Support Services Assistant	Zaida Melendez
Finance Director	David McKenney
Office Manager	Cheryl Read
Billing Manager	Debbie Shipman
Reception	
Program Development	

Please let us know if we can help you at any time!



MISSION STATEMENT

The mission of the Brockton Day Nursery is to serve the needs of families and children by providing comprehensive child care and support services.

PROGRAM PHILOSOPHY

Brockton Day Nursery believes that children learn and develop through active involvement with the world. We provide nurturing, child-focused environments which promote children's natural development in the areas of cognitive, physical, emotional, and social skills. BDN programs strive to help each child feel safe and secure by providing a warm, nurturing and accepting atmosphere.

The programs provide a rich and diverse range of educational experiences in an open classroom environment that maximizes each child's opportunities to choose the what, how, when, and why of their involvement.

PROGRAM GOALS AND OBJECTIVES

The overall goal of BDN is to encourage all children to be actively involved in their learning process. All children will have the opportunity each day to participate in a variety of activities which are of interest to them.

Our general goals are to:

- ◆ Help children learn to think and reason so as to enable them to make appropriate choices
- ◆ Help all children to become independent and confident
- ◆ Help all children to become social beings who can form healthy and productive relationships with others



Some specific goals in various areas of development are:

A. Physical Development

A sense of independence, confidence and self-sufficiency will be fostered, and healthy lifestyles will be the long-term outcome.

Goals for children addressed in this area will be to:

- Build strength and coordination in large and small muscles
- Gain and develop control and planning in both large and small motor activities
- Develop and increase dexterity in fine motor activities
- Gain in balance and agility in activities requiring large motor skills

B. Language and Literacy Development

The long-range outcome for these particular objectives will be to promote effective verbal, and eventually written communication skills.

- Goals for children addressed in this area will be to:
- Continuously develop and refine listening (receptive) skills
- Continuously enrich verbal (expressive) skills
- Gain increasing print awareness leading to competence in reading
- Begin and continue the interest and development of writing skills
- Continuously enhance comprehension in all language areas

C. Cognitive Development

Children will be encouraged through these objectives to become critical thinkers, problem-solvers, and life-long learners.

Goals for children addressed in this area will be to:

- Increasingly build on recognition and recall abilities
- Enhance ability to classify, discriminate and investigate
- Discover relationships between letters, numerals, objects, space and forces
- Develop organizational ability and sense of order
- Continuously increase attention span



D. Social / Emotional Development

Responsibility, both personally and socially, become long-term outcomes within these objectives, as does a sense of social competence.

Goals for children addressed in this area will be to:

- Develop a positive self-image and increase self-confidence
- Continue awareness and growth in ethnic and cultural pride
- Establish a role as a member of the classroom community, and eventually the community at large
- Build on increasing competence in social interactions with peers, adults and family

E. Self Help

Responsibility for awareness of and self-sufficiency in the care of one's own physical and mental health are the long-term outcomes sought here.

Goals for children addressed in this area will be to:

- Understand the normal functions of one's own body
- Understand proper nutrition, hygiene and safe healthy habits
- Recognize deviations from normal functions of one's own body
- Develop positive attitudes for safety of self, immediate peers, family and community

PARENT INVOLVEMENT

Brockton Day Nursery believes that quality child care requires a strong partnership between families and caregivers. Families are the most important people in a child's life and are the main source of security and identity for the young child. When a child spends many hours in child care, the caregiver also becomes important to the child. A partnership between these important adults provides the best environment for children. BDN strives to maintain regular communication with parents and to always be responsive to your questions and concerns.

There are many ways in which parents can become involved in their child's program; visiting the child's classroom, volunteering some time at the center, joining the Parent Council meetings, and participating in the many family activities and Parent Nights that are held throughout the year. We also encourage families to share their cultural heritage with the center by sharing stories, songs, pictures, books, recipes, and customs with the classroom. These type of activities become a part of the program and help to make it rich in diversity. They also strengthen the link between a child's home and school and encourage the acceptance of others.

A copy of the DEEC regulations regarding parent involvement is included as part of this Parent Handbook. See FYI section.

STATEMENT OF NON-DISCRIMINATION

Brockton Day Nursery is open to all families and does not discriminate in providing services on the basis of race, religion, creed, ethnic or cultural heritage, political beliefs, national origin, language, marital status, sexual orientation, socioeconomic background, or disability.

ENROLLMENT

Children are enrolled on a first-come, first-served basis according to their age.

When enrolling your child, you will need to spend about 1 hour at the center. This time is used to:

- Learn about your child,
- Talk about the child care services we provide,
- Tour the center and visit with the classroom teachers,
- Fill out the paperwork.

You will receive a copy of this Parent Handbook to keep as well as a “Community Resource Guide.”

BEFORE BEGINNING CHILD CARE

Before your child can begin child care we need the following:

- **Physical Form** - filled out by the child’s physician and including all immunizations and lead testing as appropriate.
- Child’s **birth certificate and social security number**
- **Emergency phone numbers**
- **Extra clothing** - labeled with your child’s name
- Your work or school **schedule**
- **Formula & food** (infants only)
- Child Care **Funding information** (if applicable)
- **Fee agreement** signed and first **weekly fee**
- **Blue Release form** - this tells us who may pick up your child
- **Emergency Medical Permission** - this tells us your child’s doctor and the hospital to use in case of emergency.

IMPORTANT!! Remember to tell us when you move, change jobs, change telephone numbers, or change the people listed on the Release form.

In an emergency, we need to reach you as soon as possible!

PROGRAM OPTIONS AND PARENT FEES

Brockton Day Nursery program fees are as follows:

PRIVATE FEE SCHEDULE

Program	Weekly	Daily
FULL-TIME PROGRAMS:		
Infant / Toddler	\$235.00	\$ 47.00
Preschool	\$175.00	\$ 35.00
Kindergarten	\$175.00	\$ 35.00
School Age Program, ASAP:		
Session	Weekly	Daily
Morning Session only	\$ 45.00	\$ 9.00
Afternoon Session only	\$100.00	\$ 20.00
Mornings & Afternoons	\$135.00	\$ 27.00
Summer (Full-time only)	\$150.00	\$ 30.00

Infants, toddlers, and preschoolers are generally enrolled for full-time child care Monday through Friday. Kindergartners who attend public Kindergarten are enrolled at BDN before and after Kindergarten and are also considered full-time.

For children enrolled in the After School Activities Program (ASAP), the following options are available:

MORNINGS ONLY

Monday through Friday
6:30 to 8:30 AM
(included Breakfast)

AFTERNOONS ONLY

Monday through Friday
2:00 to 6:00 PM
(includes Snack)

MORNINGS AND AFTERNOONS

(includes Breakfast and Snack)

FULL-TIME SUMMER PROGRAM

Monday through Friday
6:30 AM to 6:00 PM
(includes Breakfast, Lunch, and Snacks)

Vouchers and Basic Child Care Slots: The weekly fees for these subsidized slots are set by the Commonwealth of Massachusetts Sliding Fee Scale, according to the parent's income. Your fees will be determined by the business office at the time of enrollment.

Scholarships: A limited number of scholarships are available for income eligible families. Please ask for a scholarship application if you need financial help at the time of enrollment or if this need arises after your child is here.

ALL FEES ARE DUE EACH FRIDAY IN ADVANCE FOR THE FOLLOWING WEEK.
YOU CAN LOSE YOUR CHILD CARE SERVICES IF YOU DO NOT PAY ON TIME.

Please speak with someone in the Business Office if you are having a problem with your payments.

Transportation

Transportation costs are included for **some** programs. If you need transportation for your child, please ask the Intake Coordinator for information at enrollment.



VISITING THE CENTER

Brockton Day Nursery welcomes all families and encourages them to visit the program unannounced any time they can. Families are encouraged to spend time with their children, observe the program, and talk with the teachers as often as they can. Parents are invited to become involved in the daily program and to share information with the teachers as well as ask the teachers for information on their children. This sharing of information helps us to create an atmosphere of success for your children. So, come on in and VISIT!

DAILY ATTENDANCE, PICK UPS AND DROP OFFS

Once enrolled we expect that your child will attend each day. We do take attendance daily in order to ensure the safety of all children. Please telephone us if your child will be absent for any reason. It is your responsibility to let us know when your child is not going to be here.

If you will be bringing your child in late, please call by 8:30 AM and let us know. This will ensure that your child is included in the meal count for the day.

THINGS TO REMEMBER.....

* When dropping your child off in the morning, please bring your child to the classroom. This ensures your child reaches his/her classroom safely and allows for time for you to talk with staff about your child.

* When picking up your child in the afternoon, please go to your child's classroom to get your child. This also allows time for you to talk with staff about what your child did during the day.

* When picking up your child from the playground or from a field trip, ALWAYS let a staff member know that you are taking the child with you.

RELEASING CHILDREN

BDN will not release your child to anyone who is not listed on your Release form. The authorized person must present a driver's license or other form of official personal identification before she/he can take the child. Only the persons listed by you on the Release (Blue) Form can pick up your child. This includes a spouse (non-parent), grandparent, friend, or relative. In case of an emergency, your child may leave with someone other than you **ONLY WITH WRITTEN PERMISSION AND A PHONE CALL FROM YOU.**

You can add or remove the names of people from your child's release form at any time. This must be done in writing and in person only by you. Please tell the person at the front desk that you want to make a change on your Release (Blue) Form.

PHOTOGRAPHS

In order to photograph your child for publicity, newspaper stories, television programs, and classroom activities, we need your written permission. The photo permission form is included in your enrollment paperwork. If you do not wish to have your child photographed, you may indicate this on the form.

LATE PICK-UPS

Brockton Day Nursery closes each day at 6:00 PM. We expect that all children will be picked up by 6:00 PM.

If you are not able to pick your child up on time, please have someone on your Release form do so. BDN staff will contact the people on the Release form if you are not on time.

If your child is not picked up within a reasonable time after closing, and we do not hear from you, we are required to call the Department of Social Services. **This is a state requirement.**

Habitual late pick-ups may cause you to lose your child care services.

CLOSURES

HOLIDAYS / STAFF TRAINING DAYS:

Brockton Day Nursery is open year-round Monday through Friday except for certain Holidays and Staff Training Days.

Brockton Day Nursery is committed to providing the most appropriate, safe, and enriching environment for your child and therefore closes two days per year to provide staff training. Training may cover a wide variety of topics including, but not limited to: observing children, documentation, conflict resolution, infection control, special needs and developmentally appropriate practice. (Please see the updated closure list included with this handbook.)

SNOW DAYS / WEATHER EMERGENCY POLICY:

BDN will remain open for child care services whenever possible and will close only when it is predicted that the accumulation of snow is expected to continue or worsen throughout the day, or when a blizzard snowfall has occurred.

In bad weather, BDN may remain open, but **without transportation** for the children.

WHDH-TV Channel 7 and Fox 25 Morning News will run an announcement of whether BDN is open without transportation, or closed. You may also log onto www.fox25.com and click on School Closings, or call us at (508) 588-2700.

ASAP SCHOOL VACATIONS AND HALF DAYS

When the public schools in Brockton are not in session due to vacations, holidays not observed by BDN, or adverse weather conditions, ASAP will be in session a full day. You may bring your child in as early as 6:30 AM and pick him or her up at your usual time.

When the Brockton public schools have an early release day, the morning session will maintain the normal schedule of 6:30 to 8:30, but the afternoon session will begin at 11:00 AM.

If your child attends a private school or an out of town school, and it does not coincide with the Brockton Public School schedule, you will need to make arrangements with the ASAP Program Coordinator for your child's care that day. Arrangements may be made to place your child in an alternate classroom until the other ASAP children arrive. Your child will be provided with all appropriate activities and meals. It is your responsibility to inform the Program Coordinator in advance so that these arrangements can be made.

NUTRITION

BREAKFAST, LUNCH, AND SNACKS:

BDN provides healthy meals to the children each day. The cost of the meals is included in the weekly fee. It is not necessary for you to supplement BDN meals with foods from home.

Each month a menu is sent home with your child so you will know what foods will be served each day. If you know of certain foods that your child cannot eat, please provide an alternate meal for that day. Alternate meals should require no heating or additional preparation by staff. Menus may change on occasion.

From time to time, classrooms may plan special activities and serve different foods from what is listed on the monthly menu. When this occurs, the classroom staff will notify you of the change in advance.

SPECIAL DIETS and FOOD ALLERGIES:

Parents must provide substitute foods if their child is on a special diet for religious or temporary medical reasons.

For children on long-term special diets for medical reasons, we can provide substitute foods, including Lact-Aid, ***if we have a note from your child's doctor.***

If your child has any diet restrictions, please inform the Intake Coordinator at enrollment. This information will be shared with the classroom and kitchen staff and all diet restrictions will be posted in a designated area in the classroom and kitchen.

If your child has any food allergies, you must supply a doctor's note stating what the allergy is and what the allergic reaction might look like. If your child is in danger of experiencing a severe allergic reaction, we will ask you to complete an Emergency Health Care Plan which details the symptoms of the allergic reaction and emergency actions that must take place.

All allergies are posted within the classroom and kitchen to ensure that children are not served any foods which they are allergic to.

INFANT NUTRITION

FORMULA and BABY FOODS:

Parents of infants must supply their child's formula and baby foods. Parents must send in as many bottles of formula that the child will need for the day. All bottles must have nipple covers. It is strongly suggested that an extra can of formula be supplied to meet the additional needs of the growing infant.

Preparation (mixing) and sterilization (washing/boiling) must be done at home. Teachers must be notified if parents change the brand of formula or if there are additional ingredients such as iron supplements.

Adding cereal to the bottles is strongly discouraged. Cereal thickens over time and clogs the nipples. Feeding infants with a soft sterilized spoon strengthens muscles and prepares the infant for an enjoyable eating experience. If your health care provider feels that solid food should be added to the bottles, please have him/her provide written instructions including the reason for the recommendation.

Parents must also provide jarred baby foods and discuss the introduction of these foods with the caregiver. (Allergies, constipation, stomach upset, and loose bowel movements may be noticed when introducing new foods to infants.) Solid foods and juice will only be given before six months of age upon the recommendation of a health care provider.

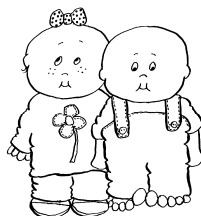
Parents of children transported by bus are expected to communicate through written notes, telephone calls, and if necessary, through a supervisor regarding their child's dietary needs.

Bottles, spoons, cereals, baby foods and your child's bag **MUST BE CLEARLY LABELED.**

JUICE:

Juice should be prepared and ready for the child to drink. Teachers should not be expected to add water to the juice bottle. Juice should be limited to no more than four ounces per day.

Juice bottles that accommodate nipples will be used only one time and all bottles must have nipple covers.



DAILY ACTIVITIES

Each day in child care the children spend some time:

1. Choosing their own play activities
2. Playing in groups
3. Eating
4. Resting or napping
5. Playing outdoors

1. **Choosing their own play activities:** The classrooms have activity centers where children can play with the things they want. This is called “unstructured time.” The activity centers include things such as blocks, art supplies, puzzles, games, and books, items for dramatic play, science, and musical toys. The teachers always supervise the children when they play in activity centers.

NOTE: BDN supplies a wide variety of toys, videos, and materials to the children. We **STRONGLY DISCOURAGE** children from bringing toys or videos in from home. They often become lost or broken and BDN cannot be responsible for these items.

2. **Playing in groups:** The teachers work with all the children in large and small groups. This is called “structured time.” The children may sit together and sing songs, hear stories, play games, listen to music, learn poems, or participate in arts and crafts.
3. **Eating:** The children eat at the table in a group along with at least one staff person. They are encouraged to serve themselves and to help clean up. The teachers supervise the meals and allow each child to take their own time eating. Generally:
Breakfast is served from 7:30 to 9:00 AM.
Lunch is served from 11:00 AM to 12:30 PM.
Snack is served at about 2:30 PM.
4. **Resting or Napping:** The children usually take a rest or nap after lunch. The length of rest time will depend on the needs of each child. Children who attend child care all day will have a rest time of at least 45 minutes according to EEC regulations.

Individual infant schedules are followed regarding the need for sleep, meals, and activities.

Every infant under 12 months will be placed on his/her back for naps unless the child’s health care professional orders otherwise in writing.

5. **Playing Outdoors:** The children play outside daily (weather permitting) as a part of their program. Please dress your children appropriately for outside play.

NOTE: Please **DO NOT** send your child to school with sandals, open-toed, or slippery shoes. Children need **SNEAKERS** or **STURDY SHOES** for play.

FIELD TRIPS

Brockton Day Nursery believes that field trips are an important part of a child's learning experience. For this reason, BDN takes the children on a variety of trips outside of the classroom. Some might be walking field trips to places such as the park, post office, bakery, fire station, and other places near Brockton Day Nursery. Your enrollment paperwork includes a permission form for walking field trips.

Other field trips involving transportation will require a separate signed parent permission slip. As always, parents are welcome to accompany their child on any field trips!



HEALTH CARE POLICIES

A complete copy of Brockton Day Nursery's Health Care Policy is available to parents upon request. Below are some important areas highlighted for your information.

DIAPERS AND CLOTHING:

BDN provides disposable diapers for infants and toddlers who are not toilet-trained. The cost is included in your regular fee.

Preschool children need to have one complete change of clothing available each day. This includes **socks, underwear, shirt and pants**. **Two** changes of clothing are needed for your infant or toddler. You will need to bring more clothes when your child is learning to use the toilet. Please bring us a new change of clothing each time we send home soiled clothes. Please return to BDN any clothing that does not belong to your child.

Please remember to mark your child's name in all clothing including boots, hats, mittens, jackets. BDN is not responsible for unmarked items.

We will store your child's clothing in his or her classroom until it is used. We will send home with the child any clothing soiled with bowel movements. **STATE REGULATIONS DO NOT ALLOW US TO WASH OR RINSE SOILED CLOTHING HERE AT BDN.**

(Please See **Toileting** and **Toilet Training Procedures** included in this handbook, under BDN Policies.)



NOTE: All BDN staff are certified in First Aid and CPR.

IF YOUR CHILD BECOMES SICK OR INJURED AT BDN:

If your child is mildly ill, the teacher or an administrator will contact the parent. The classroom teachers will provide for the individual needs for food, drink, rest, play materials, comforts, and appropriate indoor activities for the child until picked up.

In the event of an emergency or more serious illness, the on-duty administrator is immediately notified. The parent will be contacted and notified of the illness or injury. If you cannot be reached, we will contact the emergency numbers you have given us. Your child may be transported to the Brockton Hospital by ambulance. If this is necessary, two staff members will accompany the child.

IF YOUR CHILD BECOMES SICK OR INJURED WHILE ON A FIELD TRIP:

Classroom staff will ensure that the children's emergency information is with them at all times on field trips.

The Lead Teacher or Group Leader will escort the child by ambulance to the nearest emergency room for treatment. The Lead Teacher/Group Leader will contact the parent or emergency contact person to notify them of the illness or injury. The Lead Teacher/Group Leader will also contact the Brockton Day Nursery on-duty administrator who will assist, if necessary, in contacting the parent.

Upon return to the center, the Lead Teacher or Group Leader, will document the incident appropriately.

MEDICAL EXAMINATIONS:

Upon enrollment, all children will be required to have a written statement from a doctor which indicates that the child has had a complete physical examination within one year of enrollment. The physical examination shall be valid for one year and shall be repeated annually.

****Please note: Parents must notify us if their child has any chronic conditions requiring regular medications or treatments. In case of emergency, emergency health personnel will ask us if the child is currently taking any medications.**

IMMUNIZATIONS:

At admission, all staff and children must provide documentation that they have been successfully immunized in accordance with the current Department of Public Health's recommended schedules as per DEEC regulations.

LEAD SCREENING:

All children shall be screened for lead poisoning at least once between the ages of nine and twelve months and annually thereafter until the age of 48 months.

(Please see the Dept. of Public Health Information Sheet at back of handbook.)

COMMUNICABLE DISEASES:

As required, all communicable diseases such as measles or salmonella, will be reported to the Board of Health in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health. Parents are notified in writing within 24 hours when a communicable disease has been introduced into the center.

EXCLUSION POLICY:

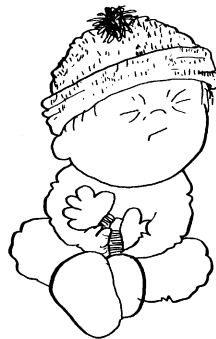
Children may not attend the center when:

- child has a **FEVER** - a high fever (101 +) is a sign of infection
- child has a **COMMUNICABLE DISEASE**
- child has severe **DIARRHEA**
- child is in the first 24 hours of starting an **ANTIBIOTIC MEDICINE** , unless allowed by on-duty administrator, or as doctor's note may indicate
- child has **HEAD LICE** - this must be treated and all head lice removed before child can return. Chronic head lice may require a doctor's note.

RETURNING TO CHILD CARE:

If we have a concern about your child's health, we will require you to have a physician's form completed in order for your child to return to the center. This form lets us know when the child was seen by the doctor, what the diagnosis is, if it is contagious, the proper treatment, and when the child may return to the center.

Any child who is absent for health reasons for **5 days** or more must return with a doctor's note indicating the child may return to a group setting.





DATE _____

TIME _____

PHYSICIAN'S FORM

THE PHYSICIAN MUST FILL OUT THIS FORM BEFORE THE CHILD MAY RETURN TO CHILD CARE.

Child's Name: _____

Date of Birth: _____

Classroom #: _____

Teacher's Name: _____

Reason for concern: _____

Was child sent home: Yes No

Supervisor's Signature

TO BE FILLED OUT BY PHYSICIAN:

Was seen in our office on: _____

Is being treated for _____ which requires he/she take the following

medication: Name of medication: _____

Dosage: _____

Duration: _____

Time to be given: _____

Is this contagious to others: Yes No

Date child can return to school: _____

Comments:

Physician's Signature

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

All Medications

Parents must supply the child's medicine in the original container or prescription bottle with all original labels clear and intact. Parents must also complete the pink "Authorization for Medication" form.

Prescription Medication

Must have the following information:

- Child's full name
- Name of **medicine**
- Pharmacy name and phone number
- Specific **Dosage** amount
- Number of **times per day** and **number of days** the medication is to be administered.
- Name and phone number of physician

Staff may not administer any medication contrary to the directions on the original container unless so authorized in writing by the child's physician.

Staff must keep all medication labeled in it's original container, 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.)

Non-Prescription Medication (for example: acetaminophen, cough syrup, anti-diarrhea remedies)

require a written note from the child's doctor as well as a note from the parent with clear instructions on how and when to administer the medication. Such doctor's notes shall be valid for no more than one year from the date it was signed.

Medication Dispensing

Medicine is administered by the classroom teacher(s). Dispensing of medication must follow exact instructions as indicated.

To ensure that an infant is receiving medication properly, medication should never be put in baby bottles.

Recording Medication Dispensing

Written records are maintained using the pink "Authorization for Medication" form. These records include the time and date of each administration, the dosage, the name of the staff person administering the medication, and the name of the child. (This does not apply to non-prescription topical medications.) Records are then maintained in the child's file.

Storage of Medication

To ensure that all medications are stored out of the reach of children and under proper conditions for sanitation, preservation, security and safety, all medications, except topical ointments, will be stored in the Health Office in a locked cabinet or refrigerator as necessary. Topical ointments are stored in the classroom out of the reach of children.

All medications stored at BDN will be checked at the end of each week. Expired prescription and non-prescription medications, as well as medication no longer used by a child, will be removed. Unused medication is disposed of, or returned to the parent when no longer needed.

In School-Age Programs

Children who attend the school-age program may be given parental permission to administer their own medication when the parent signs the required permission slip. All medications are kept in the office of the ASAP Program Director in a locked cabinet or refrigerator. The child is accompanied by an ASAP staff person to the office where the staff person remains with the child while the medication is taken.

With written parental consent AND authorization of the physician, ASAP children who have asthma may carry their own inhalers and use them as needed, without the direct supervision of a staff member. All school-age staff will be made aware of any children who have asthma and use their own inhalers as needed.

PLAN FOR MEETING SPECIFIC HEALTH CARE NEEDS:

During enrollment, the classroom teacher and/or Parent Involvement/Intake Coordinator will interview the parent using the Child Health and Developmental History form. This form will supply information regarding allergies, chronic conditions, physical limitations, medications given regularly, serious conditions or injuries, hospitalizations, and special physical, medical or emotional needs of the child.

In addition, the Parent Involvement/Intake Coordinator checks the incoming 'physical form' from the child's doctor to assure that:

- a. Immunizations are up-to-date or on a "catch-up" schedule.
- b. Allergy information is shared with the classroom.
- c. Special health information is shared with the classroom.
- d. All staff are made aware of children's allergies.

To prevent children from becoming exposed to allergens, including foods, chemicals, or other materials to which they may be allergic, the Lead Teacher posts a list of all allergies of the children enrolled in the classroom in a designated area. This list is reviewed by all staff working in the classroom, and it is the responsibility of the Lead Teacher to ensure that all staff are aware of the allergies. This list is updated and reviewed regularly and contains the child's full name, type of allergy, symptoms, and pertinent emergency procedures if applicable.

CHRONIC CONDITIONS:

IMPORTANT!! We must be informed of any chronic conditions requiring daily medication. (Even if the medication is not dispensed at BDN.)

NOTIFICATION OF INJURIES:

BDN staff notify parents in writing whenever a child sustains an injury that requires first aid. Copies of these Injury Reports are placed in the child's medical folder, which is located in the child's file.

When a child sustains a minor injury that does not require first aid, the parent receives a note from the classroom teacher and a copy is placed in the child's medical folder.

In cases where the injury is of questionable seriousness, the parent may be notified by phone to give them the option of coming to see the child at the center or taking the child for medical attention.

All injuries are recorded in the Central Log. All phone conversations are recorded in the Child's Activity Log, located in the child's file.

ENDING CHILD CARE

PARENTS: Please give us 2 weeks notice when your child is leaving Brockton Day Nursery. It is important that your child, the other children, and the staff have time to say “good-bye” in a way that your child will understand.

When a child leaves BDN, the classroom teachers try to take time to prepare the child for the coming change.

For preschoolers, the teacher may talk with the child and other children about the reasons for the departure:

- ◆ “Michael is moving to another town.”
- ◆ “Jackie needs a different school to help her learn.”
- ◆ “Terry will be staying home with her mother and new baby brother.”

The teachers may also plan some special activities when a child leaves:

- ◆ A good-bye party,
- ◆ Drawings and/or stories about BDN by the children, or
- ◆ A photo of the child in a favorite activity

Occasionally, a child may leave BDN suddenly, and the child does not get to say “good-bye” to the teachers and other children. When this happens, the teacher may write a letter of good-bye addressed to the child and may include some drawings or photographs.

Sometimes it is necessary for Brockton Day Nursery to end child care services. This can happen for many reasons. In most cases, a two week notice will be given to families.



BDN POLICIES

This section includes the following important Brockton Day Nursery policies:

- Policy and Procedures for Emergency Situations
- Positive Guidance and Behavior Management Policy
- Written Plan for Referral Services
- Termination and Suspension Policy
- Transportation Plan
- Toileting Procedures
- Toilet Training Procedures
- Diapering Procedures
- Procedures for Handling Incidents of Institutional Child Abuse and Neglect
- Policy and Procedures for Filing a 51-A Report



POLICY AND PROCEDURES FOR EMERGENCY SITUATIONS

Brockton Day Nursery will do everything possible to remain open for child care services. In the event, however, that the life, health or safety of children and staff would be at risk at the center (due to prolonged loss of heat, electricity or water, or due to a fire or natural disaster,) contingency plans shall go into effect.

The following general guidelines will be followed:

1. City Hall and/or utility companies will be contacted to determine a time-frame for heat, water, or electricity to be restored.
2. Parents will be notified of the emergency situation upon arrival at the center or by telephone. If the emergency warrants the closing of the center, parents will be asked to keep their children at home or find alternative child care arrangements.
3. If the center must be closed after children are already in attendance, parents and emergency contacts will be called to pick up their children.
4. If it becomes necessary to evacuate the center, City Hall and the Emergency Management Agency will be contacted for instructions. The City of Brockton will provide instructions as to where and how to evacuate the children. All emergency information will be taken and parents will be notified as quickly as possible about the emergency situation, the location of their child, and the need to pick up their child. A notice will also be posted on the center's main door.
5. OCCS will be notified of all emergency situations, closings, evacuations, and/or relocation of children as soon as possible.

The Massachusetts Emergency Management Agency booklet, "What To Do In An Emergency" is available at BDN for any interested parent and is also used for staff training purposes.

BROCKTON DAY NURSERY

POSITIVE GUIDANCE AND BEHAVIOR MANAGEMENT POLICY

Because the classroom is a social group where children encounter and respond to new experiences, it is important that professionals guide children toward behaviors which are acceptable. This can best be done by taking a role which models, supports and fosters desired behaviors while considering input from parents, teachers, management, outside resources and children.

The goals of the Positive Guidance and Behavior Management Policy for BDN are to encourage and support each child as he/she gains inner self control and develops a healthy self concept. Each child is encouraged by example to:

- *respect themselves, their environment and those around them,*
- *understand how their words and actions affect others*
- *develop the ability to control their own behavior*

Guidance shall be consistent, safe, and developmentally appropriate. The ultimate goal of all guidance methods will be to create the best possible environment to promote the safe unobstructed growth and development of each individual child and of all children.

Per OCCS Regulations:

- *Corporal punishment (physical abuse) shall not be used.*
- *No child shall be subjected to cruel or severe punishment, humiliation or verbal abuse.*
- *No child shall be denied food as a form of punishment.*
- *Although children are encouraged to eat a variety of nutritious, healthy foods, no child shall be forced to eat against his will*
- *No child shall be punished, humiliated or sent home for soiling, wetting or not using the toilet.*

Training:

It is the policy of BDN to provide on-going training in the area of guidance and behavior management. Staff are provided with a variety of resources to increase their knowledge, to develop strategies, and to investigate and effectively apply new methods and current philosophies in the understanding of behavior in young children. Training opportunities may cover a wide range of topics including but not limited to: observing children, collecting data, conflict resolution, developmentally appropriate practice, and documentation.

Techniques:

Understanding child development in combination with knowing the individual developmental level and behavior styles of children allows professional caregivers to anticipate potential problems, and provides for the most effective use of positive guidance techniques when problems do arise. Preventive guidance approaches may include providing an appealing room arrangement, effective scheduling, minimal waiting time, smooth transitions and an interesting and active curriculum.

Recognizing that children are in the process of learning how to function as part of a classroom group, and that children are at different individual levels, expectations must be appropriate for each child. These expectations must be conveyed to the child in a developmentally appropriate manner. Desirable behavior shall be praised and undesirable behavior shall be redirected. If redirection of a child's undesirable behavior does not result in a decrease of that behavior, the staff shall modify strategies to include:

- *Communicate with the child at eye level*
- *Observe the child for signs of a reoccurrence of the undesirable behavior*
- *Offer the child alternative ways to deal with the issue which prompted the undesirable behavior*
- *Provide a guided walking “time out”, during which resolving of the problem can begin*
- *If necessary, remove the child from the situation to allow for a stationary “time out” or a cooling off period*

During any time out session, the staff will attempt to communicate with the child to discover the cause of the undesirable behavior, to explain to the child what the actual undesirable behavior was, to acknowledge the child’s feelings and to share with the child what is expected to re-enter the group activity.

All endangering or destructive behavior will be documented on an “Incident Report” by the classroom staff and other support personnel involved in an incident. The documentation shall record the date, time, location, staff, child, events leading to the incident, a summary of the actual incident, staff intervention and resulting behavior due to the intervention, and a follow-up of the plan.

Removal;

At times it may be necessary for staff to physically remove a child **from an endangering situation** to ensure the child’s safety and/or the safety of the other children and/or staff. If this type of physical redirection becomes necessary, the parent will be notified of the incident by phone and in person, if possible, and in writing via the “Incident report.” A copy of the “Incident Report” will be kept in the child’s folder. The program supervisor will be notified immediately when such physical removal has been necessary.

The child is removed **from the classroom** only if there is continued physical threat of physical harm to self and/or others. Short term in-house, supervised removal from the classroom will be assisted by support personnel. It may also be necessary to contact the parent to remove the child **for the remainder of the day**. If an outside agency referral and/or placement determines that the child’s needs are best met by another agency, BDN will make every effort to support the family throughout the transition.

Alternatives:

Alternative solutions to improve the child’s behavior will be discussed with appropriate personnel and the child’s parent(s). Examples of alternative intervention may include:

- *collaborating on a home/school discipline plan (ex. Positive Behavior Chart)*
- *shortening the child’s day*
- *alternative day care services*
- *referral for support services and/or a public school TEAM evaluation.*

Every opportunity to strengthen ties between parents and the program must be examined. Parent cooperation is necessary to create and foster an effective team approach to assist the child to gain self control and learn appropriate life long skills.

If a parent repeatedly refuses to acknowledge the issue or is non-cooperative, child care services may be terminated.

BDN reserves the right to determine whether the program can continue to meet the child’s developmental needs.

WRITTEN PLAN FOR REFERRAL SERVICES

Brockton Day Nursery will use the following procedures for referring parents to appropriate social, mental health, educational, and medical services for their child and/or family should the staff and parent feel that an assessment for such additional services would be beneficial.

REFERRAL PROCESS

Whenever any staff member or parent/guardian is concerned about a child's development or behaviors, they should report it to the classroom Lead Teacher who will review the concerns with the Support Services Coordinator, if a Supportive child, or Education Coordinator if a non-Supportive child. A Supervisor will conduct an observation for additional documentation and support, or to suggest alternative strategies for working with the child. If an adult is requesting services for him/her self, the Parent Services Coordinator will be the administrator assigned to assist in the referral process. If however, the adult is involved with Supportive Services, the Support Services Coordinator will be responsible for the referral process. When applicable, the assigned Department of Social Services social worker will also be made aware of and become involved in these procedures.

Brockton Day Nursery will maintain a listing of current referral resource agencies available in the community and will assist the parent/guardian in the referral process.

Chapter 766 and Early Intervention contacts shall also be available in the listing should the parent prefer to seek assistance through this manner. Information on parental rights and the right to appeal shall also be offered. The designated liaison for such referrals, or for children entering the program already receiving such services, will be the Support Services Coordinator for all Supportive children, and the Education Coordinator for all non-Supportive children.

REFERRAL MEETING WITH PARENTS

At the meeting, the Support Service Coordinator or Education Coordinator and Lead Teacher will provide the parent with any information or assessment including the reason for recommending a referral for additional services. A brief written summary of observations related to the referral and efforts made to accommodate the needs will be discussed. Documentation will be maintained in the child's record and copies given to the parents upon request.

The Support Services Coordinator or appropriate staff person will offer assistance in making the referral. The parent/guardian will sign off on the Referral for Support Services form at this time and a Release of Information form (if a referral is being made). A copy of the current insurance card will be made and the Brockton Day Nursery Community Resource List will be utilized to assist in the referral. If parents need extra support, Brockton Day Nursery may, with written permission, contact the referral agency for them. Any transfer of information will be granted only upon written permission of the parents.

If a child is at least two and a half years of age, the staff person shall inform the parent/guardian of the availability of services and their rights, including that of appeal, under Chapter 766. If the child is under the age of three, information will be supplied with regard to the availability of services provided by Early Intervention Programs.

FOLLOW-UP TO THE REFERRAL

The referring Supervisor, will, with parental written permission, contact the service provider who evaluated the child for consultation and assistance in meeting the child's needs at the center. If it is determined that the child is not in need of services, the parents and BDN staff will review the child's progress at three month intervals to determine if another referral may be necessary. Similar follow-up procedures will occur whenever possible, with regard to adult referrals to determine if the referral was appropriate and/or if another referral needs to be implemented.

RECORD OF REFERRALS

The referring Supervisor/Lead Teacher will maintain a written record of any referrals, including conferences and results, in the child's main folder in central files. Referrals initiated for parents/guardians will also be maintained in the child's central file. The original Release of Information form will be mailed or given to the agency the individual/family is being referred to and a copy of it will be maintained in the child's central file.

REFERRAL PROCEDURES OUTLINED

The following steps will be instituted when initiating a referral:

Step 1: Identification of the difficulty: The parent and staff person shall determine the nature of the difficulty during enrollment, office visits, home visits or in other forms of communication. The Lead Teacher, or appropriate BDN staff person, will complete a Referral for Support Services form to initiate the process and forward it to the Supervisor identified below:

Supportive Child or Parent:	Support Service Coordinators
Non-Supportive Child	Education Coordinator
Non-Supportive Adult	Parent Services Coordinator
ASAP Children	Follow the same protocol, but with ASAP Program Coordinator

Step 2: Alternatives for resolution: The parent and appropriate BDN staff shall discuss alternative resources available for resolution to the problem area and the need for referral.

Step 3. Consultation: The referring Supervisor will be available by appointment for consultation with parents to determine appropriate services.

Step 4. Referral to appropriate services: The Supervisor and parent will determine appropriate service agencies to be contacted. An entry shall be made in the child's record to track the referral.

Step 5. Follow - Up: The referring supervisor shall contact the parent after the scheduled appointment to assess the results. This part is necessary to :

- a. Determine if the referral was appropriate.
- b. Determine the need for further advocacy.
- c. Continue to support the child and family.
- d. Determine if there is an unmet need in the community.
- e. Make amendments to the BDN Community Resource List.

TERMINATION AND SUSPENSION POLICY

The mission of Brockton Day Nursery is to “serve the needs of families and children by providing comprehensive day care and support services”. Our goal is to share a safe, caring and enriching environment with all of the children in our care and to understand and support the individual needs of their families. We are proud to offer a high quality program which meets the needs of most people most of the time. But because children and families are not all alike in their requirements, there are occasionally children for whom BDN does not provide the ideal situation.

Staff and administration maintain an ongoing and open communication with parents/guardians throughout the time the child is enrolled. As part of this communication, difficulties which may arise are discussed with parents/guardians from their very onset. In situations where there are concerns that a child may need types or levels of service which BDN is not equipped to provide, the following steps will be taken to resolve existing problems:

- A meeting will take place with the parent/guardian during which sources of concern are discussed and strategies for dealing with these concerns are offered. Cooperation of the parent/guardian at these times is essential and expected in order to work toward a positive solution.
- Close monitoring and written documentation of developments involving the circumstances will be maintained and the parents will be regularly updated.
- Follow-up conferences with the parent/guardian, and/or other relevant parties will take place as needed. If progress is not made, or if the situation becomes more difficult, alternative strategies will be discussed. Plans will be established in the event that successful outcomes are not reached. Plans may include temporary suspension of child care services. A written plan outlining expectations, consequences, and terms of continued enrollment will be developed and presented to parent/guardian.

Should the situation of concern not be satisfactorily resolved, a decision may be made to terminate child care services. Termination will occur under the following conditions:

- **The physical, developmental or socio-emotional needs of a particular child cannot be met,**
- **The health and safety of the child, or that of other children or adults cannot be assured**

When services for a particular child must be terminated, BDN will make every effort to assist the family in seeking resources which they may need, including placement in another child care setting. A two-week notice will be given whenever possible, and the teaching staff will prepare the child for leaving in a way which meets his/her individual needs.

TRANSPORTATION PLAN

In accordance with the Department of Early Education and Care regulations, Brockton Day Nursery will abide by the following transportation plan:

To and From the Program:

All children will be supervised by an adult upon entering and exiting the building. When parents/guardians are transporting the child, it is the responsibility of the parent/ guardian to escort the child into the building and to the appropriate classroom where BDN staff will then supervise the child. It is also the parents/guardian's responsibility to remove the child from the appropriate classroom/building at the conclusion of the child's day.

No child will be allowed to walk to the program without adult supervision. It is the parent/guardian's responsibility to comply with this policy. Children shall only be released from the program to an authorized adult.

When children are transported to or from BDN via transportation service (i.e. bus or van), during regular hours of operation, children will be supervised at all times by transportation company staff or BDN staff. Written parent/guardian consent will be maintained by BDN, and if applicable, by the transportation company.

All drivers will be licensed in accordance with the laws of the state of Massachusetts, and all vehicles used for transportation of children shall be registered and inspected in accordance with the law. Drivers shall transport only the allowable number of children per vehicle as dictated by Massachusetts law and DEEC regulations. In addition, appropriate insurance coverage as outlined in DEEC regulations must be maintained.

Suitable safety carriers, restraints, or seat belts shall be used by all children and drivers. All children must be seated while the vehicle is in operation. It is the responsibility of BDN staff to communicate to the drivers any information that may assist in the transportation of the child, including, but not limited to, any medical or behavioral issues. It is the responsibility of the driver to release the child only to persons designated by the parent/guardian in a written authorization. Children shall not be regularly transported for periods longer than 45 minutes during one way transportation. A first aid kit and emergency numbers for the children will be available in all vehicles, and also available on all field trips.

Children will not be released from vehicles at BDN until there is adequate staff to escort them into the building. BDN staff, in conjunction with transportation staff, will ensure that children are assisted into and out of the vehicles in a safe manner. At no time shall children be placed in a vehicle without the driver being present to supervise the children.

Children will not be transported by BDN staff unless parent/guardian authorization has been obtained for the specific activity, the staff person possesses a 7-D license, and is accompanied by a second BDN staff member.

On a Field Trip:

Transportation for BDN field trips is provided by a professional transportation service who is selected based upon the needs of the particular field trip. Written parent/guardian consent is required for children to participate in all field trips including the transportation. All above DEEC regulations and Massachusetts laws are adhered to. A first aid kit and emergency numbers for the children are available on all field trips.

In an Emergency:

In the event of an emergency, children will be transported by ambulance to the nearest hospital. Whenever possible, the child's parent or caregiver will accompany the child. Children's medical and emergency information will be available as well.

TOILETING PROCEDURES

- ◆ Toilets are located in the bathroom areas within each classroom.
- ◆ Children have free access to the toilets and sinks as needed.
- ◆ Teachers supervise toilet areas.
- ◆ Teachers and children wash hands (See hand-washing procedure) after each toileting.
- ◆ When outside, a teacher will accompany children from playground to bathrooms for toileting.
- ◆ Lights in bathroom areas remain on during all hours of center operation.
- ◆ When toileting accidents occur, the child is escorted to the bathroom area. The child, with the teacher's assistance, will clean him/herself and change clothing. Fecal matter is emptied into the toilet.
- ◆ Soiled clothing is "double bagged," labeled, stored separately, and sent home with the child.
- ◆ Staff bathrooms are separate from the children's bathrooms.

NO CHILD SHALL BE PUNISHED, VERBALLY ABUSED, OR HUMILIATED FOR SOILING, WETTING, OR NOT USING THE TOILET; OR FORCED TO REMAIN IN SOILED CLOTHING OR ON THE TOILET.

TOILET TRAINING PROCEDURES

1. Children are toilet trained in accordance with the request of their parents and in a manner that is consistent with the child's developmental, physical, and emotional abilities.
2. Communication with the parent(s) takes place on a regular basis to maintain consistent development of toileting skill.
3. No potty chairs are used at the center. The toilets are child-sized.
4. Each child will have a change of clothing, provided by the parent. Extra clothing will be provided by the center, if needed, and will be returned by the parent. Staff will check that items being returned have been laundered, and if they have not, will launder them at the center.
5. All BDN Toileting Procedures will be followed while toilet-training.



DIAPERING PROCEDURES

A. AREA AND EQUIPMENT:

1. Unless medically necessary, the center uses only disposable diapers.
2. The area in which diapering of a child takes place is equipped with a changing table and a covered, lined container for disposing of diapers.
3. The changing table has a washable padded top that is covered for individual use by disposable changing paper.
4. The changing table is not used for any other purpose.
5. Diapering areas and hand-washing facilities are separate from facilities used for food preparation and service.

B. STORAGE:

There is a storage cabinet under the changing area where diapers, gloves and other items for personal care are stored. This area is supervised at all times.

C. PROCEDURE FOR DIAPERING:

The staff person:

1. Will wash hands prior to diapering,
2. Must NEVER LEAVE THE CHILD UNATTENDED,
3. Changes a child's diaper regularly when soiled or wet,
4. Places disposable covering on diapering surface,
5. Puts on disposable gloves,
6. Places child on diapering surface,
7. Removes soiled diaper, wraps and places in nearby covered, lined container,
8. Washes child thoroughly with disposable wipes,
9. Applies powder, ointments, or creams with parental permission,
10. Places a new diaper on child,
11. Removes child from diapering table to wash hands,
12. Removes disposable changing paper and gloves and discards in covered, lined container,
13. Wipes changing table clean with bleach and water solution after each use,
14. Washes hands even though gloves were used.

D. INTERACTION:

All staff are expected to make changing time a pleasant, loving, and refreshing experience for the child. Staff should make this one-to-one time a special interaction with personal conversation, animated voices, verbal games, naming things, singing etc.

**PROCEDURE FOR HANDLING ALLEGED INCIDENTS OF INSTITUTIONAL CHILD
ABUSE AND NEGLECT**

It is the policy of Brockton Day Nursery (BDN) that no child should be subject to abuse and/or neglect. The following procedures for reporting and handling instances of suspected institutional child abuse and/or neglect include, but are not restricted to, any violation of the Department of Early Education and Care (DEEC) requirements for discipline. Substantiated child abuse or neglect by an employee of BDN shall constitute just cause for immediate discharge. If any employee of BDN has reason to believe that a child is suffering from or has suffered from institutional abuse or neglect, he/she shall make an immediate report to the Executive Director. If the employee believes that the Executive Director was responsible for the act of abuse or neglect, the employee shall make an immediate report to the Board of Directors. (A list of the members of the Board of Directors shall be available in the business office.) The Executive Director, (or the chairperson of the Board of Directors), will immediately notify the Department of Social Services (DSS) and the Department of Early Education and Care (DEEC) of the incident of suspected child abuse or neglect.

An investigation of the alleged incident will be initiated by the employee's immediate Supervisor within one working day. If the Supervisor believes that there is a possible basis for the allegation, the Supervisor will inform the Executive Director (or Board Chairperson) who will review and further investigate the allegation to determine whether the employee has committed an offense. If it is determined that the employee has abused or neglected a child, the employee will be subjected to discipline, including possible discharge.

If charges are substantiated, the immediate Supervisor will prepare a written report which indicates the charge or incident, the party reporting the incident, and a summary of the investigation. Copies of this report shall be furnished to the employee and to the Union, if applicable.

The employee will be informed of her/his rights to respond in writing to the charges and/or to request a meeting with BDN. If the employee elects to respond in writing, the response must be submitted to the Executive Director no later than two (2) working days after receipt of the Supervisor's report. If the employee requests a meeting, the request shall be submitted in writing to the Executive Director within two (2) working days.

Procedures for Handling Alleged Incidents of Institutional Child Abuse and Neglect continued

In the event the employee requests a meeting, the following procedures will be in effect:

- a. The Executive Director will schedule a meeting at a mutually convenient time for all parties within three (3) working days of the request.
- b. The employee shall have the right to be represented, to have the shop steward present, if applicable.
- c. The employee will have the right to question the charging parties.
- d. The employee will have the right to make statements on her/his own behalf and present any information relevant to the allegation of abuse or neglect.
- e. A tape recording of the proceeding shall be made and furnished to the employee at the expense of the employee.

The Executive Director will make a written decision as to the allegations and, if substantiated, any discipline applicable within five (5) working days of the meeting.

If the employee wishes to grieve the decision, the provisions of Grievance Procedure shall apply.

The Executive Director will notify the Program Manager of the area office of the Department of Social Services by telephone and in writing at the time that specific charges are being investigated by a committee. If the initial investigation supports the charges, a 51A (official form of charges of suspected child abuse or neglect) will be filed by the immediate Supervisor.

The Executive Director will notify DEEC by telephone and in writing immediately after the filing of the 51-A report.

BDN employees will cooperate fully and provide whatever assistance is necessary during the DSS or DEEC investigation.

The employee being investigated will not work directly with children until the DSS or DEEC investigation is completed and for such further time as DEEC requires. At any time during a period of investigation by BDN, the employee being investigated may be placed on an unpaid leave of absence at the discretion of the Executive Director (or the Board of Directors if the Executive Director is being investigated). No employee shall be subject to disciplinary action for the good faith submission of a report of suspected child abuse or neglect.

POLICY AND PROCEDURES FOR FILING A 51-A REPORT

All administrators and employees of day care centers are considered mandated reporters by the state of Massachusetts. As a mandated reporter, you **must** file a report with the Department of Social Services if you have reasonable cause to believe that a child is suffering from neglect or abuse. ("Reasonable cause" means that a person with similar training and experience would also suspect abuse/neglect--the "reasonable person" standard commonly used in law.) If a mandated reporter fails to report an instance of abuse and / or neglect, punishment can occur by a fine of up to \$1,000.00 and/or a civil liability suit.

The staff at Brockton Day Nursery will follow the procedures outlined below if there is a concern regarding possible abuse and or neglect:

1. The staff member noting the particular concern should immediately notify the Support Service Coordinator (if it is a Supportive contract child), or the Education Coordinator if it is a non-Supportive child.
2. The supervisor will then, if possible, contact the parent or guardian to ask for specifics regarding the situation. If the child possesses verbal skills, he/she may be interviewed.
3. The supervisor, with input from the reporting staff member, will then decide whether or not to file a 51-A report.
4. If a report is to be filed, the supervisor is to notify the parent/guardian verbally, or in writing if verbal contact is not possible.
5. The reporting staff person will be verbally notified of the decision.
6. If the child involved is a Supportive contract enrollee, the on-going DSS social worker (or his/her supervisor) will be notified of the proceedings.

When filing a report of abuse/neglect, the following information is helpful.

1. Between the hours of 9am and 5pm, call the area DSS intake office. For Brockton, the number is (508) 894-3700.
2. If the suspected abuse or neglect notification occurs outside of the hours noted above, the 24 hour hotline number is to be called-- 1-800-792-5200.

Policies and Procedures for filing a 51-A report, continued

3. When telephoning, have prepared as much information as possible, such as:

A. The names of all individuals residing in the household, dates of birth or estimated ages, telephone number and address, and primary language spoken.

B. Your name, address, telephone number, and relationship to the child. (Note: Non-mandated reporters can remain anonymous. Mandated reporters are to supply this information, however it is confidential information and is not given to the caretaker of the child)

C. The full nature of the suspected abuse or neglect and any past history of such issues.

D. The circumstances of how you became aware of the situation

Within 48 hours of the verbal filing of the 51-A, it will be the responsibility of the Executive Director, or designated administrator, to complete and submit an original written report to DSS. A copy of this report is to be maintained in the child's main file.

A mandated reporter does have the right to know the results of the investigation (if the 51-A is screened in and investigated) and the Department of Social Services will forward a letter containing this information. This statement is also to be maintained in the child's main file. If DSS fails to notify, contact and follow-up may be completed by the Executive Director or designee.

FOR YOUR INFORMATION

The Commonwealth of Massachusetts

Executive office of Health and Human Services

Department of Public Health

State Laboratory Institute

305 South Street, Boston, MA 02130-3597

617-522-3700, Fax 617-522-8735

Childhood Lead Poisoning
Prevention Program
800-532-9571

INFORMATION SHEET FOR DEPARTMENT OF SOCIAL SERVICES DAY CARE CONSUMERS

Lead poisoning is an environmental disease which usually affects preschool children. Small amounts of lead can affect a child's ability to learn and develop. Larger amounts, if not detected and treated in time may cause serious illness or permanent damage. Most often children are poisoned by the ingestion of lead paint chips or lead paint dust. However, there are many possible sources of lead available to children living in an industrial society. Soil, air and water also contribute to the lead levels of children. Children are exposed to these sources through hand to mouth activity.

Most children who are lead poisoned will show no symptoms. In those who do show symptoms, they are often vague and easily attributed to other childhood diseases. Symptoms of lead poisoning may include head or stomach ache, tiredness, fussiness and poor appetite. The only sure way of determining whether a child has absorbed too much lead is to test his or her blood. The lead screening test is a simple, relatively painless fingerstick which collects a small amount of blood.

All children under six living in Massachusetts are at risk for acquiring lead poisoning. However, for some children, particularly those living in substandard housing with peeling paint, the risk is greater. Periodic screening of all preschool children is required in Massachusetts. Children who are not at high risk for lead exposure must be tested every year between the ages of 9 months and 4 years. High risk children must be tested more frequently. Proof of a lead screening test is required for entry into daycare and kindergarten. Because, for reasons not well explained, lead levels rise in the summer, whenever possible a screening test should be performed during warm weather months. Most doctors and clinics will screen children for lead if you request it. Many Boards of health also provide screening tests, usually at no cost.

If you would be interested in learning more about childhood lead poisoning please call CLPPP at 1-800-532-9571.

102 CMR: DEEC REGULATIONS REGARDING PARENT INVOLVEMENT

7.04: Parent Information, Rights, and Responsibilities

The licensee must appropriately involve parents of children in care in visiting the program, meeting with the staff and receiving reports of their children's progress. The licensee shall accept and implement parental suggestions, where appropriate.

(1) Meeting with Parents:

- (a) In Group Day Care Programs. The licensee shall ensure that the administrator or his designee shall meet with the parent(s) prior to admitting a child to the program. The licensee shall provide the opportunity for the parent(s) to visit the program's classrooms at the time of the meeting or prior to the enrollment of the child.
- (b) In School Age Programs. The licensee shall provide the opportunity for the parent(s) and child to visit the program and meet the staff before the child's enrollment.

(2) Parent Information. The licensee shall provide to the parents upon admission of their child:

- (a) the program's written statements of purpose, administrative organization and services.
- (b) the procedure for parent conferences and reports.
- (c) the procedures for parent input.
- (d) the policy for parent visits.
- (e) the behavior management policy.
- (f) the referral services policy.
- (g) the termination and suspension policy.
- (h) a list of the types of nutritious foods that should be sent for snacks or meals.
- (i) the policy and procedures for identifying and reporting child abuse and neglect.
- (j) the procedures for emergency health care and illness exclusion policy.
- (k) the transportation plan.
- (l) upon request, a copy of the full health care policy.
- (m) the procedure for administration of medication.
- (n) a copy of the fee schedule.
- (o) in group day care, the procedures relating to children's records.
- (p) in school age child care, the procedures for on-going parent communication.

- (3) Parent Conferences. The licensee shall make the staff available for individual conferences with parents at parental request.
- (4) Parent Visits. The licensee shall permit and encourage unannounced visits by parents to the program and their child's room while their child is present.
- (5) Parent Input. The licensee shall have a procedure for allowing parental input in the development of program policy and programs.
- (6) Reports to Parents . The licensee shall periodically, but at least every six (6) months, prepare a written progress report of the participation of each child in the center's program. This report shall be maintained in the child's record. The licensee shall provide a copy of each report to the parent(s) or meet with them at least every six (6) months to discuss their child's activities and participation in the center. In addition:
 - (a) for infants and children with disabilities, the licensee shall complete a written progress report of the child's development every three (3) months, and provide it to the parent(s);
 - (b) the licensee shall bring special problems or significant developments, particularly as they regard infants, to the parent's attention as soon as they arise.
- (7) Notification of Injury. The licensee shall inform parents immediately of any injury which requires emergency care beyond minor first aid and shall inform parents in writing of any first aid administered to their child within 24 hours of the incident.
- (8) Confidentiality and Distribution of Records. Information contained in a child's record shall be privileged and confidential.
 - (a) The licensee shall not distribute or release information in a child's record to anyone not directly related to implementing the program plan for the child without the written consent of the child's parent(s). The licensee shall notify the parent(s) if a child's record is subpoenaed.
 - (b) The child's parent(s) shall, upon request, have access to his child's record at reasonable times. In no event shall such access be delayed more than two business days after the initial request without the consent of the child's parent(s). Upon such request for access, the child's entire record shall be made available regardless of the physical location of its parts.
 - (c) The licensee shall establish procedures governing access to, duplication of, and distribution of such information; and shall maintain a permanent, written log in each child's record indicating any time a child's record has been released.

1. Each time information is released or distributed from a child's record the following information shall be recorded: the name, signature, and position of the person releasing or distributing the information; the date; the portions of the record which were distributed or released; the purpose of such distribution or release; and the signature of the person to whom the information is distributed or released.
2. Such log shall be made available only to the child's parent(s) and program personnel responsible for record maintenance.

(9) Amending the Child's Record.

- (a) A child's parent(s) shall have the right to add information, comments, data, or any other relevant materials to the child's record;
- (b) A child's parent(s) shall have the right to request deletion or amendment of any information contained in the child's record.
 1. If the parent(s) is of the opinion that adding information is not sufficient to explain, clarify, or correct objectionable material in the child's record, the parent shall have the right to have a conference with the licensee to make his objections known.
 2. The licensee shall, within one week after the conference, render to the parent(s) a decision in writing stating the reason or reasons for the decision. If the decision is in favor of the parent(s), steps shall be taken immediately to put the decision into effect.

(10) Transfer of Records. When the child is no longer in care, upon written request of the parent(s), the licensee shall transfer the child's record to the parent(s), or any other person the parent(s) identifies.

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

(12) Research and Experimentation: Unusual Treatment. No licensee shall conduct research, experimentation, or unusual treatment involving children without the written, informed consent of the affected child's parents or guardian, for each occurrence. In programs where observations of children (by other than parents of the children in the center) are common, a general parental consent may be obtained in writing. Observation shall mean that there is no interaction between the child and the observers and no identification of the individual child. In no case shall the licensee allow a child to be harmed during research, experimentation or unusual treatment. Research and experimentation shall not mean program evaluation or data collection for purposes of documenting services of the program which do not identify individual children.

- (13) Unauthorized Activities. The licensee shall not allow children to participate in any activities unrelated to the direct care of children without the written, informed consent of the parent(s) or guardian. "Activities" shall mean, but not be limited to:
- (a) fundraising,
 - (b) publicity, including photographs and participation in the mass media.

