PARTNERS CHILD CARE SERVICES

PARENT HANDBOOK

MGH CHILDREN'S CENTER and IHP CHILDREN'S QUARTERS

Welcome to Partners Child Care! This handbook will acquaint you with our mission, philosophy, curriculum and policies. We hope it will give you a clear picture of the Centers and what you and your children can expect while in our care.

MGH CHILDREN'S CENTER

3 Thirteenth Street
Charlestown, MA 02129
617.726.5437
Infant / Toddler / Preschool

IHP CHILDREN'S QUARTERS

36 First Avenue
Charlestown, MA 02129
617.726.6010
Infant / Toddler / Preschool

MGH Children's Center Cell Phone Numbers:

FOR EMERGENCY USE ONLY

Infant: 617.850.2276
Toddler 1: 617.283.4148
Toddler 2: 617.640.0426
Toddler 3: 781.234.8955
Preschool: 617.283.5012

IHP Children's Quarters Cell Phone Numbers:

FOR EMERGENCY USE ONLY

Room 1: 617.513.4913
Room 2: 617.513.8264
Room 3: 617.513.4904

PLEASE NOTE: REVISIONS TO THE PARENT HANDBOOK ARE MADE PERIODICALLY; REVISION DATE CAN BE FOUND IN DOCUMENT FOOTER.

MGH CHILDREN'S CENTER & IHP CHILDREN'S QUARTERS PARENT HANDBOOK - TABLE OF CONTENTS

NON-DISCRIMINATION POLICY

In providing services to children and their families, Partners Child Care Services does not discriminate on the basis of race, religion, gender, disability, cultural heritage, political beliefs, marital status, national origin or sexual orientation.

MISSION STATEMENT

Partners Child Care Services (PCCS) provides high quality, developmentally appropriate and cost effective child care options to Partners employees, patients and members of the community in the form of center based child care and backup child care.

In addition, PCCS oversees the relationship between Partners Healthcare System and Care.com Backup Care (formerly known as Parents in a Pinch), which provides in-home care options. PCCS also collaborates with the Partners Employee Assistance Program (EAP) to connect families with child care information and referral.

PHILOSOPHY STATEMENT

Partners Child Care Services takes seriously its role and responsibility in providing child care to the employees and patients of the Partners Healthcare System. To this end, in each of our programs we are guided by the following principles and practices.

- Appreciate childhood as a unique and valuable stage of the human life cycle;
- Base our work on child development theory and practice, using NAEYC standards;
- Respect the dignity, worth, and uniqueness of each individual child, family member and staff member;
- Respect diversity in children, families, and staff;
- Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect.

CURRICULUM

As described by the NAEYC Curriculum Standard, "The program implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive." Guided by the *Teaching Strategies Gold and Ages & Stages* frameworks, and our solid understanding of child development theory and practice, our curriculum is rooted in the belief that children learn through play. The environment is carefully designed to be child-centered and to provide opportunities to explore and learn. We are also guided by our observations and assessments of children and utilize this information in our curriculum planning.

WHAT YOU CAN EXPECT FROM PARTNERS CHILD CARE CENTERS

- An open door policy which welcomes you to visit your child any time during the day;
- A caring, loving, warm atmosphere;
- Well-informed, knowledgeable staff who have been trained to work with the age group to which they have been assigned;
- A carefully designed, responsive and developmentally appropriate curriculum;
- Daily communication regarding your child;
- Opportunities for parent participation;
- Collaborative relationships between parents and staff members which foster children's development both at home and in the center.

APPLICATION TO THE CENTERS

Following receipt of an application, families will be contacted by the Center Site Director when a space becomes available at either the MGH Children's Center or the IHP Children's Quarters.

Applications are filed by date received and openings are filled on a first-come-first-served basis according to application date. Consideration will be made relative to the number of slots available and the balance of full and part time schedules, to enable the centers to maintain full enrollment each day of the week. Part time schedules will be set up on a two day or three day basis. Families' opting to utilize a four-day schedule will be required to enroll in and pay for a full time, five-day schedule.

Waitlist applications are completed and submitted online from our website at www.partners.org/childcare

ENROLLMENT

MGH Children's Center: Enrollment priority is granted first to benefits-eligible employees of MGH and Partners Corporate, followed by benefits-eligible employees of Partners-affiliated institutions.

IHP Children's Quarters: Enrollment priority is granted first to benefits-eligible employees and students at the Institute, followed by benefits-eligible employees of MGH, Partners Corporate and Partners-affiliated institutions. Running in tandem with this tiered priority, 25% of the slots are reserved for Charlestown residents.

LOSS OF EMPLOYMENT AFFILIATION POLICY

If your affiliation as an employee of Partners HealthCare System (and its affiliated hospitals) ends, you are no longer eligible to remain enrolled; we do, however, offer an "enrollment grace period" and your currently enrolled child(ren) may remain enrolled for up to ninety (90) days from the date your employment ends; if you choose to exit before the 90 day "enrollment grace period" concludes, the usual one month withdrawal notice applies.

If your affiliation ends and you choose to remain enrolled up to 90 days, your affiliation immediately changes to *Community* and your tuition rate will change from the employee rate to the community rate and all associated employee benefits, such as sibling discount and tuition subsidy, will cease.

SIBLING PRIORITY

Based upon space availability, families employed by Partners Healthcare with one or more siblings currently enrolled at the MGH Children's Center or IHP Children's Quarters will receive sibling priority status for enrollment; as with all enrollment, when a space becomes available, it will be held for one month after which full payment for tuition is required to secure the space and can be taken for up to three months to hold a space before a child starts.

While we warmly welcome the return of alumni families, we are unable to offer an alumni priority status for the waitlist or enrollment.

REGISTRATION FEE AND SECURITY DEPOSIT – NEW ENROLLMENT

Families are required to pay a non-refundable Security Deposit totaling one month's tuition and a Registration Fee of $35 at the Enrollment Intake meeting. The Security Deposit will be applied towards the first full month of care.

ANNUAL SECURITY DEPOSIT – CONTINUING ENROLLMENT

In an effort to plan effectively and efficiently for program enrollment, a security deposit is collected in the summer to guarantee September enrollment. A 'flat rate' security deposit of $500, payable by check, will be collected for each family enrolled.

The security deposit ***guarantees*** continued enrollment in September. Should enrollment be withdrawn at any point after the security deposit has been collected, the security deposit will be forfeited. If enrollment is maintained, the security deposit check will not be cashed and will be voided in September.

TUITION FEE STRUCTURES

There are two fee structures at the MGH Children's Center and IHP Children's Quarters. There is a fee structure for employees of Partners Healthcare (and its affiliated Member institutions) and a fee structure for community families. For tuition rates please see Attachment A of this handbook or visit our website www.partners.org/childcare

TUITION FEE CHARGES

Tuition is charged based upon the group size and adult to child ratio in a given group; although generally "matched" to a child's chronological age, transitions of children from one group to another, or the programs' inability to transition children given the maximum State licensed group sizes, may result in children transitioning to the next group beyond the chronological age as defined by State licensing (outlined below under **GROUP SIZES AND RATIOS)**.

For example, if a child turns 2 years 9 months (or older) within a Toddler group of 9 children and the transition to the Preschool group of 20 children cannot be made until a later date, the Toddler tuition rate will remain in effect. In these instances, the program adjusts the environmental and curricular experiences for children to ensure that there continues to be a developmentally appropriate match for the child(ren).

Tuition fees are due and payable when families are on vacation, when children are out due to illness, and when the Center is closed.

SCHEDULE CHANGES

All schedule changes must be approved by the Center Site Director and must be made in writing. Please note: short term schedule changes are not permitted.

WITHDRAWAL FROM THE CENTER

A minimum one-month notice is required for withdrawals that are not due to entry into Kindergarten. If less than one month notice is given, the charge is for a full month of service.

Withdrawals for entry to Kindergarten and for children turning 5 years old before September 1st: Parents must inform the center in writing of their child's withdrawal date on or before June 30th, and must still provide a minimum one month notice. All Kindergarten-bound children, and children who turn 5 years old before September 1st, must be withdrawn on or before the Friday before Labor Day.

There tends to be great variance school district to school district with regard to Kindergarten start dates; please check your school district's calendar *well* in advance of your child's last day in our programs so that you can plan for any gaps in care until Kindergarten begins.

For weekly paid employees: for withdrawal dates that are part-week, a full week of tuition is charged; parents are advised to consider this when determining withdrawal date.

For monthly paid employees and Community members: for withdrawal dates that are part-month, a half month tuition is charged for exit dates from the 1st to the 15th and a full month of tuition is charged for exit dates from the 16th to the 31st; parents are advised to consider this when determining withdrawal date.

HOURS OF OPERATION

The MGH Children's Center and IHP Children's Quarters are open 6:15am to 5:45pm, Monday through Friday. The very early morning opening hours are designed to accommodate parents who must be on shift at the hospital by 7:00am; we remain open until 5:45pm to accommodate the varying hospital shifts yet we encourage that children attend no more than nine and a half to ten hours per day on a regular basis.

The program operates 52 weeks per year excluding the nine holidays observed by Partners HealthCare System. We are closed two additional days to allow for spring and fall staff training and development and thorough, center-wide cleaning and two early closure days in December and June. Please see *Holidays Observed* and *Early Closures Observed* for details.

LATE PICK UP FEE

It is imperative that children are picked up by 5:45pm. Children are easily upset when parents are late, and staff members have commitments to keep, as well. We suggest planning to arrive just prior to 5:45pm so that you will have ample time to speak with your child's Teachers, gather your child's belongings and depart from the center in a timely manner.

Parents arriving after 5:45pm will be charged a late fee of $1.00 per minute, per child.

LATE FEE PAYMENTS MUST BE MADE THROUGH THE CENTER SITE DIRECTOR
Chronic late pick up may result in the termination of your child's enrollment

INCLEMENT WEATHER OPERATIONS

The Partners Hospitals are always open and the Partners Child Care Services (PCCS) programs will do everything possible to remain open, as well, in the case of inclement weather. As is the case across the Partners system, PCCS employees are asked to make personal decisions about their ability to travel safely to and from work, especially as storm conditions can vary by geography. Should there be public transportation restrictions or shut-downs, or restrictions or shut-downs to the Partners shuttle service, the centers may be required to alter program operations. In the event that program operations must be altered, parents will be informed with as much notice as possible.

To receive information regarding program operations at the

- **MGH Children's Center**: dial the main number, 617.726.5437, and **select menu option 7** to receive recorded information on emergencies and the status of program operations.
- **IHP Children's Quarters**: dial the main number, 617.726.6010, to receive recorded information on emergencies and the status of program operations.

You may also call the MGH weather emergency Hotline at 617-724-6100 for Main Campus notifications and updates.

DROP OFF/PICK UP AREA

When dropping off, picking up or visiting your child, please park in our designated "drop-off/pick up" areas:

MGH Children's Center: 5th Avenue. **Note**: the small parking lot facing 5th Avenue is reserved and paid for by tenants in the other units of our building. Violators using this small lot may be ticketed or towed at their own expense; therefore, please only use on 5th Avenue for drop off and pick up.

Children's Quarters: Two locations: Terry Ring Road and 8th Street (in front of the Center).

DROP OFF AND PICK UP PROCEDURES

All parents must check their child in and out with a teacher at each arrival and departure throughout the day. Please call your child's classroom before 9:30am to notify staff if your child will be absent or arriving after 9:30am.

Parents are expected to adhere to their scheduled drop off and pick up times. Any changes must be discussed with the Education Coordinators, Assistant Directors, or Center Site Directors in advance. Parents arriving early or unannounced must stay until staff meet state ratio requirements.

Pick up Authorization. As State licensed programs, we are required to obtain a list of any person(s) authorized *in writing* by the parent to take the child from the center or to receive the child at the end of the day. By law, we are not permitted to release a child to anyone other than those who have been authorized in writing by a parent.

If, at any time, the Teacher responsible to release a child from the center has not yet met the authorized pick up person, the authorized person will be required to present valid photo identification before the child will be released; even if it is apparent the child recognizes the authorized person, it is for the child's safety and parent and center protection that the photo identification process will always be utilized.

HOLIDAYS OBSERVED ^

The MGH Children's Center and Children's Quarters are closed on the following days: *****

New Year's Day……. January 1st ^
Martin Luther King Day…… 3rd Monday in January
President's Day…….. 3rd Monday in February
Staff Day (Staff Development)……..1st Friday in March
Memorial Day…… Last Monday in May
Independence Day……. July 4th
Labor Day…….. 1st Monday in September
Staff Day (staff development and new year prep/organization) Tuesday after Labor Day
Thanksgiving Day……. 4th Thursday in November
Day After Thanksgiving ..... Friday after Thanksgiving
Christmas Day……... December 25th ^

EARLY CLOSURES OBSERVED ^

The MGH Children's Center and Children's Quarters **close at 4:00pm** on the following days: *****

Staff Day (Biannual all Center staff meeting)…….. First Tuesday of June
Staff Day (Biannual all Center staff meeting)…….. First Tuesday of December

*** Tuition is charged for all Center closures, all vacation time taken by families and when children are out due to illness.**
^ For 2019 – 2020 Closure Calendar, please see Attachment C of this handbook

SIGN UP DAYS

To enable us to staff the Centers accordingly, parents will be asked to "sign up" for days surrounding major holidays. These sign up days are our primary tool for predicting accurate attendance in order to effectively plan curriculum, snack food service, staff schedules and staff time off.

Sign up days are:

- Day before Thanksgiving;
- Christmas Eve if it falls on an open business day;
- Day after Christmas if it falls on an open business day;
- New Year's Eve if it falls on an open business day;
- Day after New Year's if it falls on an open business day;
- Open business days before and after Center closure days.

In keeping with the Partners standard:

- When Christmas Day (December 25th) and New Year's Day (January 1st) fall on a Saturday, **the closure day is** the day before, **Friday**.

- When Christmas Day (December 25th) and New Year's Day (January 1st) fall on a Sunday, **the closure day is** the day after, **Monday**.

TUITION PAYMENT

The centers require that all tuition payments for employees be made through payroll deduction. Payroll deduction forms must be completed at least one week prior to your child's enrollment. Forms are available at the centers.

Community families are unable to utilize payroll deduction and must therefore pay by check. Payment is due in full by the 1st of each month. If account balance is not paid in full by the 5th of each month, families will be at risk of termination from the center. For tuition rates please see Attachment B.

Tuition fees are due and payable when families are on vacation, when children are out due to illness, and when the Center is closed.

SUBSIDIES

Partners Child Care Services offers **tuition subsidy** to *benefits-eligible MGH employees* in an effort to make the on-site child care facility more affordable for families with financial needs. MGH benefits-eligible employees with a total family income of less than $75,000 per year are eligible to apply for tuition subsidy.

Verification of total family income must be provided before a subsidized rate can be confirmed. All forms of verification must be approved by the Director of Child Care Services. The previous year's federal tax return, W2 forms and current-day pay stubs are the minimum required forms of verification. Please contact the Director of Child Care Services to obtain information about or an application for tuition subsidy.

Employees of MGH, PHS and PHS affiliates who are benefits-eligible and have more than one child enrolled in our Navy Yard programs, are eligible for a **sibling discount** which is applied toward the lowest tuition fee paid. Verification of benefits-eligible employment status must be provided before a sibling discount can be applied.

VISITING

Parents are encouraged to visit at any time. For the overall safety of the children and staff, the doors will always be locked. Parents can use their I.D. badges to enter the building or the buzzer/intercom system.

WHAT TO BRING
Please label all items with your child's FIRST AND LAST NAME

All children need to bring a lunch box, an extra set of clothing including socks and underwear, a blanket, comfort items when needed, diapers, wipes and for Infants, breast milk and/or formula.

CLOTHING The activities at the Centers can be messy. ☺ Please dress your children in play clothes. Although we do use smocks and roll up sleeves, we cannot guarantee that children's clothing will not get stained or soiled. We assume that you will send your child in clothes that allow your child to participate fully in our play-based program and that you understand that clothes may get stained or soiled. Clothing should be clearly labeled with your child's first and last name, thank you.

***A safety note about footwear*:**
All children should wear sturdy shoes to the Center; we recommend that children wear sneakers or shoes with rubber soles to provide them with maximum traction for safe climbing, running and jumping. Children may not wear flip-flop sandals, jellies or cowboy boots. Please do not send your child to the Center in shoes with slick bottoms, such as dress-up shoes.

ACCESSORIES AND JEWELRY Children's accessories and jewelry are extremely attractive to young children's eyes, fingers, and mouths. We ask parents cooperation to be safety conscious when choosing accessories that their children wear to the Centers. Small objects like barrettes and earrings can be choking hazards and necklaces can pose strangulation hazards. Therefore, we **do not permit the following type of jewelry:**

- Dangly earrings (small, snug-fitting pierced studs are permitted);
- Necklaces of any kind;
- Bracelets with beads or charms (rubber, cloth or thread bracelets are permitted as long as they do not contain attachments or charms).

COMFORT ITEMS If it will help your child feel more at home during the day, we welcome comfort items such as his/her favorite pacifier, doll, stuffed animal, books or items that contribute to our activities are always welcome. These items need to be small enough to fit within each child's individual cubby space. If you have any questions about what to bring please speak to your child's Teacher.

LINENS The Centers provide crib and mat sheets; they are washed at the Centers each week or more often if necessary.

BLANKETS Parents are to provide a blanket for their child to use at naptime. Blankets should be labeled with child's first and last name and will be kept at the Centers in the child's cubby. Parents are responsible for laundering blankets. All blankets should be brought home and washed once a week and as needed.

TRANSITION PLAN
The Centers are organized and staffed to minimize the number of transitions children experience. Being mindful of the importance of the bonds that are established with Teachers and peers, every effort is made to maintain continuity of relationships between teaching staff and children and among groups of children. Every effort is made to keep Infants and Toddlers/Twos together with their Teachers for nine months or longer. Developmental needs or concerns are always considered when planning transitions for children and clear communication takes place between Center and home and among teaching staff.

Please note: The Centers make every attempt to plan for and enact transition plans that have been discussed with families; in the event of an unforeseen change to enrollment, staffing, or program operations, transition plans may need to be

altered to ensure compliance with State regulation, as well as to ensure a best practice experience for children. When transition plans must be altered, the Center Site Director will contact the families to discuss.

GROUP SIZES AND RATIOS

Our programs adhere to the group size and ratios as set forth by the MA Department of Early Education and Care (EEC) as well as by the standards set forth by the National Association for the Education of Young Children (NAEYC).

- Infants: 8 weeks to 14 months: Group size max 7; adult to child ratio 2:7
- Infant/Toddler: 8 weeks to 2 years 8 months, no more than 3 Infants: Group size max 9; adult to child ratio 2:9
- Toddlers and Twos: 15 months to 2 years 8 months: Group size max 9, adult to child ratio 2:9
- Preschoolers: 2 years 9 months to 5 years: Group size max 20, adult to child ratio 2:2

Please see TUITION FEE CHARGES on page 4 for an explanation of how tuition rates are charged.

MEALS, SNACKS, TOOTH BRUSHING

Food allergies must be reported to the Centers

INFANTS

Parents are to provide bottles, breast milk and/or formula and food for their infants. Breast fed babies should be able to use a bottle or cup before starting in our care. We ask that you keep Teachers informed of special dietary instructions. The Infant staff will work closely with parents to determine when/which Center snack foods are served to each child.

TODDLERS AND PRESCHOOLERS

Parents provide lunch for their child. Lunch boxes should contain a thermos/ice pack when necessary. If your child arrives before 8:00 am, you may bring a prepared breakfast to be served at the Center. If your child arrives after 8:00 am and has not eaten breakfast, please speak to the Teacher and if necessary we will supplement his/her 9:30 snack with breakfast items brought from home.

Please remember to label lunch boxes, bottles and food containers with
first and last name.
Please remember all lunch food items must be prepared and ready to eat.

SNACKS

The Centers provide one morning and one afternoon snack each day. Snacks consist of milk, water, juice, crackers, fruit, vegetables, cheese, etc. Snack menus are posted at the sign-in areas. Parents may provide prepared snacks for children with allergies and for special occasions.

TOOTH BRUSHING

Per State licensing regulation, staff members assist children in brushing their teeth if they are in care for more than four hours per day. This practice is intended to increase awareness of the importance of good oral health practices and to assist children in establishing good oral hygiene practices from an early age. Tooth brushing takes place once a day. Individually labeled pediatric tooth brushes and individual tooth brush holders are provided by the Centers and water, not toothpaste, is used to brush children's teeth.

SUGGESTED MENU ITEMS FOR LUNCH

We hope this list will be helpful in providing ideas for healthy and nutritious lunches.

SANDWICHES:
Cream cheese and jelly, tuna, egg salad, chicken salad, cold cuts and cheeses. Try using a variety of breads such as pita, bagels, croissants or wraps.
SOUPS AND SALADS:
Soups, hot pastas in sauce, stews, casseroles, green, pasta or rice salad.

Please note: The staff is not permitted to heat food. Hot foods must be in a THERMOS, which **does not** require additional heating. Cold foods and beverages must be sent with ice packs to ensure proper cool storage in lunch box.

FRUITS, VEGETABLES & OTHER IDEAS:
Bananas, par boiled vegetables, peaches or pears with cottage cheese, yogurt. Yogurt can leave one hungry with no carbohydrates; therefore, please include bread, pasta or a hardboiled egg with yogurt.

To promote healthy eating habits, Teachers encourage children to eat what has been sent for their lunch; with this in mind, we ask that parents send a variety of healthy options as described above. Per Early Education and Care best practice, staff will allow children to eat the foods that have in the order they choose; we cannot withhold food or not permit children to eat some foods until they have eaten others; with this in mind, please send foods that you wish your child to eat and staff will encourage the enjoyment of all foods they have been provided for snacks and lunch.

Children's interest in and enthusiasm for food is actually quite similar to that of adults; when food is prepared and presented to highlight a variety of colors and textures, it's often that much more appealing to eat and enjoy. Please feel free to ask us for ideas and suggestions and your fellow families may have some fun ideas, too.

LUNCH SUPPLEMENTS

Children enjoy having their main course supplemented with healthy treats. These could include some of the following: Fruit: fresh, sliced, or canned. Vegetables: raw or par boiled.

****Grapes and hot dogs must be cut lengthwise and in very small pieces. The program will not serve popcorn, raw peas, hard pretzels or meat larger than can be swallowed whole to reduce the chance of choking. ****

NUT-FREE ENVIRONMENT

All Partners Child Care Services centers are nut-free. Please do not send nut products of any kind with your child to the Center. Thank you for cooperation in adhering to this important policy for the health and safety of children in our care who may have nut allergies.

THINGS TO KNOW AND REMEMBER

No soda or high sugar drinks

A special beverage treat could include chocolate or strawberry milk. **Please, no soda or high sugar drinks.** If you have found nutritious items that are very popular with your child, please share your experiences and ideas with Teachers and other parents for supporting healthy nutrition and happy meal times.

Birthday snacks and home party invitations:

Birthdays are a very special time in a young child's life. We ask that you reserve traditional party items such as balloons, favors, cake and ice cream for your home party. If you wish, your child may bring a special snack, such as muffins, or birthday napkins to make the occasion special. Please speak with your child's Teachers about any plans you may wish to make to recognize your child's birthday at the Center.

Please refrain from distributing birthday party invitations to your home celebrations in the classroom mailboxes; it can be upsetting to young children if there are classmates who have received a birthday party invitation if they have not.

PARENT PARTICIPATION

Parents are invited to participate in all aspects of programming and curriculum activities. We invite ongoing parent input through daily communication with staff, participation on field trips and attendance at all Center functions that are held at various points throughout the year.

REFERRAL SERVICES

Written Plan for Referral Services

Our Centers use the following procedures for referring parents to appropriate social, mental health, educational and medical services for their child should the Center staff feel that an assessment for such additional services would benefit the child.
Whenever any staff member is concerned about a child's development or behavior and feels that further evaluation should be done, they should report it to the child's Education Coordinator or Assistant Director who will review concerns with the Center Site Director.

If the administrator agrees, the Education Coordinator or Assistant Director is requested to complete an observation report and review the child's record prior to making a referral.

The Center Site Director maintains a list of current referral resources for children in need of social, mental health, educational, and other medical services including but not limited to hearing, vision and dental. This list shall include the contact person for chapter 766 and Early Intervention Program referrals.

Referral Meeting

The Center Site Director schedules a meeting with parents to notify them of the Center's concern and prepares a current list of possible referral resources.

At the meeting, the Center Site Director will provide to the parent a written statement including the reason for recommending a referral for additional services, a brief summary of the Center's observation related to the referral and any efforts the Center may have made to accommodate the child's needs.

The Center Site Director will offer assistance to the child's parents in making the referral. Parents should be encouraged to call or request in writing an evaluation. If parents need extra support, the Center may, with written parental consent, contact the referral agency for them.

Information on Early Intervention services for children from 0-3years old is available by calling Family TIES of Massachusetts at 800.905.TIES (8437). Family TIES of Massachusetts web address: www.massfamilyties.org

Information on services for children 3 years and older is available through the Public School System where the child lives.

Follow up to the Referral

The Center Site Director will, with parental permission, contact the agency or 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 from the agency or is ineligible to receive services, the Center shall review the child's progress at the center every three months to determine if another referral is necessary.

Record of Referrals

The Center Site Director and Education Coordinator or Assistant Director will maintain a written record of any referrals, including the parent conference(s) and results. A referral checklist, which includes referrals made, meeting dates, outcomes and next steps, will be kept in the child's referral record.

PROCEDURES FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE OR NEGLECT TO DEPARTMENT OF CHILDREN AND FAMILIES (DCF)

Policies and Procedures on Child Abuse and Neglect

How does the Massachusetts Department of Children and Families (DCF) define abuse and neglect?

Under the Department of Children and Families regulations (110 CMR, section 2.00):

Abuse means: The non-accidental commission of any act by a caregiver which causes, or creates a substantial risk of, physical or emotional injury or sexual abuse to a child; or the victimization of a child through sexual abuse or human trafficking, regardless if the person responsible is a caregiver. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting). DCF defines "sexual abuse" as any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible.

Neglect means: Failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care, including malnutrition or failure to thrive; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition.

Massachusetts law requires mandated reporters to immediately make an oral report to DCF when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect. A written report is to be submitted within 48 hours.

- Procedure if a PCCS staff member has reasonable cause to believe that a **PCCS staff member** may have been abusive or neglectful toward an enrolled PCCS child:

    - They shall immediately notify their supervisor and the Site Director or their designee, who will then immediately notify the Director of Child Care Services, who will then immediately notify their manager and Partners Human Resources.

For concerns brought to a Site Director or their designee *other than* a child or children left unattended, alone, or separate from the group as a whole (which, as outlined above under *Supervision of Children*, is reportable to DCF and will result in a 51A Report being filed with DCF and subsequently reported to EEC), the Site Director or their designee will assess the situation and if the incident is reportable as defined by the Massachusetts Mandated Reporter law, will report the suspected or alleged incident to the Department of Children and Families (DCF) and the Department of Early Education and Care (EEC) as required by law.

If the Site Director or their designee files a 51A Report with DCF regarding the suspected abuse or neglect of an enrolled PCCS child, they must then immediately notify the Director of Child Care Services, who will then immediately notify their manager and Partners Human Resources.

Should the Site Director or their designee advise against filing/reporting, the PCCS staff member who reported the concern to the Site Director or their designee retains the right to contact DCF directly and to notify the local police.

If a PCCS staff member is in question of having been abusive or neglectful, they will immediately be removed from working with children and will be suspended with pay until investigations by DCF, EEC, Partners Child Care Services (PCCS), and Partners Human Resources have been completed; in cases where the PCCS and Partners HR internal

investigation results in termination of the staff member(s), this decision may precede the completion of the DCF and EEC investigations.

If allegations of abuse and/or neglect are substantiated, corrective action up to and including termination of the PCCS staff member will result.

- Procedure if a PCCS staff member has reasonable cause to believe that a **parent/guardian** may have been abusive or neglectful toward an enrolled PCCS child:
    - They shall immediately notify their supervisor and the Site Director or their designee, who will then immediately notify the Director of Child Care Services or their designee, who will then immediately notify their manager or their designee and Partners Human Resources.

If a parent/guardian is in question of having been abusive or neglectful, PCCS employees are bound by law, as mandated reporters, to follow applicable reporting procedures as described above and below.

Reporting Suspected Abuse or Neglect

The Department of Children and Families (DCF) is called by the Site Director or their designee.

The Site Director or their designee makes every effort to learn the details by speaking with the involved parties when appropriate.

Documentation of concerns:

Timeline: Massachusetts law requires mandated reporters to immediately make an oral report to DCF and a written report is to be submitted within 48 hours.

EEC is immediately notified after filing or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the program or during a program-related activity.

Involved PCCS staff members are required to document the incident in writing as soon as possible so that salient points and details are not lost due to the passage of time. PCCS and/or Partners HR may request copies of involved staff members' written documentation of the incident.
PCCS utilizes an *Incident Response Form*, an internal-use-only check list document, to ensure that the proper notifications are made after a serious incident involving an enrolled PCCS Child or a PCCS Staff Member; please note that in addition to the internal Incident Response Form, there may be other reporting requirements or paperwork that is completed by PCCS.

Phone numbers of local and State DCF Offices:

For MGHCC and IHPCQ: 617.660.3400 (Harbor Area Office)

For PCCAR: 617.520.8700 (Cambridge/Somerville Area Office)

For MCLCC: 781.641.8500 (Arlington Area Office)

For BWHBU and MGHBU: 617.989.2900 (Dimock Street Area Office)

800.792.5200 (Child-at-Risk Hotline) Massachusetts DCF Main Number: 617.748.2000

Phone number EEC Metro/Boston Regional Office: 617.472.2881

All PCCS staff are required by the Department of Early Education Care (EEC) and Partner Child Care Services (PCCS) to complete Abuse and Neglect training on an annual basis; this training includes the important tenants of the Massachusetts Mandated reporter Law.

ALL CHILD CARE WORKERS ARE MANDATED REPORTERS. IF A PCCS CENTER CHAIN OF COMMAND FOR REPORTING IMPEDES THE REPORTING OF THE SUSPECTED CASE OF ABUSE OR NEGLECT, THEN ANY INDIVIDUAL PCCS STAFF MEMBER WITH A CONCERN IS OBLIGATED BY LAW TO REPORT THE INFORMATION THEMSELF.

TERMINATION OF ENROLLMENT

A child's enrollment may be terminated from the Centers under the following circumstances:

- behavior of child or parent that is deemed inappropriate by Partners Child Care Services or MGH Police and Security
- behavior of a child or parent that puts the institution or its visitors at risk
- failure to complete and return required EEC paperwork
- non-payment of fees
- chronic late pick up
- the Center's inability to meet the needs of the family
- the Center's inability to meet the needs of the child, as determined through conference and referral (see Referral section above).

Parents will be notified in writing at a face-to-face meeting when possible, including the reasons for termination. A copy of this letter will be kept in the child's record.

The Center Site Director will inform parents of the availability of information and referral for other child care services through Partners Child Care Services and Partners Employee Assistance Program (EAP).

When a child is terminated from the Center, whether initiated by the Center or the parents, the child's Teacher will prepare the child and family for their departure in a manner that is professional, respectful and developmentally appropriate with regards to the child's level of understanding.

SUSPENSION

Partners Child Care Centers are employer-supported Centers. A child's suspension may lead to an employee's inability to work. As a result the Centers choose not to enact a suspension policy.

PARENTS' RIGHTS

1. PARENT VISITS - We encourage all parents to visit the Centers and their child at any time.

2. PARENT INPUT - We hope and expect that you will share any ideas and suggestions you have for the improvement of our Centers and for the care of your child, either verbally or in writing. We will make every effort to respond promptly and receptively at all times.

3. PARENT CONFERENCES - Parent conferences are an opportunity for families and Teachers to share goals, expectations and concerns in confidence. Traditionally conferences are scheduled in the fall and spring, yet families are welcome to request a conference at any time throughout the year.

4. REPORTS TO PARENTS – Depending upon a child's age, Teachers either write daily notes or communicate verbally regarding each child. Our aim is to establish the best possible communication between home and the

Centers at all times. We will notify you immediately if we become aware of any developmental or emotional issues of which you should be aware.

5. CONFIDENTIALITY AND DISTRIBUTION OF RECORDS - Children's records including assessment information is kept in a secure location. Information contained in a child's record is privileged and confidential. We will not distribute or release any information to anyone not directly related to implementing our programs without written consent from you.

6. DEVELOPMENTAL ASSESSMENT - All children are routinely assessed which is then integrated with teaching and planning. An initial screening is completed for all children by Teachers and families within the first 30 to 45 days of enrollment using the standardized tool called "*Ages & Stages"*. Once baseline data is gathered within the first six weeks of enrollment from parent input and classroom observations, ongoing assessment begins and developmental checklists are completed every 3 months for Infants and children with special circumstances and every 6 months for Toddlers and Preschoolers.

7. AMENDING THE CHILD'S RECORD - As a parent, you have the right to add any information, comments, data or other relevant material to your child's record.

8. TRANSFER OF RECORDS - Upon written request from you, the parent, we shall transfer a copy of your child's record to you or any other person you identify.

9. NEWSLETTER - A newsletter is distributed to all center families to keep everyone informed of center curriculum, issues, enhancements and special events.

10. NOTIFICATION OF COMMUNICABLE DISEASES – Parents are notified whenever a communicable disease or condition has been identified in the program. Care is taken to ensure that families of under-immunized children receive communicable disease notification promptly and these children are excluded promptly if a vaccine-preventable disease occurs in the program.

11. GRIEVANCE PROCEDURE - Should a parent have a concern about a staff member or Center policy, the issue should first be brought up with the Center Site Director. If the issue is not resolved at Center Site Director level, the parent should contact the Director of Child Care Services.

MEDICAL POLICY

The Center Site Directors work closely with a pediatric Health Care Consultant to determine medical policies and resolve medical issues affecting the children and staff at the centers. A copy of the Health Care Policy may be obtained by parents through written request to the Center Site Director.

Mildly ill children will be permitted to attend the center on their regularly scheduled days. For the protection of *ALL* children and staff, parents will be notified when their child presents with an undiagnosed condition, or is too ill to remain at the Center, and they will be requested to pick up their child immediately. Should a parent be unable to pick up their child within one hour, they are responsible for making arrangements for their child to be picked up by someone from their list of emergency contacts.

Criteria regarding signs or symptoms of illness, which will determine whether a child will be included or excluded from the Center prior to morning drop off:

- If a child has a temperature of 100.4 * or higher, he/she will be required to stay out of the Center until fever-free for 24 hours *without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil).*

- A child on antibiotics must be excluded from the Center from the time of diagnosis until 24 hours after the first dosage.

* We are still working under the H1N1 and seasonal flu prevention guidelines issued by the State, therefore PCCS Centers must adhere to 100.4 or higher until further notice.

When an enrolled child exhibits symptoms requiring exclusion, he/she will be made comfortable on a mat in a quiet area away from the other children until he/she can be picked up. Staff will provide the child with food and beverage as requested and comfort as needed.

We have no separate facilities for long term care of a sick child, parents are asked to be especially aware of and plan for impending illness. If a child becomes sick while at the Center, a staff member will contact the parent to ask that the child be taken home. We will ask parents to take their child home if we feel that he/she needs to see a doctor, if they present with an undiagnosed condition, is contagious, or has a greater need for individual care than staff can provide while providing care for the needs of other children. At the Center, the child will be made comfortable on a mat in a quiet area away from the other children. Staff will provide the child with food and beverage as requested.

Some of the common conditions for which a child will be sent home, and when excluded children may return, are as follows:

1. *Temperature* - A child will be sent home if he/she has a temperature of 100.4 degrees or higher. The child must be fever-free for at least 24 hours *without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil)* before returning to the Center. His or her activity level and appetite should be back to normal as well. In cases of highly contagious illness associated with fever (such as the flu), the return to Center timeframe may be extended to ensure the health and wellness of the child care center community.

2. *Diarrhea* - A child who has more than one instance of diarrhea (watery stools) will be sent home. Diarrhea is usually caused by viral infections however bacteria and parasites (Giardia) may be the cause. If your child has an allergy or condition that regularly causes diarrhea, please alert the staff to this during orientation. The child must be diarrhea-free for at least 24 hours before returning to the Center. In cases of highly contagious stomach and intestinal illness (such as Norovirus), the return to Center timeframe may be extended to ensure the health and wellness of the child care center community.

3. *Vomiting* - A child who is vomiting will be sent home and should remain home until vomiting has stopped. Most vomiting is caused by infection. Stomach viruses are highly contagious and can spread through the Center very rapidly. The child must not have vomited for at least 24 hours before returning to the Center. In cases of highly contagious stomach and intestinal illness (such as Norovirus), the return to Center timeframe may be extended to ensure the health and wellness of the child care center community.

4. *Impetigo* - This skin infection is characterized by crusted sores, which may appear anywhere but usually first in the facial area. When prescribed by a physician, children with this condition must have taken the prescribed antibiotics for at least 24 hours before returning to the Center and all lesions should be dry before returning to the Center.

5. *Conjunctivitis* - This is a contagious infection of the eye characterized by redness and tearing, a yellow discharge from eyes, or eyelashes stuck together. When prescribed by a physician, children with this condition must have taken at least one dose of the prescribed antibiotics before returning to the Center, and all discharge must be gone.

6. *Strep Throat* - Is characterized by swollen neck glands and a temperature combined with a sore throat. When prescribed by a physician, children with this condition must have taken the prescribed antibiotics for at least 24 hours before returning to the Center.

7. *Scarlet Fever* - Is a strep throat with a rash, which is red and has a sandpaper feeling. Your physician should be consulted as to when your child should return to the Center.

8. *Chicken Pox* - Children can attend the Center after exposure or during the incubation period (11-20 days after contact.) Your physician is the best person to consult if there is any doubt concerning your child's contagiousness during this illness. **Please notify the Center if you suspect that your child has been exposed to chickenpox so that we may notify the other parents.** The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded from attending if/when a vaccine-preventable disease is introduced into the program.

9. *Ear Infections* (Otitis Media) - Ear infections are extremely common. When prescribed by a physician, children with this condition must have taken the prescribed antibiotics for at least 24 hours before returning to the Center.

10. *Respiratory Infections* - Are very common and usually are caused by viruses. It is advised that your child remain at home and if fever is associated with the infection, must be fever-free for 24 hours *without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil)* before returning to the Center.

11. *Head Lice* - Is characterized by very itchy scalp and nits (white eggs) that resemble dandruff but can't be easily removed from the hair. Children may return to the Center after they have had one head lice treatment.
12. *Scabies* - Is a very itchy rash between the fingers, on wrists, under arms, at the belt line and in infants on the head, neck, palms and soles. The rash is caused by a mite. The child may return to the Center after one treatment.

13. *Hand-foot-mouth disease* - Is caused by a viral infection. It is characterized by small ulcers in the mouth, blisters on hands and feet and sometimes near the genitalia and on the buttocks. The child is contagious until the fever is gone (typically 3-4 days) and must be fever free for 24 hours *without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil)* before returning to the Center.

If a child is ill with a contagious disease (i.e., chickenpox, etc.) parents are to let the staff know so that other parents at the Center may be informed. Center staff shall post notice of the type of communicable disease, symptoms, and precautionary measures that can be taken in addition to information on when an infected child can return to the center. In cases of highly contagious illnesses, the return to Center timeframe may be extended to ensure the health and wellness of the child care center community.

Tuition is charged as usual when children are out due to illness.

EMERGENCY MEDICAL FORMS

The State of Massachusetts requires parents to provide the Center with a current immunization record, annual physical exam report and for children between the ages of 9 and 12 months and annually thereafter a Lead screening test result, within 30 days of enrollment. *ALL MEDICAL RECORDS MUST BE UPDATED YEARLY.*

In addition, consent forms for authorization of medical treatment, emergency transportation and child release, must be signed by parents and kept in each child's file. *FOR YOUR CHILD'S SAFETY, PLEASE REMEMBER TO NOTIFY THE OFFICE IMMEDIATELY OF ANY CHANGES OF TELEPHONE NUMBERS OR ADDRESSES LISTED ON THE CONSENT FORMS.*

EMERGENCY MEDICAL PROCEDURES

Depending upon the severity of the emergency, the Center will contact parents or authorized persons, the MGH emergency room and the child's doctor. Transportation to the MGH or the hospital of choice will be by either ambulance or police when time is of the essence, or if parents are not available. Should immediate transportation be necessary, the Center Site Director, Assistant Director, or Education Coordinator will accompany the child.

ADMINISTRATION AND STORAGE OF MEDICATION

Prescription Medication for Children: When prescription medicine is to be administered to a child at the Center, the medication must be presented in the original bottle with a label affixed by the pharmacy or physician showing the child's first and last name, the dosage and schedule of administration, what the prescription contains, the date purchased and the physician's name. In addition, a medical authorization form must be signed by the parent in each case.
Non-Prescription Medication for Children: When non-prescription medicine is to be administered to a child at the Center, it must be accompanied by a medical authorization form signed by the parent in each case. In addition, a letter detailing the type of non-prescription medication and dosage signed by the child's physician must be on file at the Center; this letter must be renewed, signed and dated annually.

Topical Non-Prescription Medication: Topical non-prescription medications such as sunscreen, diaper cream, petroleum jelly or other ointments may be applied to a child only with written parental authorization via a signed consent form. This form must be renewed annually.

When the above conditions have been met, administration of medication to children shall be limited to the Teachers, Education Coordinator, Assistant Director, or Center Site Director. **All medication is stored out of reach of children at all times**. Parents must provide a medicine spoon as needed. After medication administration window is complete, all remaining medicine shall be returned to the parent.

We request that the Center Site Director, Assistant Director, Education Coordinator, or Teacher be made aware of any medication that is brought into the Center, even if it is teething gel. **NO MEDICATION OF ANY KIND SHOULD <u>EVER</u> BE PUT IN A CHILD'S BOTTLE, CUP OR LEFT IN A CHILD'S BAG OR CUBBY.**

When an antibiotic medication is needed, a child will be excluded from the Center from the time of diagnosis until 24 hours after the first dosage.

The Center Site Director may ask to speak to your pediatrician for prolonged administration of medicines; if your child seems to have adverse effects from the medication or if there is a potentially contagious condition.

Procedure for Identifying Children's Allergies:

The initial conference with parents and the enrollment forms establishes existing allergies. Teachers and Assistants throughout the Center are informed by the Center Site Director of type of allergy, treatment, and if applicable, location of child's medication. Allergy lists are posted in each room. Children who develop allergies over the time present at the Center will be added to the existing list of children with allergies.

PLEASE INFORM TEACHERS OF ANY FOOD EXCLUSIONS NOT RELATED TO ALLERGIES.

TRANSPORTATION PLANS

<u>To and from the Center</u>
Parents are responsible for providing transportation to and from the Center and supervision of their children during drop off and pick up.

<u>Emergency Transportation</u>
In case of emergency the Center will arrange for transportation to the nearest emergency medical facility by ambulance or police vehicle. At no time will a staff member transport a child in a personal vehicle.

<u>Field Trip Transportation</u>
Children must have written parental consent to participate on field trips. The Centers use a combination of walking, the MBTA, Partners Shuttle, and private school bus.

GENERAL SAFETY PRECAUTIONS

When leaving a Partners Child Care Services (PCCS) Center with children, whether going to play yards on or near our premises or traveling off site on a field trip, at least one staff member is required to carry a cell phone. In addition, a travel pack is always carried when leaving the Center with children; the travel pack includes first aid supplies, child contact information sheets, specific medical instructions and medications for individual children.

For field trips, staff pre-plan alternate transportation arrangements in the event of an emergency or disruption in transit service; the Center Site Director and/or his/her designee are informed of the field trip location and planned travel route. Whenever there is travel off site, all children have on their person an inconspicuous bracelet or clothing label with the name, address and telephone number of the child care program.

BEHAVIOR MANAGEMENT POLICY

Our policy concerning behavior management ~ sometimes referred to as discipline ~ is based on the individual need of the child, the ability of each child to understand what he/she is doing and the consequences of their actions. A child is never made to feel that the outcome of an act will result in physical or verbal abuse.

It is the responsibility of the Teacher in charge to ascertain what has taken place as clearly as possible. If an altercation between children has occurred, each child is spoken to with reason and with respect. Each child is then given the responsibility of approaching the other child in a friendly manner, with adult supervision, in order for the children to participate in the resolution to the misunderstanding. This is done in direct relation to the verbal ability of the child but can be accomplished even when the child is not yet talking.

When inappropriate behavior occurs with the adult being the recipient, the child will be approached either with a reasonable verbal response or with the technique of redirection. Removal from an activity for a short period of time is used only if it has been ascertained that other responses have failed or if a child is at risk.

There is less likelihood of discipline problems when positive responses and remarks are the norm throughout the day. If a positive base is established in an atmosphere of respect and understanding, inappropriate or negative behavior then becomes the exception.

When any staff member feels that he/she is unable to manage a situation with a child in an effective manner, he or she will direct the child to another staff member and take a break. Staff members assist one another in creating a positive, relaxed atmosphere.

THE FOLLOWING ARE PROHIBITED:

- Corporal punishment, including spanking;
- Verbal or physical abuse, humiliation, neglect, or abusive treatment;
- Speaking to a child in a manner or tone that is disrespectful, sarcastic, demeaning or threatening;
- Withholding food, drink or sleep;
- Force feeding children;
- Disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or forcing the child to remain on the toilet, or using any other unusual or excessive practices for toileting.

Biting Behavior in Young Children

The Centers recognize that biting is a normal stage of development that some young children go through. It is something they will outgrow in time. **Young children who bite, bite for reasons, all of them normal and developmentally understood.**

Common Reasons Why Children Bite
Teething, exploring, stress, frustration, imitating behavior, personal space is violated or crowded, lack of vocabulary, sign of affection, to obtain attention.

Classroom Strategies Used To Minimize Incidents of Biting
We "shadow" the child who has exhibited biting behavior. We carefully observe the child who has bitten to determine if there is a pattern of when the biting behavior occurs. We comfort the child who has been bitten and firmly let the child who bit know that "biting hurts." and we offer an object to bite such as a teething ring or cold cloth.

Action Taken When A Biting Incident Occurs

- The child who was bitten is comforted;
- The child who bit is firmly told that "biting hurts" while we continue to comfort and focus on the child who was bitten;
- The bitten area is washed thoroughly with soap and water and inspected for broken skin;
- If the skin is broken, an administrator is immediately notified. Both sets of parents are contacted and advised to call their pediatricians; open wounds on the face or hands are the most vulnerable to infection;
- An injury/incident report is written for each of the children involved;
- Ongoing dialog is kept with parents and staff on classroom and home strategies being used to address and curb the biting behavior;
- Relevant articles are made available to parents and staff.

ENVIRONMENTAL HEALTH AND SAFETY

Personal Belongings

Parents and staff are required to keep personal belongings that could pose health and safety risks to children out of children's reach and must never be left or stored in classrooms or areas used by children in our centers. Items that are considered to pose health and safety risks include but are not limited to: loose change, keys, pens, pencils, chewing gum, mints, over the counter medication and prescription medication.

SIDS (Sudden Infant Death Syndrome) Reduction Practices

As required by Massachusetts State Regulation 606 CMR 7.11 (13) (e), "Programs serving infants must place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing." and must provide parents with Sleep Safe information and practices in the child care center. Please see Attachment D for our Sleep Safe Policy.

Supervision of Children.

Site Directors, Assistant Directors/Education Coordinators and classroom Teachers are **responsible for the supervision and whereabouts of the children assigned to their care at all times**, which entails conducting regular and accurate ***name to face*** headcounts, including room and area sweeps, any time a child or group moves from one location to another, such as but not limited to: when a group is at an onsite or offsite playground, when a group is on a field trip or on a walk, **to ensure children are not hiding or left behind.**

For the safety and wellbeing of children and staff, Partners Child Care Services (PCCS) adheres to strict practices for the supervision of children which include the following *Headcount Procedures*, *Staff Responsibilities* and, carry with them significant *Incident Consequences*.

- **Headcount Procedures**

Regular and accurate name to face headcounts

(1) Utilizing a printed attendance sheet of children's names that accurately reflects those in attendance;
(2) Includes room and area sweeps;
(3) Occurs any time a child or group moves from one location to another – whether inside or outside.

- Accurate attendance sheets of children's names are maintained at all times; children visiting another classroom (most typically for transition visits but for any reason), must always be signed in and out of the group they are in or visiting.

- Name to face headcounts are always conducted against a printed attendance sheet of children's names to ensure every child in attendance is accounted for.

- During a name to face headcount, the staff member conducting the name to face headcount is visually verifying the physical presence of the child against the printed attendance sheet.

- Name to face headcounts occur before the group leaves a location and immediately following the group arriving at the new location.

➢ **Staff Responsibilities**

- Accurate knowledge, at all times, of the number of children in a group at any time and, if utilizing the support of a white board/dry erase sheet to track and update the total number of children throughout the day, these supports must ensure the printed attendance sheet also accurately reflects – at all times - those in attendance.

- Accurate headcounts of children must also be verified and communicated between staff members when staff coverage changes take place – for however brief or long - such as bathroom breaks, lunch breaks, planning time, etc.

- Room and area sweeps are conducted thoroughly to ensure children are not hiding or left behind. Common areas for children to wander or hide include but are not limited to: bathroom, quiet corner, book corner, behind a shelf, or under a blanket or pillow.

- Classroom teaching staff must be aware of where children are at all times and must be in sufficient proximity at all times in order to intervene quickly if/when necessary. Classroom teaching staff must not engage in any other activities or tasks that could unnecessarily divert their attention from the supervision of children.

- ***All PCCS staff members***, regardless of position or title, must work together to support one another in carrying out the critical steps of headcounts and room/area sweeps – PCCS staff members are expected to always function as members of one team, with one goal, the critical responsibility for the care and supervision of children at all times.
- Classroom teaching staff supervise **Infants and Toddlers (Birth – 2 years 8 months)** by sight and sound *at all times*, including when children are sleeping.

- Classroom teaching staff supervise **Preschoolers (2 years 9 months to entry to Kindergarten)** by sight and, for brief intervals, by sound (e.g. when a child walks from one adjoining room to another or can use the toilet independently), as long as the child is back in sight and sound within one minute.

- Classroom teaching staff supervise **School Age children (Kindergarten through 12 years old)** by sight and sound and dependent upon age, development level, behavioral characteristics and activities being offered, by sound only.

- **Incident Consequences**

  - Any staff member not knowing the accurate number of children in their group when queried, will be subject to corrective action, up to and including termination

  - An incident involving a child or children left unattended, unsupervised, alone or separate from the group as a whole, will result in corrective action, up to and including termination.

  - An incident involving a child or children left unattended, alone, or separate from the group as a whole, is reportable to the Department of Children and Families (DCF) and will result in a 51A Report being filed against those responsible for the child or children left unattended, alone, or separate from the group as a whole.

  - The staff member(s) named in the 51A Report to DCF will immediately be removed from working with children and will be suspended with pay until investigations by DCF, EEC, Partners Child Care Services (PCCS), and Partners Human Resources have been completed; in cases where the PCCS and Partners HR internal investigation results in termination of the staff member(s), this decision may precede the completion of the DCF and EEC investigations.

  - EEC is immediately notified after filing or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the program or during a program-related activity.

CHILD ASSESSMENT

Child assessment is the process of gathering data about children in order to make decisions. A variety of tools are used to help Teachers in their goal to accurately assess for the primary purpose of supporting learning. Planning an individualized, responsive curriculum goes hand in hand with knowing each child. Knowledge of the children is developed through a combination of ongoing observation, informal documentation, regular, ongoing communication with family, candid photos of children and a sampling of a child's work/projects over time. The collection of information on the child is maintained in a portfolio that is started when the child first enrolls at the center and moves with the child from one class to the next. Portfolios are supplemented with a Developmental Check list that is tied to age appropriate curriculum goals as defined in the "*Creative Curriculum".*

An initial screening is completed for all children with in the first 6 weeks of enrollment using a standardized tool called "*Ages & Stages"*. Once baseline data is gathered from parent interviews and classroom observations, ongoing assessment begins and checklists are completed every three months for Infants and children with special circumstances, and every six months for Toddlers and Preschoolers.

Parent conferences are an opportunity to review the portfolio and checklist and for family and Teachers to communicate to share goals, expectations and concerns in confidence. Traditionally, conferences are scheduled in the fall and spring yet families are welcome to request a conference at any time throughout the year. Communication with families about their child's assessments is sensitive to family values, culture, identity, and home language.

Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, social-emotional development, approaches to learning, health, and physical development, including self-help skills.

In addition to monitoring and supporting children's learning, assessment is key in identifying individual strengths and areas to develop, as well as making referrals for screening or special services. Assessment is critical in enabling staff to evaluate and make changes to the environment and plan curriculum and program improvements.

Teaching staff receive specific training on the proper implementation of the assessment tools we use, *Teaching Strategies Gold Assessment, Work Sampling* and the *Ages and Stages Questionnaire*. Staff development workshops focused on screening and assessment methods include how and when to use the tools, how to interpret the results, how to use the information for effective curriculum planning and how to share the assessment information with parents.

Child assessment information is kept in confidence. Discussion of a child's developmental progress is limited to his or her primary care teaching team and family, and will not be shared outside of this group without specific written permission by parents.

PROGRAM ASSESSMENT

All PCCS centers engage in an annual evaluation process which involves staff and parent input. The evaluation process includes gathering evidence on all areas of program functioning, including policies and procedures, program quality, children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction. Input is gathered via staff and parent surveys and the information collected is used to measure program effectiveness and develop program goals.

The programs establish goals for continuous improvement and innovation using information from the program evaluation. The programs use the information to plan professional development and program quality-improvement activities as well as to improve operations and policies if and as needed.

A report of the evaluation findings is shared with families, staff, and the Center Site Director of Partners Child Care Services, and the results are used as a basis for continuing successful activities and for changing those that may need improvement.
All PCCS centers are held accountable to Partners HealthCare.

PARTNERS CHILD CARE SERVICES STRUCTURE

Partners Child Care Services (PCCS) is operated by Partners HealthCare as a department within Partners Human Resources.

The Director of Child Care Services oversees PCCS and reports to the Partners Corporate Chief Human Resources Officer.

The Center Site Director of each PCCS Center reports to the Director of Child Care Services. The Center Site Director is responsible for daily administration of the center, including supervision of the staff and program.

The Assistant Director or Education Coordinators oversee the Teachers and Assistant Teachers to ensure consistency in programming within each age group and throughout the Center. Teachers guide Assistant Teachers, interns and volunteers in the daily operation of the classroom.

In the case of an extended absence of a Center Site Director, the PCCS Manager of Education Development, along with an Assistant Director or Education Coordinator, assumes responsibility for the daily administration of the Center.

The PCCS Centers are licensed by the Massachusetts Department of Early Education and Care (EEC):

- Metro/Boston Regional Office
  - 1250 Hancock Street, Suite 604-N, Quincy, MA 02169; 617.472.2881.

SAMPLE DAILY SCHEDULES

- **INFANTS**

Working closely with parents on an individual schedule of eating, napping and awake time is developed for each infant. During the awake times, infants are exposed to activities and experiences geared to their age and developmental level.

6:15 - 9:30 am	Morning greeting, breakfast, feedings, naps, free play, diaper check
9:30 - 10:00 am	Circle time (songs, stories, puppets)
10:00 - 10:30 am	Snack or feeding, diaper check
10:30 - 11:00 am	Morning activity time (sensory focus)
11:00 - 11:45 am	Outside time (walk or playground)
11:45 - 12:00 pm	Lunch preparation, diaper check
12:00 - 1:00 pm	Lunch, feedings, quiet free play
1:00 - 2:30 pm	Naps, diaper check
2:30 - 3:00 pm	Afternoon activity (one on one focus)
3:00 - 3:30 pm	Snack or feedings, diaper check
3:30 - 4:00 pm	Indoor free play
4:00 - 5:00 pm	Free play (outside if possible) with gross motor focus
5:00 - 5:45 pm	Indoor free play (activity kits), good-byes.

- **TODDLERS**

Toddler schedules vary due to group dynamics, special events and seasonal adjustments and tooth brushing occurs once per day.

6:15 - 9:30 am	Arrival, breakfast (brought from home as needed), supervised free play, communication with parents
9:00 - 9:30 am	Diapering/toileting
9:30 - 10:00 am	Circle time and snack
10:00 - 11:00 am	Outdoor/indoor gross motor activities
11:00 - 12:00 pm	Center time (art, cooking, science, sensory activities)
12:00 - 12:30 pm	Lunch
12:30 - 3:00 pm	Rest time (quiet activities for non-sleepers)

2:45 - 3:30 pm	Diapering/toileting, free choice and snack
3:30 - 4:00 pm	Circle time
4:00 - 5:00 pm	Outdoor/indoor gross motor activities
5:00 - 5:15 pm	Diapering/toileting
5:00 - 5:45 pm	Story time (books, songs), supervised free play, informal parent communication, departure.

- **PRESCHOOL**

Our daily routine may vary due to weather, special events and seasonal adjustments and tooth brushing occurs once per day.

7:00–9:30 am	Arrival, breakfast, (brought from home as needed), supervised free play, communication with parents
9:30–10:00 am	Circle Time & Snack
10:00-10:45 am	Small Group Time (journal writing, small group activities)
10:045-11:45 am	Outdoor Play/Indoor Gross Motor Activities
11:45–12:00 pm	Lunch Preparation, Bathroom & Hand Washing
12:00-12:45 pm	Lunch
12:45–1:00 pm	Preparation for rest time, bathroom/hand washing & tooth brushing, books & stories
1:00-2:45 pm	Rest/sleep, (book time and quiet activities for non-sleepers)
2:45–3:30 pm	Free choice activity time (bathroom/hand washing)
3:30-4:30 pm	Afternoon Circle & Snack & Small Group Activities/Free Choice
4:30–5:45 pm	Outdoor/indoor gross motor activities – Free Play, & Stories & Communication with Families, Departure.

Attachment A

EMERGENCY CONTINGENCY PLANS

Child care licensing regulations require that programs develop written plans detailing procedures for meeting potential emergencies, including but not limited to, missing children, fire, natural disasters, potential threats to the safety of the children and staff from internal or external sources, and loss of power, heat or water.

- **Evacuation**

In the event of fire, natural disasters, loss of power, heat or water that requires evacuation from the Centers:

- MGH Children's Center: All staff and children will report to the **tennis court.**
- IHP Children's Quarters: All staff and children will report to the **outside of the playground fence.**

Once all children and staff are present and accounted for the determination will be made by the Administrator in charge to remain on site or go to Building 149 and check in with MGH Police & Security who will secure the Research Conference Rooms on the 1st Floor for staff and children.

In the event that Building 149 is not available, the Administrator in charge will reroute staff and children to the Charlestown HealthCare Center, 73 High Street, Charlestown. Charlestown HealthCare Center Security (617-724-8151).

Once staff and children are in a secure location the Administrator in charge in conjunction with the Emergency Management Team, will determine the next steps to take and parents will be notified.

- **Shelter-in-Place**

In some emergency situations it may be safer to remain inside the Center until the emergency has ended. In the event of severe weather, environmental, man-made or other emergencies creating a power outage, loss of heat or water the Center Administrator in charge will communicate with Security regarding the status of: Heat; Telephone service; Fire and smoke detection alarms; Electricity/Lighting; Hot and cold water for food prep, hand washing, dishwashing, diapering and toileting; Preparation and storage of food.

If any of the above items are compromised/not available due to the emergency, Security will respond to address the provision of or access to the above items by making the determination if the group should move to its secondary or tertiary evacuation locations, which would provide access to the above items.

The program has emergency "kits" which contain materials and supplies to keep children safe and comfortable (Kleenex, diapers, wipes, non-perishable snack foods, baby formula, bottled water, books, games, manipulatives designed for the age group they will serve.

If it is necessary to move to an interior area of the building, away from windows (such as in the event of a hurricane or tornado), each classroom has an area where they can gather; if there are windows in the area where the group has gathered, it will be barricaded as effectively as possible with the use of upturned tables or other classroom furniture.

If it is necessary for the electricity, gas and water service to be shut off, this will be determined by and managed in collaboration by Security, Buildings and Grounds, building management and building maintenance.

- **"Lock-Down"**

The program will enact its "lock-down" procedure to keep an exterior threat from entering the Center and will take the following actions if a threat enters the Center or a classroom. The determination to "Lock-down" may be made by the Center Administrator, Security, police or other emergency responders via phone or in person.
"Lock-down" involves gathering all of the children, out of sight lines from doors and windows, closing and locking (where possible) interior doors and covering interior classroom windows (where possible), lights are turned off and children are asked to sit quietly on the floor.

Where doors and windows cannot be locked or covered, the space where the group is sitting will be barricaded as effectively as possible with the use of upturned tables or other classroom furniture; adults will divide the responsibility of remaining with children and moving furniture if/when needed.

One adult will be designated to complete a headcount and write down the names of everyone in the room (adults and children) to ensure that everyone is accounted for before, during and after the event. Center cell phones or landline phone (where possible) will be used to communicate within and outside the center.

If the "Lock-down continues for more than a few minutes, the program has emergency "kits" which contain materials and supplies to keep children safe and comfortable (Kleenex, diapers, wipes, non-perishable snack foods, baby formula, bottled water, books, games, manipulatives designed for the age group they will serve.

The group will stay in "Lock-down" mode until police or other emergency responders have announced via phone or in person that it is safe or that everyone must evacuate.

- **Missing Child Procedure**

It is our intent that no staff person ever be alone supervising a group of children, whether on or off Center grounds/premises or on a field trip. Staff and children review the expectations for supervision and the physical boundaries of our indoor classrooms and spaces, our outdoor play yards and when traveling off site for a field trip; in this regard, our aim is to prevent a child *ever* going missing. As it is important, however, to have a procedure regarding our response *should* a child go missing, we adhere to the following, outlined below.

If a child is not accounted for at any time, the staff member responsible for the child will search the premises for the child; any area that a child could potentially hide will be searched, in both the indoor and outdoor premises of the Center and the surrounding area of the field trip.

If it is determined that a child is missing, the following steps are taken:

- Immediate Missing Child notification to 911, followed by;
- Immediate Missing Child notification to MGH Police and Security at **617.726.5400**, followed by;
- Immediate Missing Child notification to the Center Site Director, who will take responsibility for;
- Immediate notification to the child's parent;
- MGH Police and Security will notify the Boston Area Police and Emergency Network (BAPERN).

A missing child "***Command Center***" will be established at the child care center where the child is enrolled and all concerned parties will be directed to meet in this location where a land line phone and fax, as well as drinking water and restrooms, will be available.

When the police arrive, the Center Site Director or his/her designee assumes all responsibility for communication with police and security, such as the child's full name, detailed physical description, where and at what time they were last seen. If an electronically transmittable photo of the missing child is available, the Center Site Director or his/her designee shall furnish police and security with, or with access to, the photo. The Center Site Director or his/her designee stays with the police and security for the remainder of the search.

Additional notes for missing child if group is off site on a field trip:

Based upon the Center the group is from, the appropriate notifications steps (listed above) are followed; when notifying each party listed above, the exact field trip location is provided and the staff and group of children will remain together in one location until the police arrive.

When police arrive to the field trip location, one staff member assumes all responsibility for communication with the police, providing information such as the child's full name, detailed physical description and where they were last seen. If an electronically transmittable photo of the missing child is available, the staff member shall furnish police with access to the photo via a telephone call to the Center Site Director or his/her designee.

The staff member responsible for communication with the police will consult with the police on the approach for the remaining children and staff (e.g. do they remain at the field trip site or do they go back to the Center and if so, when and by what method) and will then notify the Center Site Director of the plan. The staff member who has assumed communications responsibility with the police then remains with the police for the remainder of the search or until dismissed by the police to return to their PCCS Center.

Following a missing child incident:

The Center will follow notification procedures as outlined by State licensing regulation 606 CMR 7.04 (15) [i] and will conduct an investigation with appropriate authorities to determine what course of action will be necessary to minimize the possibility of a child going missing in the future.

Attachment B

MGH Children's Center and IHP Children's Quarters EMPLOYEE Rates ~ Effective 30 June 2018 - 27 June 2020

Infant Weekly

DAILY	2 DAY	3 DAY	5 DAY
114	233	349	572

Infant Monthly

2 DAY	3 DAY	5 DAY
1,010	1,517	2,482

Toddler Weekly

DAILY	2 DAY	3 DAY	5 DAY
96	197	296	482

Toddler Monthly

2 DAY	3 DAY	5 DAY
856	1,283	2,089

Preschool Weekly

DAILY	2 DAY	3 DAY	5 DAY
79	163	243	394

Preschool Monthly

2 DAY	3 DAY	5 DAY
701	1,051	1,705

MGH Children's Center and IHP Children's Quarters COMMUNITY Rates ~ Effective 30 June 2018 - 27 June 2020

Infant Weekly

DAILY	2 DAY	3 DAY	5 DAY
133	271	406	665

Infant Monthly

2 DAY	3 DAY	5 DAY
1,172	1,757	2,884

Toddler Weekly

DAILY	2 DAY	3 DAY	5 DAY
112	229	344	558

Toddler Monthly

2 DAY	3 DAY	5 DAY
993	1,489	2,425

Preschool Weekly

DAILY	2 DAY	3 DAY	5 DAY
91	187	282	457

Preschool Monthly

2 DAY	3 DAY	5 DAY
813	1,221	1,976

Attachment C

PARTNERS HEALTHCARE | FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

2019 – 2020 Calendar of Closures and Early Closures

MGH Children's Center & IHP Children's Quarters

& Partners Children's Center at Assembly Row

HOLIDAY AND STAFF DAY CLOSURES OBSERVED *

Labor Day..... Monday, September 2nd, 2019

Staff Day CNY & PCCAR Only (Backup Centers + MCCC open)..... Tuesday, September 3rd, 2019

Thanksgiving Day..... Thursday, November 28th, 2019

Day After Thanksgiving Day..... Friday, November 29th, 2019

Christmas Day ..... Wednesday, December 25th, 2019

New Year's Day ..... Wednesday, January 1st, 2020

Martin Luther King, Jr. Day..... Monday, January 20th, 2020

President's Day..... Monday, February 17th, 2020

Staff Day In-Service Training ..... Friday, March 6th, 2020

Memorial Day..... Monday, May 25th, 2020

Observance of Independence Day ..... Friday, July 3rd, 2020

EARLY CLOSURES OBSERVED *

All PCCS Centers close at 4:00pm

Bi-annual all Center Staff Meeting..... Tuesday, December 3rd, 2019

Bi-annual all Center Staff Meeting..... Tuesday, June 2nd, 2020

*** Tuition is charged for all Center closures, early closures, and any vacation or sick time taken by families.**

Attachment D

SAFE SLEEP FOR INFANTS PROCEDURES

In compliance with EEC regulation and in order to provide the best quality care, attention, and safety for all children and reduce the risk of SIDS (Sudden Infant Death Syndrome).

- For Infants under 12 months of age, per EEC Safe Sleep policy, and as is required by Massachusetts State Regulation 606 CMR 7.11 (13) (e), "*Programs serving infants* ***must place infants on their backs for sleeping,*** *unless the child's health care professional orders otherwise in writing*."

- Each Infant naps in an individual crib with a firm, properly fitted mattress and a clean, fitted sheet with no potential for head entrapment areas. Car seats and other sitting devices are not allowed for sleep routine. Cribs meet CPSC and ASTM safety standards.

- Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys may ***not*** be placed in the crib with the Infant.

- Sleep sacks are an acceptable alternative for blankets ensuring Infants' heads remain uncovered during sleep. Only sleeps sacks and pacifiers without anything attached to them (such as loveys, clips, etc.) are permitted in cribs.

- The program will not swaddle Infants after 8 weeks of age.

- Infants may not have bottles while in their crib.

- After being placed down for sleep on their backs, Infants may then assume any comfortable position they can roll into.

- Sleeping children are directly, visibly, and auditorily monitored and supervised at all times.

Please don't hesitate to contact us with further questions.