

PARTNERS CHILD CARE SERVICES

McLean Child Care Center Parent Handbook



McLean
Child Care
Center

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

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I. INTRODUCTION

Overview

The McLean Child Care Center opened in the fall of 1986, running as a private, 501(c) (3) non-profit organization. In August of 2014, the Center became a member of Partners Child Care Services (PCCS), a unit within the Human Resources department of the 501(c) (3) non-profit organization of Partners HealthCare.

The Center was established by the McLean Hospital as a benefit for the working parents of McLean Hospital employees. The Center reduces absenteeism, has a positive effect on morale, enables employees to return to work as soon as they are ready and accommodates a variety of full and part time schedules. The Center is open to children of McLean Hospital employees, Partners employees and when space is available, to community members.

Non-Discrimination Policy

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

Philosophy and Mission Statement

A key word in our program is respect. We foster respect for self, respect for others, and respect for materials in developmentally appropriate ways. In a secure and nurturing environment, our curriculum provides for all areas of a child's development: physical, emotional, social, and cognitive. We believe that children learn through active exploration and interaction with adults, other children, and materials.

Our Teachers encourage curiosity and experimentation, and have chosen materials that help expand children's thinking. Basic learning materials include sand, water, and tools to use with them, large and small blocks, puzzles, dramatic play props (dress-up clothes, puppets), items for scientific investigation (magnets, balances, and weights), computers, books, cd's, musical instruments, art and drawing supplies, and climbing structures with slides. Positive social interaction is encouraged by helping children to develop their verbal skills and to express their feelings in appropriate ways.

We recognize that the child is an individual as well as a member of a larger unit, his/her family. Strong, viable parent/teacher relationships promote effective communication and participation. The staff works closely with parents for the benefit of the child and includes families in the curriculum and special events.

As a Center, we welcome and encourage parent participation in all aspects of our program. From sharing important family and cultural information with us, to joining your child for lunch, your support is greatly appreciated.

Staff Qualifications

The staff at the McLean Child Care Center consists of a Center Site Director, Assistant Director, Teachers, Assistant Teachers and High School Aides. All staff meets, and in most cases exceed, the Department of Early Education and Care (EEC) requirements for formal education for their respective positions, have had experience working with young children and their families, and EEC approved certification in First Aid and CPR. The staff enjoys and understands how young children learn and grow. They respond with sensitivity to each child's individual needs, desires, and interests.

In order to ensure that employees or other persons regularly providing child care or support services with potential for unsupervised contact with children at MCCC are appropriate for serving in their positions, a Criminal Offender Record Information (CORI) check and a Department of Social Services (DCF) Background Record Check shall be performed on all candidates for positions before an offer of employment is confirmed. Further, a Criminal Offender Record Information (CORI) check and a Department of Social Services (DCF) Background Record Check shall be performed bi-annually on all persons in such positions and/or any time the program receives information that may indicate that a new CORI or DCF Background Record Check review is appropriate.

Hours and Days of Operation

The Center is open Monday through Friday, 7:00am to 5:30pm, fifty-two (52) weeks per year, excluding the following McLean Hospital holidays and two PCCS professional development/in-service days:

The Center is closed on the following McLean Hospital holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Washington's Birthday
- Patriot's Day
- Memorial Day
- Fourth of July
- Labor Day
- Columbus Day
- Veterans' Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

The Center is closed on:

- The Friday before Labor Day
- The first Friday in March for Professional Development/In-Service

The Center observes two early closure days at 4:00pm on:

- The first Tuesday in June
- The first Tuesday December

Please see Attachment D for a listing of the 2019-2020 closures and early closures

II. ENROLLMENT

Process

Parents interested in enrolling their child(ren) should call the Center Site Director and arrange for a visit. There is a \$50.00 non-refundable application fee to cover record keeping costs and to maintain the application if there is a waitlist. Checks for the application fee should be made payable to *McLean Child Care Center*.

A priority enrollment system is established as follows:

- (1) Siblings of currently enrolled employee children will have first priority.
- (2) Regular full and part-time, benefits eligible, McLean Hospital employees and benefits eligible Partner's affiliate employees will have second priority.
- (3) All others, including Community, will have third priority.

Capacity

The Center may enroll up to a maximum of 43 children per day.

As of fall 2016, the Center has an Infant Room, a Toddler Room, and a Preschool Room.

Orientation

We request that a parent visit with their child in the classroom prior to the child's actual start date. In most cases, one or two visits are best; please speak with the Center Site Director about your child's pre-start date visit(s).

An enrollment form and a developmental history form must be completed by a parent prior to your child's first visit day. The child's health care practitioner will need to complete a physical form.

During the first few weeks your child will be adjusting to a new place and many new faces. We are interested in making this adjustment as easy as possible for both children and families. Options for easing your child into the program should be discussed with the Center Site Director and teachers.

Transitions

The Centers is 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, 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 Center makes 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 program adheres 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 maximum 7; adult to child ratio 2:7
- Infant/Toddler: 8 weeks to 2 years 8 months, no more than 3 Infants: Group size maximum 9; adult to child ratio 2:9
- Toddlers and Twos: 15 months to 2 years 8 months: Group size maximum 9, adult to child ratio 2:9
- Preschoolers: 2 years 9 months to 5 years/entry to Kindergarten: Group size maximum 20, adult to child ratio 2:20

Tuition Fee Structures

There are two fee structures at the Center. There is a fee structure for employee families and a fee structure for community families. For tuition rates please see Attachment C of this handbook or visit our website

www.partners.org/childcare

Please see Attachment C for the 2019-2020 Tuition Fee Structures.

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 above 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).

Schedule Changes

Schedule changes may be possible provided that space is available. If you are reducing the number of days your child attends, a month's notice is required so that we may fill the available opening. We discourage parents from making more than 2 schedule changes per year to provide consistency for the groups and for individual children. Exceptions will be made only in extreme circumstances.

When the maximum capacity for each group is reached, an internal waiting list will be established. The order in which children are enrolled is directly dictated by the requested schedule and the spaces available.

Loss of Employment Affiliation Policy

If your affiliation as an employee of McLean Hospital or 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, will cease.

If your affiliation ends and you wish to seek ongoing enrollment as a Community member, please speak with the Center Site Director about the availability of an on-going Community space.

III. FINANCIAL POLICIES

Application Fee: \$50.00 is required when submitting an application for the waiting list; this fee is non-refundable.

Enrollment Reservation Fee: An enrollment reservation fee is collected to hold a specific slot for a specified month only. The first month's tuition is due upon the confirmation of your child's enrollment into the program. The reservation fee is non-refundable.

Tuition and Payment Policies

- For employee families: Tuition for McLean and Partners affiliated institutions employees must be paid by payroll deduction. Deductions made weekly or monthly will apply to the following week's or month's tuition.
- For Community families: Tuition for Community families must be made paid either by personal check or a money order. No cash will be accepted. There will be a \$35.00 fee for all returned checks.

The amount of tuition is based on your child's predetermined schedule and has no bearing on your child's actual attendance, (i.e. sick days, vacation days, and holidays, etc.) When extra hours are requested, you must pay for the extra time that is not included in your child's predetermined schedule. For example, if your child's schedule is 9-5 and you request an extra hour in the morning (8-9), you will be charged for the extra hour regardless of whether you pick up at 4 or 5.

For families not paying by payroll deduction: Tuition is due on the 15th of each month (or the Friday before the 15th if the 15th of the month falls on a weekend or holiday) to be applied to the following month. You will not receive a bill. Receipts of tuition payments will be provided upon request. Payments not received by the 15th of the

month will be considered delinquent. There will be a charge of \$10.00 per day for each day the tuition remains unpaid. In the event you do submit your tuition late, please include your late fee with your tuition payment. Extraordinary circumstances should be discussed with the Center Site Director promptly. Several late payments may lead to the termination of your child's enrollment.

Sibling Discount

A discount of 12.5% is given on the lowest tuition for benefits-eligible employee families enrolling two or more children. *Please note: the sibling discount is not available to community enrollees as it is a subsidy from the Hospital for its employees.*

Extra Hours/Days Policy

Families may request extra hours/days in addition to their scheduled hours/days. Please note, extra hours/days may not always be available due to enrollment, staffing, or program operations and the Center must ensure compliance with State regulation, as well as to ensure a best practice experience for all children.

Families must request the specific hours/days at least 24 hours in advance of the time requested. There is a flat rate of \$10 an hour or any portion of the hour for extra hours. The sibling discount is not available for extra hours/days.

Please keep in mind that when extra hours are requested, you must pay for the extra time that is not included in your child's predetermined schedule. For example, if your child's schedule is 9-5 and you request an extra hour in the morning (8-9), you will be charged for the extra hour regardless of whether you pick up at 4 or 5.

If a family is in regular need of requesting extra hours/days, please speak the Center Site Director about the possibility/availability of a formal schedule change.

Drop Off Policy

In order to uphold the integrity of the children's daily schedule, we request that children be dropped off at the center no later than 10:00 am with the exception of doctor's appointments, occasional needs and emergencies. The Center should be notified as soon as possible in advance of changes to drop off time.

We ask that drop off not occur during nap (~12:30pm -2:30pm) as this may be disruptive to the group as well as possibly difficult for your 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

Schedules and Late Fee Policy

We ask that you set a realistic schedule for your child's attendance, allowing for commuting delays, last minute work assignments, etc. We expect that your child will be dropped off no earlier than, and picked up no later than, the times confirmed for your enrollment.

It is imperative that children are picked up by their scheduled pick up time. We suggest planning to arrive just prior to your scheduled pick up time 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 their scheduled pickup up time will be charged a late fee of \$1.00 per minute, per child.

IV. GENERAL INFORMATION

Absences and Late Arrivals

Please call the Center as early as possible on a day your child will be absent or if your arrival will be delayed so we may better plan for the day. If your child is absent due to health reasons, please let the center know by calling 617-855-2421 or emailing mcleanchildcarecenter@partners.org

If the prolonged absence of a child is due to a serious illness and/or extended hospitalization, the director will make

every effort to work with families regarding holding an enrollment slot and making tuition payments.

If a child does not attend the center for an extended period due to a non-medical reason, a parent is expected to pay the regular tuition in order to hold the child's scheduled hours and days. A parent can give one month's notice of the child's termination date and go on the waiting list if re-enrollment is desired. There will be no guarantee that a slot will be available at the time of their return.

Program Evaluation

The Center conducts a semi-annual program surveys in order to get feedback from enrolled families. The survey is anonymous and is a way for families to provide the Center their comments, compliments, ideas, and suggestions.

Arrivals and Departures

Please accompany your child into the classroom and let a teacher know that you have arrived. This is the time to discuss with the teacher any relevant information that would help your child during the day (e.g. sleeping irregularities, medication needs, moods, changes in daily routine).

When picking up your child, notify a teacher that you are leaving. It is imperative that a parent makes the teacher aware they are picking up their child. Unless the teacher is engaged with a group of children, please inquire about the day your child has had. The Communication Board in each classroom should provide you with the general activities of your child's day.

Only those people authorized in writing by the parent or guardian may pick up a child from the center. The center must be notified in advance if someone other than a parent will be picking up the child, and this person will be asked to present identification. Under no circumstances will a child be released to anyone without prior written permission.

Babysitting

Negotiations regarding babysitting between staff and parents do not involve McLean Child Care Center. Hours, fees and transportation are an agreement between the parent and the individual babysitting. This person must be on the child(ren)'s authorized pick up list if they will be bringing the child home from school.

Birthdays and Other Special Days

We would love to celebrate your child's birthday or another special event at school. Parents may bring in a special snack for the day, and we invite you to join us for the party. A low-key approach is best in group care, so please leave party favors, balloons, etc. at home.

If you would like to invite children from the center to your home, we ask that you do so by email or US mail unless you are inviting the entire class.

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. Children are not told to "sit out" and "time out" is **not used**.

Positive reinforcement is always encouraged and children are told what they are doing well.

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.

Clothing

Please label all items with your child’s FIRST and LAST name, thank you

The activities at the Center 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.

Part of each day is spent outdoors, weather permitting. Please dress your child accordingly.

Appropriate and safe footwear is required for outdoor play. If your child wants to wear other shoes to school, please make sure that he/she has a pair of sneakers to change into for outdoor play. **Flip flops are not safe for outdoor play and are therefore not permitted; children must wear sneakers for outdoor play; in summer, fully-closed water shoes with a solid rubber, non-skid sole are permissible; if there are questions about suitability of footwear, please verify with your classroom Teachers.**

During the cold weather please make sure your child has boots, (that slip on and off easily), a warm coat, snow pants, a hat, mittens and slippers for after snow play.

Each child should have a complete set of extra clothing to be kept at the center including underwear and socks. All clothing should be clearly labeled with your child's name (socks too, please). We cannot be responsible for lost articles.

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.

Confidentiality of Children's Records

In order to ensure the confidentiality of your child and family, staff members receive a confidentiality policy in their Employee Handbook that is reviewed upon hire. It states:

“Records of the children are confidential, may not leave the Center, and should not be discussed with other parents or in front of other children. Confidential information includes but is not limited to: children, their families, employment, payroll, fiscal, and management information.

Access to confidential data, including children's records, is permitted only when authorized and only in order to perform assigned tasks. Information contained in a child's record is confidential. This includes all written and verbal communication, which pertains to the child and/or his/her family. It includes but is not limited to addresses, telephone numbers, progress reports, learning disabilities, testing, financial information, behavior issues, attendance, etc.

Employees should recognize that sharing information that may be considered to violate the privacy of children and their families with others who do not have a need to know will be considered a violation of confidentiality that may be subject to disciplinary action up to and including immediate termination.

Parents or others authorized in writing by the parents can request their child's record at any time.”

Staff members sign an agreement that they have read and agree to adhere to all the policies in their handbook including the preceding policy.

The McLean Child Care Center is in compliance with the Department of Early Education and Care regulations regarding the confidentiality and distribution of children's records.

The information contained in a child's records is confidential and will not be released to anyone without the written consent of the parents. Parents may have access to the records of their child. A copy will be made at no charge. A permanent written log will be maintained in each child's record indicating any persons to whom information has been released. The child's parents may add information or comments to the child's record, and may also request the deletion or amendment of any information contained in the child's record.

Food

All children, including Infants once they start eating solid foods, bring their lunch and two snacks each day. As we are unable to refrigerate food, please send snacks and lunches in an insulated lunch box/bag with ice packs. As we are unable to heat food, an unbreakable thermos is recommended for hot/warm foods and liquids. **Please do not send food or drinks in glass containers.**

As we wish to encourage sound nutrition, we ask that parents send lunches and snacks that are well balanced. This includes grains/breads, protein and/or dairy, and fruits and/or vegetables.

Some popular and nutritious ideas for lunches include:

Sandwiches such as peanut butter and jelly, cream cheese and jelly, tuna, egg salad, and chicken salad, made with a variety of breads such as loaf bread, bagels, tortilla wraps, pita, etc.

Pasta, Pizza, Soups, Salads and More

Soups, pastas in sauce, stews, casseroles, green, pasta or rice salad, pizza, meats, cheeses, beans, tofu, cut-up fruits and vegetables,

Hot/warm foods must be in a THERMOS, which does not require additional heating as the Center does not use microwaves to heat food. Cold foods and beverages must be sent with ice packs to ensure proper cool storage in lunch box.

Some popular and nutritious ideas for snacks include crackers and fruit, cheese, hummus, yogurt, raisins, or applesauce.

Fruits, Vegetables and Other Ideas:

Bananas, par boiled vegetables, peaches or pears with cottage cheese, yogurt. Yogurt can leave one hungry with no carbohydrates; therefore, please include something like a bread, pasta or hardboiled egg with yogurt.

To promote healthy eating habits, teachers encourage children to eat what has been sent for their snacks and 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 for variety, too.

****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. ****

THINGS TO KNOW AND REMEMBER

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.

Parents should alert their child's teacher to any food allergies or sensitivities. **Please note that McLean Child Care Center is not a peanut-free or nut-free environment; please note that foods children bring from home and consume at the Center may contain nuts and nut products.**

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 for children to brush their teeth.

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. In the event that program operations must be altered, parents will be informed with as much notice as possible.

Nap Needs

Infants 2 – 14 months: The Center provides and launders the sheets for the cribs and nap mats in the Infant Room.

Infants 2 months to 11 months: Per EEC Safe Sleep policy, must be placed to sleep on their back and may not sleep with a bottle, bolster, blanket, stuffed animal or lovey of any kind in their crib; sleepers and sleep sacks are EEC-acceptable alternatives to blankets if the family chooses to provide either of these items.

Toddlers and Preschoolers: should bring a nap blanket and a crib sheet to cover their rest mat. Please make sure each is labeled. They should be brought home to launder weekly or as needed. A comfort toy, doll, or stuffed animal is always welcomed for nap.

Safe Sleep Policy

In order to reduce the risk of SIDS, our licensing agency, EEC, has an established policy regarding infant sleep practices and the McLean Child Care Center adhere strictly to this policy for the health and safety of the Infants in our care.

1. Children younger than six months of age at the time of enrollment **must be under direct visual supervision at all times**, including while napping, during the first six weeks they are in care.
2. 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.*” Blankets, “loveys” or any other items are not permitted in cribs. Only sleeps sacks and pacifiers without anything attached to them (such as loveys, clips, etc.) are permitted in cribs.
3. After being placed on their back, an infant who can easily turn from back to front and front to back may remain in the position they are in once asleep.

4. No child under twelve months of age shall be placed in a crib containing pillows, comforters, stuffed animals, or other soft, padded materials. Devices such as wedges or infant positioners will not be used.
5. In keeping with Early Education and Care best practices all infants will be placed unrestrained in their designated cribs for napping.
6. We will ensure that crib slats are no more than 2-3/8 inches apart and that cribs have firm, properly fitted mattresses with clean coverings and no places to trap small heads.
7. Alternate infant sleep positions require a written and signed physician's note explaining medical reasons why an infant sleeps in a position other than unrestrained on his/her back. In this event, we will keep a note in the child's file and post a notice by his/her crib. All child care providers will be informed of any medical requirements.
8. In keeping with best practice recommendations for Infants in child care settings, the Center will not swaddle Infants after 8 weeks of age.

See Attachment B for Safe Sleep for Infants Procedure

Observations and Research

Periodically, child care professionals, health care professionals and students request opportunities to observe young children; they are interested in typical behavior, developmental skills, and/or how children interact with peers/adults. All requests are with the consent of the Center Site Director and are scheduled in advance.

A consent form will be given to the parents explaining the reason for the observation, the name and background of the person requesting the observation and the date/time of the observation. Parents reserve the right to deny permission. Unless written on a consent form, an observation will mean that there is no interaction between the child and the observer and no identification of the individual child.

Parent Information Area

There is a parent information area located next to the front entrance to the Center where we post information regarding parent workshops, classes for children, and other events happening throughout the community. Please feel free to post information that you think other families might find useful!

Photographs

No outside agency will be allowed to photograph the children without parental consent. The staff reserves the right to photograph the children for curriculum purposes without specific parental consent. Often parents will take pictures or videotaping of the children during a special event, (i.e. birthdays, graduation, etc.). Please inform the Center Site Director if you do not want your child to be photographed in these instances.

Referral Plan and Procedures

The McLean Child Care Center is committed to the cognitive, physical, social and emotional development of each child. Teachers observe children's behavior on a daily basis and in a more formal way with progress reports at least twice a year. If a child appears to have difficulty with any area of development, an initial assessment will be made by all the teachers who have contact with the child. The staff will begin to record written observations of the behavior by addressing how, when, and where the behavior takes place and the efforts the staff has made to assist or accommodate the child's needs.

If a particular behavior is of immediate attention or a child continues to have difficulty, the teachers will bring their concerns and written observations to the attention of the Center Site Director. A conference with the parents will be arranged in order to share the observations of the teachers and discuss behaviors the parents have witnessed at home. Together the parents, teachers and Center Site Director will formulate a plan of action. A follow-up meeting will be arranged.

Teachers will continue to record observations of the child. At the follow-up meeting, if the behavior or concern has not improved, it will be determined if a specialist should be consulted for additional insight on the issue. A current

list of referral resources in the community for social, mental health, educational and medical services will be given to the parents.

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.

The McLean Child Care Center will provide to the parent/guardian a written statement including the reason for recommending a referral for additional services, a brief summary of the center's observations related to the referral and any efforts the center made to accommodate the child's needs. The Center Site Director will assist the parents in making the referral with written parent authorization.

With parental consent, the Center Site Director and teachers will follow up the referral by contacting the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs. If it is determined that the child does have special needs and/or an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) is developed; please refer to the Center's policy on "Serving Children with Special Needs". If the child is not in need of services from this agency, or is ineligible to receive services, the center will review the child's progress at the center every three months to determine if another referral is necessary.

The Center will maintain a written record of any referral, including the parent conference and results.

Caring for Children with Special Needs

The McLean Child Care Center accepts applications for children with special needs. We realize the benefits of supporting children with special needs and attempt to accommodate these children if appropriate and helpful for them; however, MCCC can only provide such services as are reasonable and beneficial to the class as a whole and do not cause undue burden to the program, staff and other children. It may be necessary to turn down an application for enrollment or to terminate continued enrollment of a child with special needs when to do otherwise would jeopardize the safety and wellbeing of the child, the other children in the classroom and/or the staff.

Communication is the key aspect to successfully support a child with special needs. The parents, teachers and specialists who work with the child with a disability are all equally involved in sharing information, communicating their needs and listening to each other.

A child with special needs should be assessed by an Early Intervention Team if the child is under 2.9 years, by the child's school system if he/she is older the 2.9 years, or other service provider. The evaluation will determine services which will benefit the child and the method by which the services will be provided. The Center Site Director will assist the parents with a referral if necessary.

At the initial meeting, the Center Site Director will meet with the parents/guardians to discuss the child's disability/special needs. The child's IEP/IFSP or other information will be discussed. With parental permission, specialists may be requested to attend. The Center Site Director, with parental consent, will identify in writing the accommodations the center would have to make to meet the needs of the child, including:

- 1) change or modification in regular center activities
- 2) size of group and appropriate staff/child ratio
- 3) special equipment, materials, ramps or aids.

If the accommodations cause undue burden, the Center Site Director must notify the parents in writing within 30 days. She will include the address and telephone number for the Department of Early Education and Care as a resource for questions related to "undue burden". A copy of this notification will be kept on file.

If it is determined that MCCC can accommodate the child, the parents, child and classroom teacher will meet to determine how and when the child will transition into the program if the child is new to the program. If the child has been enrolled, the staff and parents will discuss the new information. All records, screening/assessment information, IEP/IFSP, and observations will be placed in the child's folder and remain confidential. Parents may access their child's file at any time.

A staff person will act as the liaison for a child with special needs and will meet with the parents and child preferably before enrollment to begin developing a supportive relationship. As the center's liaison, this teacher will also be responsible for preparing progress reports every three months and setting up conferences when needed. In addition, a specialist from the Early Intervention Team or the School System who deals with the child's predominate disability will be chosen to act as a community liaison and will be responsible for coordinating communication amongst all parties. He/she will be active at MCCC to insure the effective integration of the child into the classroom and to monitor progress thereafter. With parental consent, the Center Site Director will also inform the administrator of Special Education in writing that the Center is serving a child with a disability.

The Center Site Director of MCCC in conjunction with staff members and the child's team will assess the classroom, common areas, and playground for the adaptations, equipment, and materials needed to accommodate the child with special needs. Routines and classroom arrangements will be reviewed. Whenever necessary, additional staffing shall be recruited to assist in making the child's enrollment as successful an experience as possible.

Per EEC regulations, at least five hours each year of training in special education needs to be obtained by each staff person. The MCCC allocates a financial stipend for members of their staff in order to facilitate staff training. If possible, specialists will be recruited to train staff for the specific needs of children enrolled.

MCCC will continue to develop a resource library with information on special education. Parents of special needs children and specialists working with the child are encouraged to share written materials with staff members.

Individualized Education Plan (IEP)

An Individual Education Plan states in writing the specific services required to meet the needs of a child and any change or limitation in his/her participation in regular center activities.

Specific services, where appropriate, shall include, but not be limited to 1) physical therapy; 2) speech and language therapy; 3) psychological services; 4) psychiatric services; 5) education services; 6) social services; 7) occupational therapy.

The plan describes the method by which the above services will be provided including 1) who will provide the service 2) where the service will be provided; 3) schedule for provisions of the services 4) any special equipment, materials, ramps or aids required by the child. The IEP shall also recommend the size of the group to which the child may be assigned and the appropriate staff/child ratio required for such group. If the parent does not approve the IEP, such disapproval will be signed by the parent and placed in the child's record.

The IEP shall be reviewed by the team at least every ninety days. The review shall include, minimally, an observation of and/or individual session with the child by the consulting resource teacher. If the parent is unable to meet with the team for the review, the opportunity must be given to the parent for a separate conference with the consulting resource teacher.

Individual Family Service Plan (IFSP)

An Individual Family Service Plan is determined by Early Intervention Agencies for a child under the age of three. It states in writing the specific services required to meet the needs of a child and any change or limitation in his/her participation in regular center activities. The specific services and methods by which these services will be provided are similar to those in an IEP.

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.

Toileting and Diapering

At the McLean Child Care Center, children are not required to be toilet trained by a specific age. We believe that a child should begin toilet training when he/she is physically and psychologically ready. Parents and teachers should be alert to signs of readiness, and together discuss an individual plan. We will continue the toileting process here once it has begun at home. Children must be ready to participate willingly if the process of toilet learning is to be a positive one and, to this end, the Center cannot and will not force a child to use the toilet.

Children in diapers are changed every other hour and on an as needed basis.

Toys From Home

We ask that children's toys stay at home, unless they are brought in for a pre-arranged sharing at group time. Toys from home are difficult to share at other times, and we cannot be responsible if they become lost or broken. We realize that this is sometimes very hard --leaving a toy in the car during the day is a tactic that sometimes works if you can't leave the house without that special something. Comfort toys for nap are the only exception, and should be kept in the child's cubby, unless needed at "difficult" times.

Transportation

It is the policy of the McLean Child Care Center that staff does not transport children. If a medical emergency arises, children will be transported by ambulance unless in the reasonable judgment of the Center, providing transportation is medically necessary. The only person(s) allowed to transport children will be those noted on the child(ren)'s authorized pick up list.

V. PARENT COMMUNICATION / PARTICIPATION / RIGHTS

Parent Participation

Parents are welcome to spend time in the classroom, visit for lunch, or share any talents they have with the children. Parents are always welcome with no notice required, but may want to notify the teachers when they plan to visit, so that the child and the group can be prepared for the visit. If your child is having difficulty with separation, please discuss with the teachers ways that would make parting easier. You may decide that extra visits during your child's first few weeks could make it more difficult for him/her to settle and adjust. Please discuss any concerns you may have with the Teachers.

Conferences

Parent-teacher conferences are held on a regular basis to discuss your child's progress, adjustment to the center and other issues of concern to both parents and teachers. Toddler and Preschool teachers complete developmental progress reports for each child and conferences are scheduled twice a year. Infant teachers complete developmental progress reports every three months and schedule meetings with parents twice a year. If they wish, parents are welcome to schedule additional meetings with their child's teachers at any time.

The purpose of progress reports and conferences is to identify the children's interests and needs, to improve curriculum, to adapt teaching practices and the environment, as well as to plan for program improvement.

Family Mailboxes

Each family has a mailbox located near the children's cubbies. Please check this daily. All written communication from the Center Site Director and teachers is placed in the mailboxes as well as your children's art work.

Newsletter

To keep you informed about center activities, upcoming events, reminders and general announcements, we publish a newsletters monthly. We urge you to read it carefully. You'll also find that the newsletter can serve as a good discussion starter when talking to your child about the latest happenings at school.

Parental Rights

The information below under the headings of *PARENT INFORMATION* and *PROGRAM RESPONSIBILITIES* is provided by the Department of Early Education and Care (EEC) to inform you of your rights as a parent of a child in a child care setting.

PARENT INFORMATION

The General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating and enforcing rules and regulations governing the operation of child care centers (including nursery schools), and school age child care programs.

These regulations, 102 CMR 7.00, establish minimum standards for operation of group child care and school age child care programs in the Commonwealth. The regulations require certain things of licensees (child care program owner) in regard to their work with parents. A summary of the required parent information, rights, and responsibilities follows.

Parental Input. The licensee must appropriately involve parents of child in care in visiting the program, meeting with the staff and receiving reports of their children's progress. The program must have a procedure for allowing you to give input and make suggestions, but it is up to the program to decide whether or not they will be implemented.

Meeting with Parents. In group child care programs, the licensee shall assure that the administrator or his designee meets with the parent(s) prior to admitting a child to the program. The parents shall have an opportunity to visit the program's classrooms at the time of the meeting or prior to the enrollment of the child. In school age programs, the licensee shall provide and opportunity for the parents and child to visit the program and meet the staff before the child's enrollment.

Parent Information. The licensee must provide to the parents upon admission of their child the program's written statement of purpose, including the program philosophy, goals, and objectives, and the characteristics of children served; information on the administrative organization of the program, including lines of authority and supervision; the program's behavior management policy; the program's plan for referring parents to appropriate social, mental health, education and medical services for children; the termination and suspension policy; a list of nutritious foods to be sent for snacks or meals; the program's policy and procedures for identifying and reporting suspected child abuse or neglect; the procedures for emergency health care and the illness exclusion policy; the program's transportation plan; the procedure for administration of medication, and, upon request, a copy of the complete health care policy; a copy of the fee schedule, and in school age child care, the procedures for on-going parent communication. All of this information may be contained in a "Parent Handbook."

Parent Conferences. The licensee must make staff available for individual conferences with parents at your request.

Progress Reports. At least every six (6) months the licensee should meet with you to discuss your child's activities and participation in the program. The licensee will prepare a written progress report for your child, will provide a copy to you, and will maintain a copy of the report in your child's file. If your child is an infant or a child with disabilities, you should receive a written progress report at least every three (3) months. Program staff must bring special problems or significant developments, particularly if they involve infants, to your attention as soon as they arise.

Parent Visits. You have the right to visit the center and your child's room at any time while your child is present.

Children's Records. Information contained in a child's record is privileged and confidential. Program staff may not distribute or release information in a child's record to anyone not directly related to implementing the program plan for the child without your written consent. You must be notified if your child's record is subpoenaed.

Access to your child's record. You are entitled to have access to your child's record at reasonable times on request. You must have access to the record within two (2) business days of your request unless you consent to a longer time period. You must be allowed to view your child's entire record, even if it is maintained in more than one location. The center must have procedures governing access to, duplication of, and dissemination of children's record, and must maintain a permanent, written log in each child's record which identifies anyone who has had access to the record or who has received any information from the record. This log is available only to you and the people responsible for maintaining the center's records.

Amending your child's record. You have the right to add information, comments, data, or any other relevant materials to the child's record. You also have the right to request deletion or amendment of any information contained in your child's record. If you believe that adding information is not sufficient to explain, clarify or correct objectionable material in your child's record, you have the right to a conference with the licensee to make your objections known. If you have a conference with the licensee, the licensee must inform you in writing within one week of his decision regarding your objections. If the licensee decides in your favor, he must immediately take the steps necessary to put the decision into effect.

Transfer of Records. When your child is no longer in care, the licensee can give your child's record to you, or any other person you identify, upon your written request.

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

PROGRAM RESPONSIBILITIES

Providing Information to the Department of Early Education and Care (EEC)

The program must make available any information requested by EEC to determine compliance with any EEC regulations governing the program, by providing access to its facilities, records, staff and references.

Reporting abuse or neglect

All center staff are mandated reporters. They are required by law to report suspected abuse and neglect to either the Department of Children and Families (DCF) or to the licensee's program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

Notification of Injury

The licensee must notify you immediately of any injury which requires emergency care. The licensee must also notify you, in writing, within 24 hours, if any first aid is administered to your child.

Availability of EEC Regulations

The program must maintain a copy of the regulations, *102 CMR 7.00: Standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs*, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, ask the center to show them to you.

You may contact the EEC regional office that oversees MCCC for compliance history:
Northeast Regional Office. 978-681-9684.
360 Merrimack Street, Building 9, 3rd floor
Lawrence, MA 01843

Policy 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 THEMSELVES.

Withdrawal and Termination

➤ Withdrawal

Parents must provide a *minimum* 30 days written notice for the withdrawal of a child for any reason. Parents will be responsible for tuition payment for these 30 days.

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 Thursday before Labor Day.

➤ Termination

The Center may terminate the enrollment of a child if the child's needs cannot be met, the safety/care of other children is in jeopardy, and/or accommodations for the child cause undue burden to the Center. Parents will be notified of the reasons for termination and conditions for reenrollment (if any), in writing, a minimum of one month prior to the termination date. However, if the reason for termination is serious, termination can be immediate. A parent may contact the Director of Child Care Services if there are concerns regarding the Center's decision to terminate enrollment.

Before the implementation of the termination of a child due to challenging behavior, the staff will take the following steps:

1. Meet with parents to discuss other options;
2. Provide referrals for evaluation and services;
3. Pursue consultation and training for the program;
4. Develop behavioral intervention plan at home and in program.

The McLean Child Care Center reserves the right to terminate services to children and families for the following reasons:

- ⊖ If tuition payment is not received on or before the 15th of the month;
 - Extraordinary circumstances, which make it impossible to keep payment current, should be discussed with the Center Site Director promptly.
- If a child's individual developmental needs cannot be met by the staff or within the daily program then parents will be referred to appropriate services after each of the steps outlined in the referral policy have been taken. This would include conditions or behaviors which cannot be managed effectively by the staff or which pose a potential threat to the safety and wellbeing of his/her self, the other children or staff.
- If a parent or family member displays inappropriate behavior, either physically, verbally or sexually, toward any staff member, child or parent, then termination/referral procedures can be initiated.
- If a parent's child rearing philosophy or beliefs are in conflict with that of the Center, the Director of Child Care Services will review the conflict and determine if the Center can reasonably accommodate the parent's request. If the parent's request is contrary to the Center's published philosophy and educational and care giving goals, then the parent will be notified and termination procedures may be initiated.

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 for employee families, through Partners Employee Assistance Program (EAP). When a child's enrollment 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 PCCS Centers choose not to enact a suspension policy.

What you can expect from Partners Child Care Services

- 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.

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 Site 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 Center Site Director and Assistant Director oversee the Teachers and Assistant Teachers to ensure consistency in programming within each age group and throughout the Center. Teachers guide Assistant Teachers and Aides, 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 the Assistant Director, assumes responsibility for the daily administration of the center.

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

The McLean Child Care Center is overseen through the **Northeast Regional Office of EEC**, located at 360 Merrimack Street, Building 9, 3rd floor; Lawrence, MA 01843. 978-681-9684

VI. HEALTH CARE POLICIES AND PROCEDURES

Physical Examinations

A yearly physical examination, including a test for lead poisoning, is required for each child at the center. In addition, immunization records must be kept current and submitted to the Center upon receiving updates.

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.

Procedures for handling a child who has already been admitted to the Center and exhibits symptoms requiring exclusion until he/she can be taken home:

The child will be kept in quiet isolated area in the classroom on a resting mat. All mats and sheets will be cleaned after the child leaves the center.

Policies for when excluded children may return:

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 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.

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 First Aid Procedures

All staff are required to have current training in either Red Cross or EEC certified First Aid and CPR. In cases of minor injury, the staff will administer simple first aid and will notify parent(s) in writing about injury and treatment

Emergency Medical Procedures

Depending upon the severity of the emergency, the center will contact parents or authorized persons. Transportation to the hospital 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 or Assistant Director 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 Education Coordinator, Teachers or Center Site Director. **All medication is stored out of reach of children at all times.** Parents must provide a medicine spoon that correlates to the measurement type listed on the prescription. After medication administration window is complete, all remaining medicine shall be returned to the parent.

We request that the Center Site Director 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 EVER 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.

Attachment A

Emergency Contingency Plans

Evacuation Procedures

- 1) Staff will remove the children for whom they are responsible from the building. Floor plans indicating the evacuation route are posted by the doorway in each room. Sign in/out sheets will be taken. Infants are placed in the cribs with the sturdy, large casters and wheeled out of the building.
- 2) They will go to the evacuation site: the tree by East House.
- 3) Center Site Director/Person in Charge checks all rooms including bathrooms for stragglers or sleeping children, taking sign in/out sheets that may be left behind and the office red Emergency Binder for phone numbers.
- 4) At the evacuation site, attendance of children and staff is taken.
- 5) Staff will be prepared to move the children to another site (cafeteria) for traffic, weather, and/or emotional reasons.
- 6) A final decision to evacuate the area and/or to re-enter the building will be the responsibility of the commander on the scene of the Belmont Fire Dept. and Security Services.
- 7) Parents will be contacted if circumstances warrant.
- 8) Evacuation drills are conducted monthly. McLean Hospital Security, in conjunction with the Belmont Fire Department, may schedule evacuation drills outside of the Center's monthly drill process. Advance notice of a few hours is given on some drills, while others are unannounced.

Fire Procedures

The Center's fire alarm procedure is to provide for the safe and speedy evacuation of the building during an actual or suspected fire. Employees are aware of the closest fire alarm pull station and fire extinguisher in their work area as well as with the following fire rules.

If you discover fire or smoke:

- 1) Pull fire alarm
- 2) Dial 2-2-2-2 and give the location of the fire
- 3) Evacuate the building (see evacuation procedures)

If you hear the fire alarm:

- 1) Evacuate the building (see evacuation procedures)

Natural Disasters – Hurricane, Tornado, Flood, Blizzard, Earthquake

- 1) If a natural disaster is forecasted in advance, the Center will close, open late, or close early based on the recommendations of the Governor, i.e. a State of Emergency.
- 2) If, during the day, the potential of a natural disaster was predicted with limited notice, the Center Site Director/person in charge would contact security regarding the best place to keep the children and staff safe.
- 3) If a natural disaster occurs unpredictably, the Center Site Director/person in charge would call for an evacuation (see above procedure); however, instead of bringing the children outside, the Center Site Director should consider the safest alternative, i.e. the middle room of the building, cafeteria, etc.
 - a) If possible, the Security Dept would be notified of the situation.
 - b) Proximity of kitchen and bathrooms would be considered.
 - c) Windows would be avoided.

Loss of Power, Heat, Water

- 1) The McLean Facilities Department will be contacted (X 2626) to report the situation and request immediate assistance. The loss of power would affect heat, hot water and light.
- 2) An estimate will be given of when the power, heat or water will return.
- 3) Based on the above estimate and weather conditions, the Center Site Director, in consultation with the Director of Child Care Services, will determine whether to close the Center.

If the Center does need to close, the Center Site Director will call the parents as soon as possible.

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 McLean Security at **617.855.2222**, followed by;
- Immediate Missing Child notification to the Center Site Director or designee, who will take responsibility for;
- Immediate notification to the child's parent;

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



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, 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. If an Infant 8 weeks or younger is swaddled to be comforted and soothed, any swaddling wrap is removed before they are placed in the crib.
- 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. At the McLean Child Care Center, where there is a three-foot high divider wall between the classroom area and crib area, the cribs lining the divider wall are reserved for children younger than six months of age at the time of enrollment during the first six weeks they are in care.

Please don't hesitate to contact us with further questions

Attachment C

McLean Child Care Center - EMPLOYEE - Monthly Tuition Effective 30 June 2019 - 27 June 2020

| 5 Days/Week | Infant | Toddler | Preschool |
|----------------|---------|---------|-----------|
| 8 Hours / Day | \$2,200 | \$1,871 | \$1,592 |
| 9 Hours / Day | \$2,419 | \$2,033 | \$1,727 |
| 10 Hours / Day | \$2,638 | \$2,198 | \$1,864 |

| 4 Days/Week | Infant | Toddler | Preschool |
|----------------|---------|---------|-----------|
| 8 Hours / Day | \$1,787 | \$1,545 | \$1,323 |
| 9 Hours / Day | \$1,955 | \$1,671 | \$1,429 |
| 10 Hours / Day | \$2,125 | \$1,799 | \$1,535 |

| 3 Days/Week | Infant | Toddler | Preschool |
|----------------|---------|---------|-----------|
| 8 Hours / Day | \$1,341 | \$1,173 | \$1,006 |
| 9 Hours / Day | \$1,467 | \$1,270 | \$1,086 |
| 10 Hours / Day | \$1,597 | \$1,368 | \$1,166 |

| 2 Days/Week | Infant | Toddler | Preschool |
|----------------|---------|---------|-----------|
| 8 Hours / Day | \$893 | \$784 | \$673 |
| 9 Hours / Day | \$983 | \$851 | \$729 |
| 10 Hours / Day | \$1,072 | \$919 | \$784 |

A 2 day per week option is offered on a space available basis as part time schedules must match in order to balance Center enrollment.

McLean Child Care Center - COMMUNITY - Monthly Tuition Effective 30 June 2019 - 27 June 2020

| 5 Days/Week | Infant | Toddler | Preschool |
|----------------|---------|---------|-----------|
| 8 Hours / Day | \$2,399 | \$2,031 | \$1,736 |
| 9 Hours / Day | \$2,618 | \$2,195 | \$1,872 |
| 10 Hours / Day | \$2,836 | \$2,360 | \$2,007 |

| 4 Days/Week | Infant | Toddler | Preschool |
|----------------|---------|---------|-----------|
| 8 Hours / Day | \$1,958 | \$1,674 | \$1,437 |
| 9 Hours / Day | \$2,128 | \$1,801 | \$1,543 |
| 10 Hours / Day | \$2,296 | \$1,928 | \$1,648 |

| 3 Days/Week | Infant | Toddler | Preschool |
|----------------|---------|---------|-----------|
| 8 Hours / Day | \$1,441 | \$1,270 | \$1,091 |
| 9 Hours / Day | \$1,571 | \$1,368 | \$1,172 |
| 10 Hours / Day | \$1,700 | \$1,463 | \$1,252 |

| 2 Days/Week | Infant | Toddler | Preschool |
|----------------|---------|---------|-----------|
| 8 Hours / Day | \$963 | \$832 | \$712 |
| 9 Hours / Day | \$1,052 | \$899 | \$769 |
| 10 Hours / Day | \$1,142 | \$965 | \$826 |

A 2 day per week option is offered on a space available basis as part time schedules must match in order to balance Center enrollment.

Attachment D



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

2019 – 2020 Calendar of Closures and Early Closures

Partners Child Care Services ~ MCCC

McLean Child Care Center

HOLIDAY AND STAFF DAY CLOSURES OBSERVED *

| | |
|--------------------------------------------------------------|---------------------------------------------|
| Staff Day MCCC Only (CNY + PCCAR + Backup Centers open)..... | Friday, August 30 th , 2019 |
| Labor Day..... | Monday, September 2 nd , 2019 |
| Columbus Day..... | Monday, October 14 th , 2019 |
| Veteran's Day Observed..... | Monday, November 11 th , 2019 |
| Thanksgiving Day..... | Thursday, November 28 th , 2019 |
| Day After Thanksgiving Day..... | Friday, November 29 th , 2019 |
| Christmas Day..... | Wednesday, December 25 th , 2019 |
| New Year's Day..... | Wednesday, January 1 st , 2020 |
| Martin Luther King, Jr. Day..... | Monday, January 20 th , 2020 |
| President's Day..... | Monday, February 17 th , 2020 |
| Staff Day In-Service Training..... | Friday, March 6 th , 2020 |
| Patriot's Day..... | Monday, April 20 th , 2020 |
| Memorial Day..... | Monday, May 25 th , 2020 |
| Observance of Independence Day..... | Friday, July 3 rd , 2020 |

EARLY CLOSURES OBSERVED *

All PCCS Centers close at 4:00pm

| | |
|-----------------------------------------|------------------------------------------|
| Bi-annual all Center Staff Meeting..... | Tuesday, December 3 rd , 2019 |
| Bi-annual all Center Staff Meeting..... | Tuesday, June 2 nd , 2020 |

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