



Echo Falls Preschool

Parent Handbook

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Program/Philosophy

Echo Falls Preschool provides a creative learning experience for children who are between the ages of 2.9 years and 5.0 years at the time of admission and is licensed by the Department of Early Education and Care.

Echo Falls Preschool admits children without regard to race, religion, cultural heritage, political beliefs, marital status, disability, national origin or sexual orientation. We are an inclusive preschool that teaches acceptance and embraces and celebrates our unique differences. We also do not discriminate based on social or economic status or lack of toileting status. (ie; Children may attend if still in diapers).

Echo Falls Preschool offers a supportive and nurturing developmentally appropriate environment in which children can maximize their competence levels and growth potentials. The program has a strong emphasis on promoting children's social/emotional development, physical development, and cognitive/language development. Creative expression is encouraged at all times. Special attention is given to each child's development level, and each child is respected for his/her individuality.

Children are considered active learners at Echo Falls Preschool and they are given many opportunities to explore through direct physical contact with the environment. The program offers a 'theme-based' curriculum in which a specific theme is explored through discovery-oriented learning centers such as: the 'everything table', the 'discovery' table, the art area, the cooking area, and the reading area. Aspects of the chosen theme are also discussed and focused upon during 'meeting time'. The weekly theme may also be reflected in the daily music and movement activities as well as in the children's dramatic play. Special field trips also emphasize particular themes throughout the year. Other ongoing activities are block building, woodworking, painting, and sand and water play. Fine and gross motor skills are practiced and mastered through puzzles and small manipulatives, and through climbing, running, balancing. And swinging during outdoor play. Problem solving and negotiating, following directions and routines, respecting limits and other's rights, learning self-help skills and autonomy, and sharing and learning how to 'be' and 'have' a friend are only some of the many goals of the program.

Facilities/Environment

The environment of Echo Fall Preschool is set up to be as child-centered as possible and operated by the children themselves. The physical environment encourages mastery and offers many opportunities for the children to experience the successes needed to build positive self-concepts. Responsibility

and cooperation are other concepts which are fostered within this unique environment.

The school is located in the Lower Falls Community Center and is leased from the City of Newton through the Parks and Recreation Department. There are two large classrooms, a gym, extra classroom space, and there is a large outdoor playground complete with adjacent tennis courts, basketball courts and a huge side field. There is also a “community garden” that we have access to! (we bring our compost to it and watch things grow ☺).

Enrollment Process

Echo Falls enrolls children who are 2.9 - 5.0 years in September and enrolls children on a Rolling Admissions Basis. Occasionally a space may open up during the school year, so please contact us to see if there are any available spaces or you can call Echo Falls Preschool : (508) 479 1880.

Informational Visits/Tours: Scheduled tour visits begin in the Fall (mid October) the year before your child can attend so you can see our program in action! Applications and brochures will only be given to you at your visit. (You may bring your child with you on the tour visit.)

Applications: After you have submitted your application, we will review it to make sure there is available space for the days/times you have requested and then we will send you the Enrollment Contract.

Contracts/Initial Deposits: The Enrollment Contract and Initial Enrollment Deposit are due within 2 weeks after you have submitted the Application. The initial deposit amounts are based on the number of days you plan to enroll your child. (3 days: \$400 4 days: \$500)

Contract Payment Schedule: Parents pay the tuition fee in 4 lump payments (after the initial enrollment deposit):

March 15th (or Spring before your child begins)

September 15th

November 15th

January 15th

OR a special monthly payment schedule can be worked out with the director, Jennifer.

Fee Schedule (2024-2025)

Tuition:(Based on \$15 hr. x #hrs/wk x 33 wks)

4 days: \$9900 (20 hrs/wk)

3 days: \$7425 (15 hrs/wk)

Program Schedule

Monday-Thursday: 9 AM – 12:15 PM / 2:00 PM

Echo Fall Preschool NOW offers enrollment options that allow parents to create a preschool schedule that best compliments and incorporates into their family's busy life!

Children attend Echo Falls Preschool on a 3 or 4 day per week schedule. Parents may choose the days they'd like to enroll their child on.

There are 2 Pick Up/Departure Time Options: 12:15 p.m or 2:00 p.m

The total yearly tuition cost will be based on the amount of program hours a parent chooses to enroll their child in and will be reflected on your Enrollment Contract. Please schedule your visit to tour our school and to learn more about enrolling your child at Echo Falls Preschool.

We look forward to showing you our unique and special program!

Daily Schedule

Echo Falls Preschool Schedule	
9:00	Arrival Time
9:00 - 9:15	Morning routines/Free Play Time
9:15 - 9:30	Morning Circle/ Singing Time
9:30 - 10:20	Free Play Time in Sunflower Room
10:20 - 10:30	Bathroom Checks/Handwashing Time
10:30 - 10:45	Snack Time
10:45 - 11:30	Free Play Time in Moonflower Room
11:30 - 11:40	Clean Up Time
11:40 - 12:15	Gym Time or Playground Time
12:15	Early Pick up Departure Time*
12:20 - 12:45	Lunch Time /Bathroom checks/HWT
12:45 - 1:05	Must Do's / Manips/Book Reading
1:05 - 1:25	Meeting Time
1:25 - 2:00	Outside Playground Time
2:00	Departure Time

*only for enrolled half-day children

Arrival

School officially begins at 9 a.m. Please try to have your child arrive at school within the first fifteen minutes of the day, (by 9 am if possible) so that s/he does not miss any of the daily activities, and can arrive at school before our morning circle which starts around 9:15 am. Every child must be accompanied to and from school by an adult.

Parents may park in the Parking lot closest to our classroom and bring their child to our Blue classroom door on the right looking at the building from the parking lot. The parking lot will ONLY be used in the morning during Drop Off Time as well as for the Early 12:15 Pick ups.

Departure

School ends at 12:15 PM. or 2:00 PM. Please call the school or Jennifer's cell if you are unable to pick-up your child on time. This will eliminate any unnecessary concern for both your child and the teachers. A late fee of \$10.00 will be charged if your child is picked up five minutes beyond the scheduled time.

Please park on Pine Grove Street when picking up your child (at 2pm). In order to keep the traffic on Pine Grove Street flowing, please use it as if it is a one way street. Only drive down Pine Grove Street coming from the Cornell side towards the gym side of the building. Please park only on the school side of Pine Grove Street and exit onto Grove Street. Thanks!

If you need to do an early pick-up please let us know in the a.m so we can help your child be ready and prepared for the change in schedule. Please ONLY use the parking lot if you are picking up your child at an earlier time- Thanks!

We will always have regular 2 pm Pick Up Time from the gym side of the building. Children must be picked up from outside the gym near the building.

Children will only be released to persons authorized by a parent to pick-up their child and these person's names need to be written on the child's consent form.

Required Forms

Each child must have the following forms in his/her folder: An Application Sheet, Child's Enrollment Form, Developmental History and Background Information, First Aid and Emergency Medical Care Consent Form, Medication Consent Form, Transportation Plan Authorization, Permission Form for Photographs and Video. These records should be completed and returned to the director by your child's first regular school day. Each child's folder will also include conference notes (from Fall/Spring) on his/her development as it

progresses throughout the year. The records are considered confidential and will not be released to anyone without parental consent. Children's records are accessible to parents and copies can be obtained free of charge. EEC's regulations require that these records be made available to them, but they will not be removed from the premises.

When your child is ready to enter kindergarten a developmental checklist form (with your permission) will be filled out and sent to your child's prospective kindergarten.

Absences/Illness Policy

Please notify the school by 9:00 a.m. if your child will not be attending school that day. (via : 508 479 1880 or email: echofallspreschool@verizon.net). We ask that parents do not send their child to school if the child shows any signs of illness. If your child has had a fever and/or vomiting or diarrhea the day or night before, please be sure your child has been fever-free without medication for 24 hours. If s/he is taking an antibiotic and has not yet received it for 24 hours please do not send her/him. Always let us know if s/he has been exposed to a communicable disease so that other parents can be notified of their child's possible exposure. We will send out an email to notify parents about any communicable illnesses and the symptoms to watch for.

If illness should occur during the day, parents will be contacted for immediate pick-up. In the event of an emergency, every effort will be made to contact a parent. If these efforts are unsuccessful, the persons listed on your child's Identification and Emergency Form will then be contacted. Teachers will administer first aid when necessary.

Prescription medication can be given upon written parental request. The prescription label can serve as the required physician's order if the child's name and exact dosage is written on it. Non-prescription medication cannot be given without the written order of both the child's physician and parents. Please see our Health Care Policy on page #25 for our completed medicine policy.

School Cancellations

If school must be closed due to severe weather conditions please know that Echo Falls will usually follow the Newton Public School System's closing or delays. We will notify parents when there is a one or two hour delay as well as school closing via email.

In rare and unusual circumstances, Echo Falls reserves the right to delay, cancel, or call for an Early Release of school if the situation presents any possible danger or hazards to children or their families.

School Calendar

Echo Falls Preschool Calendar 2024-2025

(Note: * = a “ No School Day ”)

Sept. 9 (Mon.)	Transition Short School Day (9-11)
Sept. 9 (Mon.)	Home Visits
Sept. 10 (Tues.)	First Regular School Day (9-2)
Oct. 3 (Thurs.)	Rosh Hashanah *
Oct. 14 (Mon.)	Indigenous People’s Day *
Nov. 5 (Tues.)	Parent/Teacher Conf. Day #1*
Nov. 11 (Mon.)	Veteren’s Day *
Nov. 27 & 28 (Wed.&Thurs.)	Thanksgiving Break *
Dec. 2 (Mon..)	Parent/Teacher Conf. Day #2*
Dec. 19 (Th.)	Holiday Sing-a-long/Breakfast
Dec. 23 (Mon.)-Jan.2 (Mon.)	December Vacation *
Jan. 20 (Mon.)	Martin Luther King Day *
Jan. 29 (Wed.)	Lunar New Year*
Feb. 17 (Mon.)-Feb. 20 (Thurs.)	Winter Vacation*
Apr. 17 (Th.)	Parent/Teacher Conf. Day #1*
Apr. 21 (Mon.)-Apr. 24 (Thurs..)	Spring Vacation *
May 7 (Weds.)	Parent/Teacher Conf. Day #2*
May 22 (Th.)	Spring Sing-a-long/Breakfast
May 22 (Th.)	Last Day of Regular School
May 26 (Mon.)	Memorial Day *
May 27(Tues.) - June 18th (Wed.) or June 25 (Wed.)**	June Summer Camp **(TBD)
June 19 (Thurs..)	Juneteenth*

Transportation

The school does not provide transportation but we will help you find others who are interested in carpooling. Parents are responsible for bringing their children to and from school or making the necessary arrangement for transportation for their child.

A Transportation Plan form that specifies how a child arrives and departs must be signed and dated and is valid for one year must be in a child's file. Any additional arrangements must be written in each child's folder and the person's name, address, and phone number that the child will be released to must be on the child's release form. There is public transportation near-by. The Riverside MBTA Green Line train is ½ mile from school.

Clothing

Children will function best and feel the most comfortable at school when they are wearing non-restrictive, simple, and easily laundered clothing. As children play and learn they will get involved and dirty! To avoid worry on everyone's part please send your child to school in clothes that are not "special" and which will not hinder the messy, hands-on exploration that goes on daily. Please do not send your child to school in "party" shoes – sneakers are much safer!!

Each child must have a complete change of clothing (underpants, shirt, pants, socks) at school at all times. Please label all personal belongings with a Sharpie. Please keep a pair of indoor shoes (crocs, Velcro sneakers, natives) in your child's cubby, so wet, muddy, outdoor shoes can be switched during inclement weather. (Note: EEC prohibits that children wear clothing with drawstring cords or loose fitting jewelry to school.)

Things From Home

With the exception of those essential items that your child needs in order to feel comfortable with the transition from home to school, please leave toys and 'things' at home. Occasionally, if your child has something special to share with the group such as: a special book, something s/he has made or found on a walk, or an exciting bit of news- s/he could share this 'thing' at our "Meeting Time". Please do not let your child bring in war toys, guns, or superhero figures as these toys are not appropriate for our school setting. If your child must bring something to school – a small stuffed animal is considered appropriate and can easily fit into your child's cubby. All other toys from home will need to return home with the person who brought your child to school. Children often have a hard time sharing special items from home and can easily be upset if the toy gets lost or broken. Life is smoother if the toys can stay at home!! Thanks!

Extended Day Rest Time (When offered in a school year /TBD)

During rest time your child will rest on a mat with a sheet/blanket that we provide. If your child has a special small stuffed animal that s/he likes to 'snuggle' with, please let this item come to school and if possible, live in the cubby!! The stuffed animal can be 'snuggled' with at extended day's rest time and make for a more secure and cozy experience. We do have a supply of animals at school to borrow for snuggling with at rest.

Rest time is about a 30-minute period designated for the children to be resting on their mats (sitting or lying down) during which they can be "reading" picture books independently and/or quietly listening to records and tapes. Sometimes, crayons and paper on clipboards are available and the rest time always ends up with doing puzzles on their mats. The children who need to sleep will sleep and the others will rest their bodies and get a few moments of peace!

Nutrition/Snack Time

EFP no longer provides a mid day snack so it is now parents' responsibility to send in a healthy snack. We ask that you send in a fruit or veggie (preferably fresh) along with a 2nd protein or carb snack.

At EFP, we try to emphasize nutritious, healthy snacks without a lot of refined sugar. Besides fruits/veggies- Please send in protein bars, granola bars, string cheese, PB crackers, snack like treats such as pirate booty, pretzels, etc...and whole grain muffins and breads.

In order to encourage children to value and respect water as a beverage, we provide water at all snack times. The children pour their own water from their own pitchers.

During snack time each child has a "candle/push light". When the light is on the children can eat and when off they clear their spaces. The "candle/push light" helps to calm and focus everyone and encourages a peaceful "restaurant-like ambience"!

Please make sure that you've told us about any food allergies that your child may have. NOTE: Depending on the needs of our preschool group- we may have a "Peanut Free" or a "Sesame Free" year or we may have a "Peanut or Sesame free" table for children with food sensitivities/allergies to sit at to eat snack or lunch. We will let you know each school year.

Lunch Time

Please send a lunch that is as healthy and nutritious as possible! We would like to be consistent in our philosophy and policy of emphasizing the importance of not only eating nutritious, healthy, snack time foods, but lunch time foods as well!! We would like to reinforce the concept that “sweet is not better than non-sweet” and that all foods have equally important values! This is also the time of the day that you can send what healthy thing you want your child to eat; children are hungry at lunch time and because there are limited choices in his/her lunch- children will eat what you send!

Here are two lists of foods that Echo Falls Preschool feels are appropriate and inappropriate lunch time foods for preschoolers. We would appreciate it if you used these lists as guidelines when preparing your child’s school lunches. Your attention, awareness, and cooperation in this important matter will benefit the entire group of children; nutritionally and there will be no unneeded peer pressure for wanting and having certain sweet and “junkie” foods. We have found that our “Healthy Snack/Food Approach” is one of the most important things that our Echo Falls children learn about and remember long after they have graduated! If we have a “healthful” approach to eating at school vs. a more relaxed attitude about eating sugary, junkie foods at home-then, the children are being exposed to various philosophies and can learn how to make appropriate choices about food now and later in their lives! Please help us to maintain this policy! Thank you.

Appropriate School Lunch Foods:

Sandwiches and leftovers
Muffins and bagels
Yogurt, cheese, cottage cheese
Vegetables
Fresh fruit and dried fruit/fruit bar
Raisins and nuts
Granola and low sugar cereals
Pasta, soup, rice, beans
Pizza
Crackers, pretzels, rice cakes, popcorn, pirate booty, chickpea puffs
Cereal bars and granola bars (without chocolate chips or marshmallows)
Graham crackers, animal crackers, fig newtons
Milk, juice, water

Inappropriate School Lunch Foods:

Cookies, Cakes and brownies
Candy and chocolate
Pudding and Jello
Fruit roll-ups and fruit bites

Please send your child's snack in a reusable or brown bag inside their Backpack. Also in the BP- please send lunch items in a Bentgo box or use Rubbermaid, Tupperware, or any small rectangular container that fits into a soft lunchbox if not using the Bentgo box system. This will allow us to cut down on the amount of plastic wrappings we use and it will enable you to keep track of what your child is or is not eating (and can possibly eat later!). Containers safely protect food from getting squished or leaking and they are great for developing children's self-help skills, fine motor skills and eye-hand coordination. So – NO plastic baggies, foil, etc. Thanks!

Also, please send your child's beverage in a container they can easily open/close and doesn't leak. By using this reusable water bottle each day, it will allow us to cut down on wasting much leftover juice and it will help our environment by reducing the amount of water bottles, milk or juice boxes we use! By using containers for food and beverages each day, we can help the children become more aware about wasting less food and making less trash. This will also help for sanitary reasons – i.e. less sticky juice and uneaten food in the cubbies and in the garbage. Thanks in advance for your cooperation and support in all our lunch time policies.

HINT: Flip open/close stainless steel bottles work the best! If your child prefers, s/he can bring the water bottle and lunch in a Bentgo box OR lunch in the reusable containers in a lunchbox in their backpack.

Birthdays

Birthdays are celebrated during snack time. We will help make it a special celebration on the actual day or as near to birthdate as possible with special crown, bookmark, bday sticker, candles and of course- the Happy Birthday song!

In regard to birthday parties: Do not bring/hand out birthday party invitations at school **unless** you are inviting each child in the class! Even at a young age, children are sensitive to being 'excluded' and it is best to be as subtle as possible. Please email your invitations or give them to parents outside of the school premises.

Parent Information, Rights and Responsibilities

Chapter 28, Section 10 of the General Laws of the Commonwealth of Massachusetts mandates to the Office for Children the legal responsibility of promulgating rules and regulations governing the operation of day care centers (including nursery schools).

The licensee (day care center owner) is required to inform all parents of specific information about their rights and responsibilities at the time of

admission of their child to the center. Section 7.04 of 102 CMR 7.00, the regulations which govern day care centers, contains more information.

Right to Visit

You have a right to make unannounced visits to your child's room while your child is present.

Parent Input

The program must have a procedure for allowing your input in the development of center policy and procedure. The program must allow you to make suggestions, but it is up to the program to decide whether or not they will be implemented.

Conferences

You have a right to request an individual conference with the program's staff. The licensee has the responsibility to make the staff available.

About 2024-2025 Echo Falls Parent Teacher Conference Days:

Fall Conference Days: Tuesday, November 5th **or** Monday, December 2nd

Spring Conference Days: Thursday, April 17th **or** Wednesday, May 7th.

**** There will be **No School** on these four conference days. Since Covid, we have been doing these via Zoom and will continue to do so as it makes it easier for all! We do not "chat " in front of your child, so please make sure your child isn't listening or find alternative child care arrangements if your child will not be comfortable playing independently in another room. Conferences (PTCs) are a great time to share ideas, thoughts, concerns and learn from each other so that we can be the best supporting team to facilitate your child's optimal growth and development as well as her/ his ultimate happiness!!

Meeting Prior to Admittance

The licensee shall assure that the administrator or his designee meets with you prior to admitting your child to the center.

At the meeting, the licensee in addition to the information contained in this fact sheet, must provide you with: the center's written statements of purpose; types of services provided; referral policy; behavior management policy; termination and suspension policy; a list of suggested nutritious foods you could send for snacks and meals, if it is your responsibility; the policy for identifying and reporting child abuse and neglect; the transportation plan; a copy of the health care policy (if you request it); procedure for administration of medication; procedures for providing emergency health care and the illness exclusion policy; and a copy of the fee schedule. All of this information may be contained in the "Parent Handbook".

You should also be given the opportunity to visit the center's classrooms either at the time of the meeting or prior to the enrollment of your child.

Progress Reports

At least every six (6) months, you have the option to Zoom with the center's staff to discuss your child's progress, and you'll also receive a written progress report of your child's activities and participation in the center. This report must become part of your child's center record. If your child is an infant or is a child with disabilities, you should receive a written progress report every three (3) months. Center staff must bring any special problems or significant developments, particularly if they regard infants, to your attention as soon as they arise.

Echo Falls Preschool offers Parent Teacher Conference Days 2X per school year- One PTC in the Fall and the second PTC in the Spring! You will receive a written copy of PTC notes that we discuss/talk about with you at your PTC so you can share with other family members who may be unable to attend the PTC.

Your Child's Records

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

Access to the Record

You should be able to have access to your child's records. The center must provide access within two business days, unless they have your permission to take longer. You must be allowed to view your child's entire record, even if it is located in more than one location. The center must have procedures regarding access, duplication, and dissemination of children's records. They must maintain a written log which identifies anyone who has had access or has received any information out of the record. This log is available only to you and the people responsible for maintaining the center's records.

Amending the Record

You have the right to add information, comments, on data, or any other relevant materials to your child's record; you also have the right to request deletion or amendment of any information contained in your child's record. Such request shall be made in accordance with the procedures described below:

(1) If you are of the opinion that adding information is not sufficient to explain, clarify or correct objectionable material in your child's record, you have the right to have a conference with the licensee to make your objections known; (2) The licensee shall, within one (1) week after the conference, give you a decision in writing stating the reason or reasons for the decision. If this decision is in your favor, he shall immediately take steps as may be necessary to put the decision into effect.

Charge for Copies

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

Transfer of the Record

Upon your written request, when your child is no longer in care the licensee can give you your child's record or transfer them to any other person that you identify. The center should ask you to sign a form verifying that you have received the record.

Responsibilities of the Program

Providing information to the EARLY ED AND CARE (EEC)

The licensee must make available to EEC any information required to be kept and maintained under these regulations and any other information reasonably related to the requirements of these regulations. This includes information in your child's records. Authorized employees of the Office (EEC) are not to remove identifying case materials from the center premises and are required to maintain the confidentiality of individual records.

Reporting Abuse or Neglect

All center staff are mandated reporters. They are required by law to report suspected abuse and neglect to EEC, the Department of Children and Families and 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. They must also notify you, in writing, within 24 hours, if any first aid (such as an ice pack) is administered to your child.

Availability of Regulations

The center must have a copy of CMR 102 7.00, standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs, on the

premises, available to any person upon request. If you have questions about any of the regulations, ask your center to show them to you.

Child Guidance

Interactions Among Educators and Children

- (1) Educators must be responsive to children’s individual needs and support the development of self-esteem, self-expression, autonomy, social competence, and school readiness.
- (2) Educators must be nurturing and responsive to children by:
 - (a) frequently expressing warmth to individual children through behaviors such as holding babies, social conversations (including response to babies’ vocalizations), joint laughter, eye contact, and smiles, and communicating at children’s eye level;
 - (b) providing attentive, consistent, comforting, and culturally sensitive care;
 - (c) being consistent and predictable in their physical and emotional care of children, and when implementing program rules and expectations;
 - (d) recognizing signs of stress in children’s behavior and responding with appropriate stress-reducing activities.
- (3) Educators must support children in the development of self-esteem, independence, and self-regulation by:
 - (a) demonstrating courtesy and respect when interacting with children and adults;
 - (b) encouraging appropriate expression of emotions, both positive (e.g. joy, pleasure, excitement) and negative (e.g., anger, frustration and sadness);
 - (c) providing opportunities for children to develop self-help skills as they are ready;
 - (d) encouraging children’s efforts, work and accomplishments;
 - (e) assuring that all children have equal opportunities to take part in all activities and use all materials;
 - (f) offering opportunities for children to make choices and decisions.
- (4) Educators must support children in the development of social competence by:
 - (a) promoting interaction and language use among children and between children and adults by talking to and with children frequently;
 - (b) encouraging children to share experiences and ideas;
 - (c) modeling cooperation, problem-solving strategies and responsible behavior for children;
 - (d) assisting children in learning social skills such as sharing, taking turns, and working together;

- (e) encouraging children to listen to, help, and support each other;
 - (f) providing guidance to assist children in resolving conflicts, finding solutions to problems, and making decisions.
 - (g) helping children to understand and respect people different from themselves;
 - (h) helping children learn to respect each other's possessions and work;
 - (i) helping children to learn effective ways to deal with bullying, teasing, or other forms of intolerance.
- (5) Educators must provide guidance to children in a positive and consistent way based on an understanding of the individual needs and development of children by:
- (a) encouraging self-control and using positive child guidance techniques such as recognizing and reinforcing children's appropriate behaviors, having reasonable and positive expectations, setting clear and consistent limits, and redirecting;
 - (b) helping children learn social, communication, and emotional regulation skills they can use in place of challenging behaviors;
 - (c) using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to encourage appropriate behavior and prevent challenging behaviors;
 - (d) intervening quickly when children are physically aggressive with one another and helping them develop more positive strategies for resolving conflict;
 - (e) explaining rules and procedures and the reasons for them to children, and where appropriate and feasible, allowing children to participate in the establishment of program rules, policies and procedures;
 - (f) discussing behavior management techniques among staff to promote consistency.
- (6) Educators must have a method of communicating effectively with each child.
- (7) Educators must direct child guidance to the goal of maximizing the growth and development of children and protecting the group and the individuals within it.

The following practices are strictly prohibited:

- (1) spanking or other corporal punishment of children;
- (2) subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks;
- (3) depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a

consequence;

(4) disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting;

(5) confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; and

(6) excessive time-out. Time-out may not exceed one minute for each year of the child's age and must take place within an educator's view.

*(EFP uses a "chill chair" for extreme behaviors such as excessive hitting/physical aggression, spitting, biting, and when a child is excessively angry, out of control and needs a place to help calm self down by being removed from group so can "chill out" and get control of emotions, read a calming book.... We always follow up with a chat and offer/brainstorm solutions and a hug!)

Referral Services

Written Plan

The following procedures will be used at Echo Falls Preschool to refer parents to appropriate social, mental health, educational and medical services when staff/director feel that a child could benefit from an assessment for these additional services:

- (1) all teachers are responsible for informing the director of the concern;
- (2) the child's behavior should be observed and recorded in written notes to document the issues and specific behaviors and then, the teachers and director will discuss and review the observations before the referral;
- (3) the director and teachers will meet with the parents to inform them of their concern;
- (4) the director will offer and provide a current list of referral resources in the community for children in need of social, mental health, educational or medical services (see p. 20);
- (5) The director will provide a list of referral resources for dental, vision, and hearing screenings and services (see p. 20).

Requirements for Referrals

- (1) Echo Falls Preschool will provide the parents with a written statement including the reason for recommending the referral, a brief summary of the observations related to the referral and child's behaviors and the efforts the staff has made to accommodate the child's needs.
- (2) Echo Falls Preschool will offer assistance to the parents in making the referral and will have written parental consent before the referral is made.

- (3) Echo Falls Preschool will inform the parents of the availability of services and their rights, including the right to appeal, under Chapter 766.
- (4) Echo Falls Preschool will inform the child's parents of the availability of services provided by Early Intervention Programs if the child is under the age of three.
- (5) Echo Falls Preschool will follow up the referral, with parental permission, by contacting the service provider who assessed the child for consultation and assistance in meeting the child's needs at school. If it is determined that the child doesn't need or is ineligible for the additional services from the agency, Echo Falls will review the child's progress every three (3) months to assess if another referral is necessary.

Record of Referrals

Echo Falls will maintain a written record of all referrals, including the parent/teacher meeting and the results.

Agencies Available for Referral

1. Kathleen Browning (Director) or Linda Sternberg [EC Specialist/Social Worker] 617-559-6050 at Newton Early Childhood Program (NECP) 687 Watertown St Newton, MA 02460
2. Rhonda Silverman at Consultation Services 781-821-4422 ext 329 rstollerman@enableinc.org
3. Early Intervention Program (617-449-1884) Needham
4. Department Children and Families (617-727-0900)
5. Judge Baker Guidance Center, Good Grief Program (617-232-8390)

Health Referral Resources

1. Your own pediatrician
2. A community health center such as: Health Stop (617-926-6080)
3. Dental Referral Service (1-800-243-4444)

Termination and Suspension

When all efforts to keep the child at Echo Falls have failed and the teachers/director must terminate or suspend the child from the program, a meeting will be arranged with the staff and parents. Echo Falls will provide the parents with written documentation of the reasons for the child's terminations or suspension from school. Specific reasons for termination or suspension include any of the following:

- (1) The child will benefit more from a different program that better services the child's needs and offers a more suitable learning environment;
- (2) The child endangers her/himself;
- (3) The child endangers others (peers or staff);

- (4) The child is destructive; and
- (5) Failure of parents/guardians to pay the tuition payments agreed upon by the Echo Falls Preschool Enrollment Contract; and
- (6) **The efforts the program made are not successful in helping the child.**
 - (a) Echo Falls will inform and provide information and referral for other services upon request of the parent.
 - (b) When the child is terminated/suspended from the program, initiated by the parents or the school, Echo Falls will prepare the child for her/his “Goodbye Day” in a manner that is consistent with the child’s developmental abilities to understand the situation. The child will work on a “Goodbye Book” that will have pictures, drawings, dictations, and photos about the child’s experiences at Echo Falls. The book will be read on the child’s “Goodbye Day”. The child will also participate in covering up the days on the “Goodbye Calendar” as part of the count down to the final day. The termination/suspension procedure will end with the children singing a goodbye song and having a popsicle party to make it a special day for the child who is leaving or being terminated/suspended.
- (7) **A child may not be terminated or suspended for the following reasons:**
 - (a) for punishment;
 - (b) for circumventing referral requirements;
 - (c) or for violating ADA.

Only the reasons stated in 7.05 (8) can be valid reasons for the termination or suspension.

Health Care Policy

Emergency Phone Numbers

Fire Department – 911

Police Department – 911

Ambulance – 911

Poison Control hotline – 800 222-1222

Newton-Wellesley Hospital – 617 243-6000

Emergency Designated Neighbor – Rec Place: Shannon (cell)

508-858-8877 or RP staff 617-332-7327

Procedure to be followed in case of emergency/illness:

- (1) Attempt to contact a parent or guardian.
- (2) Notify parent verbally about illness/emergency and first aid procedures administered.

- (3) Notify parent in writing about illness/emergency and first aid procedures followed on Injury Report form (GDC 8a).
- (4) Both staff member and parent sign form.
- (5) Give a copy to parent and put a copy in child's file.
- (6) Enter injury/emergency details into central Injury Log Form (GDC 8b).

Procedures to be followed when parents cannot be reached:

- (1) Attempt to contact child's physician.
- (2) Attempt to contact parent through any of the persons listed on the emergency information form in child's folder.
- (3) If unable to contact child's physician we will do any or all of the following:
 - (a) call another physician – school health care consultant,
 - (b) call an ambulance,
 - (c) have the child taken to an emergency room at the nearest hospital in the company of a staff member driven in the teacher's car.

Procedures followed when on field trips:

- (1) Bring copies of each child's emergency information forms.
- (2) Bring First Aid Kit.
- (3) Follow above outlined procedures.

Procedures for maintaining and using first aid equipment:

- (1) First aid kit is located in alley on lower right by water cooler.
- (2) Early Childhood Health and Safety First Aid Manual is located directly under the first aid kit.
- (3) First aid may be administered by teachers and/or director.
- (4) First aid kit is maintained by the director and checked regularly for adequate supplies.
 - (a) Content of first aid kit includes: bandaids, gauze, adhesive tape, gauze roller bandages, disposable non-latex gloves, instant cold pack, scissors, tweezers, thermometer, and CPR mouth guard.
 - (b) All teachers will be trained and certified in emergency first aid procedures through the American Red Cross First Aid Course or National Safety's Councils First Aid Course. Certification will be kept up to date at least once every 3 years. Verification of certification will be kept on file in the teachers' folders. Once a year all teachers and the director will be trained and certified in CPR Procedures.

Procedures to Use the First Aid Equipment in Case of Injuries/Emergencies:

(1) Common Minor Cuts, Splinter Wounds, or other Skin Procedures

- Attempt to control any profuse bleeding. (Refer to p.28-32 in Early Childhood Health and Safety Manual.)
- Wash your hands. Cleanse the wound with sterile gauze pad, soap, and water. Bandage if necessary. Notify parents.
- Check child's records to make sure s/he has had a series of three tetanus immunizations and a booster shot.
- Small splinters, if they are easily accessible, can be removed with sterile implements. If a splinter proves difficult to remove, leave it alone. Complete an accident report and recommend that the child's parents contact their physician.
- Puncture Wounds should always be reported even if they are seemingly minor so that parents may consult the child's physician regarding the possible need of a tetanus booster.

(2) Bruises and Bumps

- Immediate application of ice in a plastic bag will both relieve the pain and reduce the swelling or the possibility of swelling.
- If a bump is severe, have the child lie down. (Refer to p.13-15 in Early Childhood and Safety Manual for a more serious injury).
- If the injury is to the head, the child should lie down with his/her head slightly elevated. If the child appeared to be momentarily stunned at the time of injury, s/he might have suffered a concussion. Someone should remain with him/her, keep him/her quiet, and observe the child for 24 hours for any signs of drowsiness, vomiting, headache, or any signs of a more serious injury.

Please refer to pages 1-43 in the Early Childhood and Safety Manual for our first aid procedures for the following injuries/emergencies: Rescue Breathing, Choking, Unconsciousness, Fainting, Neck and Spinal Injuries, Head Injuries, Shock, Seizures, Heat Burns, Chemical Burns, Poisonings, Eye Injuries, Bleeding Wounds, Puncture Wounds, Pressure Points, Fractures and Sprains, Dislocations, Insect Bites and Stings, Sunstroke, Heat Exhaustion, Sunburn, Frostbite, Human and Animal Bites, Nosebleeds, Loss of a Tooth, and Foreign Objects.

Evacuation Procedures Plan

These are posted at each exit to the outside – in the sunflower room and in the moonflower room. This plan is followed in case of fire or emergency.

Signal to Leave Building:

- i. Manual fire alarm (Bell) is rung continuously. Children gather on the meeting carpet in the sunflower room.

Leaving the Building:

- ii. Class immediately follows teacher #1 to door, (teacher #1 performs head count) and out of the building to a point 200 feet from building/basketball court
- iii. Teacher #2 brings attendance list and clipboard, checks for stragglers, closes classroom doors, and follows group.
- iv. Teacher #2 immediately checks class list to make sure that all children are accounted for. (This will also have been done by a head count by teacher #1).

Signal to Return to Building:

- v. Whistle blown by teacher.

Returning to Classroom:

- vi. Upon hearing the whistle, the adults and children will return into the school via the same route they exited, with teacher #1 leading the group and teacher #2 following the group. Head count performed again.

Conduction of Emergency Evacuation Drills:

- The director will conduct the drills every month, beginning in September through June.
- At least ten drills will be implemented throughout the year.
- The drills will be conducted at various times throughout the day and on different days of the week.
- The director will record the date, time, and effectiveness of each drill in an evacuation drill log kept under the first aid kit.

Emergency Preparedness:

- (1) The educator must handle all emergency situations in an appropriate manner.
- (2) The educator must be able to communicate basic emergency information to emergency personnel.
- (3) The licensee must provide to educators a working telephone for the purpose of making and receiving phone calls during all hours of program operation, whether on or off the premises, whenever they are responsible for supervising children. (All teachers have cell phones and there is a hard line in school).
- (4) When considering evacuation or sheltering in place, the educator must

follow the directions of the local emergency management authorities.

(5) Exit signs must be posted in rooms that have direct access to the outdoors.

(6) The licensee must have a written plan detailing procedures for meeting potential emergencies including but not limited to missing children, the evacuation of children from the program in the event of a fire, natural disaster, loss of power, heat or hot water or other emergency situations. The plan must include but not be limited to:

- (a) a method to obtain information from local authorities to determine whether to evacuate or shelter in place in the event of a natural disaster;
- (b) escape routes from each floor level approved for child care;
- (c) a designated meeting place outside and away from the child care home or facility; (basketball court or Hills and Falls Nursery School)
- (d) a method of contacting the fire department or other appropriate authorities after the home or facility has been evacuated (via cell phone)
- (e) a method of communication with parents in the event of an emergency evacuation; (also by cell) and
- (f) a means to assure that no child is left in the home or facility after evacuation. (attendance list/ head count)
- (g) The plan must be kept current and must meet the needs of all children in our program.

In case of a fire, natural disaster or a situation (ie, bomb threats or chemical spills) that necessitates evacuation of the building, the following procedure will be implemented: We will follow the Evacuation Procedures listed above in (4A). We will determine via automatic cell phone alerts and/or email /text notifications of whether to evacuate or shelter in place. If we evacuate: Children and Teachers will leave the area and walk up Grove Street to Concord Street and take a left into the Hills and Falls Nursery School. The children will walk holding on to our "Walking Rope" so we can stay together as one whole group; Teacher #1 will lead the rope, Teacher #2 will carry the clipboard with the attendance list and Parent emergency cell phone list. Upon arrival at the Hills and Falls Nursery School Teacher #2 will call to notify parents or if parents are unreachable, the emergency contact people listed on the forms.

In case of a loss of power, water, or heat the following procedure will be implemented: Parents will be notified of the situation and informed that the school will be closed for the day and/or until the loss of power, water, heat has been restored to the building. Parents will be notified by a group email message and by phone.

Plan for Care of Mildly Ill Children

Mildly ill children will be kept in the quiet, reading area or in the office-away from the rest of the group. A blanket, as well as water, comfort and quiet will be provided so that the child can rest or sleep or 'take it easy'. The child can choose whether or not to eat snack or lunch. Depending upon the child's symptoms, teacher will notify parents.

Medications

First Aid and CPR

- (1) The licensee must ensure that at least one educator currently certified in first aid and age-appropriate cardiopulmonary resuscitation (CPR) is present at any and all times when children are in care.
- (2) CPR training must be renewed annually.
- (3) Only educators who are currently certified in first aid and CPR may provide first aid and CPR.

Medication

Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method.

Each person who administers medication (other than topical medication) must demonstrate competency in the administration of medication before being authorized by the licensee to administer any medication.

- (1) The licensee must ensure that at least one educator with training in medication administration is present at any and all times when children are in care. (All teachers will be trained in Medication Administration by EEC)
- (2) Each person who administers any medication, other than oral or topical medications and epinephrine auto-injectors, must be trained by a licensed health care practitioner and must demonstrate annually to the satisfaction of the trainer, competency in the administration of such medications. An alternative method of training approved by the Massachusetts Department of Public Health (MDPH) can be substituted with approval from MDPH.
- (3) The licensee must ensure that each educator, including those educators who do not administer medication, receives training in recognizing common side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program.

Medication Administration.

- (1) The licensee must have a written policy regarding administration of prescription and non-prescription medication. The policy must provide for the administration of medications ordered by a child's health care practitioner.
- (2) All medication administered to a child, including but not limited to oral

and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent, unless noted in section (l), below.

(3) All prescription medications must be in the containers in which they were originally dispensed and with their original labels affixed. Over-the-counter medications must be in the original manufacturer's packaging.

(4) The educator must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.

(5) Unless otherwise specified in a child's individual health care plan, the educator must store all medications out of the reach of children and under proper conditions for sanitation, preservation, security and safety during the time the children are in care and during the transportation of children.

(a) Those medications found in United States Drug Enforcement Administration (DEA) Schedules II-V must be kept in a secured and locked place at all times when not being accessed by an authorized individual.

(b) Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38° F and 42 ° F.

(6) Notwithstanding the provisions of 606 CMR 7.11(2)(e), above, emergency medications such as epinephrine auto-injectors must be immediately available for use as needed.

(7) Each licensee shall have a written policy on medication disposal.

(8) When possible, all unused, discontinued or outdated prescription medications shall be returned to the parent and such return shall be documented in the child's record. When return to the parent is not possible or practical, such prescription medications must be destroyed and the destruction recorded by a manager or supervisor in accordance with policies of the licensee and the Department of Public Health, Drug Control Program.

(9) No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.

10) Each time a medication is administered, the educator must document in the child's record the name of the medication, the dosage, the time and the method of administration, and who administered the medication, except as noted in (11) below.

11) The educator must inform the child's parent(s) at the end of each day whenever a topical medication is applied to a diaper rash.

12) All medications must be administered in accordance with the consent and documentation requirements specified below.

Echo Falls Preschool's policy:

Non-prescription drugs can be administered by staff with written order from the child's physician and parent. Instruction for dosage and criteria for administration, child's name and medication's name must be included in the physician's note. If it is signed and dated by physician it is valid for one year. Parental permission is also valid for one year, but every time medication is administered the parents must be notified in writing. Parents will be contacted before non-prescription medication is administered.

- Prescription drugs can be administered if both the physician and parent have given written permission. The permission for the prescription is only valid for as long as the doctor orders it. Medication must be in its original vial, properly labeled for the child with instructions for dosage and criteria for administration as well as storage directions. Parents will be contacted before medication is administered.
- Topical non-prescription medication (ointments applied to open wounds, rashes, or broken skin) can be administered with written permission from the parent that lists the topical medication and criteria for administering it. It must be in the original container, labeled with child's name and used only for an individual child. This note can be valid for one year from date signed.
- Topical non-prescription medication such as sunscreen and bug spray (ointment not applied to open wounds, rashes, or broken skin) may be generally administered to a child with written parental authorization. This note can be valid for one year from date signed.
- All unused medicine shall be returned to parents at pick up time.
- Medication will be stored in an area not accessible to children and/or refrigerated if required.
- A log of teacher-administered medication will be posted inside the alley by the first aid kit. After administering the medication, the list will be completed to include both teacher, child and drug names as well as the time and date of administration and the dosage amount.
- A copy of any medication administration will be put into the child's file.

Individual Health Care Plans/Specific Health care Needs:

Individual Health Care Plans : The licensee must maintain as part of a child's record an individual health care plan for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.

The educator may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed health care practitioner authorization.

1. Notwithstanding the provisions of 606 CMR 7.11(1)(b)2, above, the educator must have successfully completed training, given by the child's health care practitioner, or, with his/her written consent, given by the child's parent or the program's health consultant, that specifically addresses the child's medical condition, medication and other treatment needs.
2. In addition to the requirements for the routine, scheduled administration of medication or treatment set forth in section (3)(a), above, any unanticipated administration of medication or unanticipated treatment for a non-life-threatening condition requires that the educator must make a reasonable attempt to contact the parent(s) prior to administering such unanticipated medication or beginning such unanticipated treatment, or, if the parent(s) cannot be reached in advance, as soon as possible after such medication or treatment is given.
3. The educator must document all medication or treatment administration, whether scheduled or unanticipated, in the child's medication and treatment log.
4. The written parental consent and the licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner. Such consent and authorization must be renewed annually for administration of medication and/or treatment to continue.
 - (b) Educators may, with written parental consent and authorization of a licensed health care practitioner, develop and implement an individual health care plan that permits older school age children to carry their own inhalers and epinephrine auto-injectors and use them as needed, without the direct supervision of an educator. All educators must be aware of the contents and requirements of the child's individual health care plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program.
 - (c) Whenever an individual health care plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Each child's file will contain information about possible allergies on the child's developmental history form and on initial application. Once noted that a child has an allergy, his/her name will be put on a list next to the first aid kit and next to other postings by the eating tables. All teachers will be aware of this list. For children allergic to a specific snack an alternate snack will be provided .

Procedure for Identifying and Reporting Suspected Child Abuse or Neglect to the Department of Children and Families:

Abuse and Neglect

- (1) Any form of abuse or neglect of children while in care is strictly prohibited.
- (2) The Licensee and all educators must operate the program in ways that protect children from abuse or neglect.
- (3) Educators are responsible for abuse and neglect if:
- (4) Every educator is a mandated reporter under M.G.L. c. 119, § 51A and must make a report to the Department of Children and Families whenever he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.
- (5) The licensee must notify the Department of Early Education and Care immediately 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.
- (6) The licensee must notify the Department of Early Education and Care immediately upon learning that a report has been filed naming an educator or person regularly on the child care premises (including household members in family child care) an alleged perpetrator of abuse or neglect of any child.
DCF phone numbers– Boston: 617-524-5474;
 - Framingham: 508-872-822
 - DCF Child Abuse Reporting Line – 1-800-KIDS-508
 - Each staff member will read and discuss the Child Abuse and Neglect information in Health and Daycare Manual. Each teacher will be made aware that she is a mandated reporter and must report any suspicion of abuse or neglect.
- (7) We will document in writing the date and suspicion of abuse/neglect and contact DCF by oral communication immediately or within 24 hours.
- (8) We will send a written report to DCF within 48 hours.
- (9) The director will file the report and if she is unavailable, the co-teacher or teacher will file the report to DCF.

Procedures for Identifying and Reporting Abuse or Neglect to the Early Education Care

- (1) All children shall be protected from abuse and neglect.
- (2) All staff members are mandated reporters and must report suspected abuse or neglect. The report shall be made to the DCF pursuant to M.G.L. c. 119 (51A), or to the director.
- (3) The director shall immediately report suspected abuse or neglect to the DCF and shall file a 51A.
- (3) The director shall notify EEC immediately after filing a 51A report, or learning that a 51A report has been filed, alleging abuse or neglect of a child while in the care of the school or during a program related activity.
- (4) The director and school shall cooperate in all investigations.
- (5) The director shall not permit the allegedly abusive or neglectful staff member to work directly with children until the DCF and EEC have completed their investigation.

Injury Prevention Plan:

Director/Co-Teacher will:

- (1) Check indoor/outdoor environment daily for hazards or unsafe toys/equipment: remove or repair any unsafe equipment.
- (2) Record any injury/illness in central injury log on form GDC 8B which is located in a cubby box in Sunflower Room.
- (3) Notify parent verbally (by phone or in person) about any injury and describe the first aid administered. Then, notify parent in writing within 24 hours of the incident on Injury Report from GDC 8a. Put a copy of this form in child's file.
- (4) Liquids, foods, and appliances that are or become hot enough to burn a child must be kept out of the reach of children.
- (5) Drinking alcoholic beverages and smoking on the child care premises during child care hours are prohibited.
- (6) The use of any substance that may impair the educator's alertness, judgment or ability to care for children during child care hours is prohibited.
- (7) The licensee must ensure that the following are easily and readily available at all times, and accompany the children anytime they leave the facility in the care of staff:
 - (a) a first aid kit; (which contains the following adequate supplies: adhesive tape, band aids, gauze pads, gauze roller bandage, disposable non-latex gloves, instant cold pack, scissors, tweezers, thermometer, and CPR mouth guard.
 - (b) current family contact information;
 - (c) information about allergies and known medical conditions;

(d) emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, for any children for whom they have been prescribed;(When on field trips, any medically emergency/accident will be treated by standard 1st Aid and the emergency procedures outlined in the Health Care Policy will be followed. The 1st Aid kit and a clipboard of all emergency cell numbers and a copy of the Health Care Policy will be brought along on all field trips.)

(8) Educators must check children’s clothing to ensure that it is free from strings, laces or jewelry that could become entangled or wedged in playground equipment and present a strangulation hazard.

(9) Educators must protect children against cold, heat, and sun injury.

Plan for Managing Infectious Disease

(1) The program must follow exclusion policies for serious illnesses, contagious diseases and reportable diseases in conformance with regulations and recommendations set by the Division of Communicable Disease Control, Department of Public Health.

(2) The licensee must notify all parents in accordance with Department of Public Health recommendations when any communicable disease or condition has been introduced into the program.

(3) Educators must follow the recommendations of the Department of Public Health regarding the use of insect repellents.

Special precautions taken:

- Children sneeze/cough into their arm/sleeve and are reminded often to do this by teachers and parents.
- Children get their own tissues, wipe own noses, then throw out used tissues into garbage can. They wash their hands with liquid soap or use hand sanitizer.
- We all use disinfecting handwash soap and wash hands properly. We use an EPA /EEC approved disinfecting solution (Force of Nature) on tables and in bathrooms and we prepare the solution in accordance to the directions on the bottle.
- Parents must not send child if child has had a fever, and vomited or had diarrhea within last 24-hour period.
- If child at school has a fever, vomits or has diarrhea or is listless and unlike self – we call parent or guardian immediately and ask that they come pick up the sick child.
- While child is waiting for parent, child is asked to lie down on a blue rest mat in a separate area where rest of group is not using. The child will be provided with books, and a blanket and allowed to rest/sleep in a quiet atmosphere.

- Children are allowed to return to school when they have been fever, vomit or diarrhea free for 24 hours WITHOUT medication.
- When a child has a communicable disease such as covid, chicken pox, strep throat, etc...we will send out an email to notify, stating that there has been a case of _____ reported and these are the symptoms to watch for.

Plan for infection Control

- (1) All educators must be trained in infection control procedures.
- (2) Educators must educate children about and promote hand washing procedures and health precautions.
- (3) The licensee must ensure that educators and children wash their hands with liquid soap and running water, using friction, in accordance with DPH guidelines. Hands must be dried with individual or disposable towels or automatic hand blow-dryers. The use of common towels is prohibited. Educators and children must wash their hands at least at the following times:
 - (a) before and after water play;
 - (b) before eating or handling food;
 - (c) after toileting or diapering;
 - (d) after coming into contact with bodily fluids or discharges (including sneezes, coughing); and
 - (e) after handling caged animals or their equipment.
- (4) In addition, educators must wash their hands:
 - (a) before and after administration of medication;
 - (b) after performing cleaning tasks, handling trash or using cleaning products.
- (5) Facilities used for hand washing after diapering or toileting must be separate from facilities and areas used for food preparation and food service.
- (6) The licensee must ensure that equipment, materials, items or surfaces (including floors, walls and clothing used for dramatic play) are washed with soap and water and disinfected as needed to maintain a sanitary environment.
- (7) All floors used by children must be swept and/or vacuumed daily.
- (8) All eating surfaces must be washed and disinfected before and after each use.
- (9) Where applicable, the following items, equipment and surfaces must be washed and disinfected after each use:
 - (a) toilet training chairs which have first been emptied into a toilet;
 - (b) sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair;
 - (b) diapering surfaces;
 - (c) mops used for cleaning bodily fluids;
 - (d) bibs (when used only for one child, good judgment should be used in deciding whether it can be reused before washing);

- (e) thermometers; and
 - (f) water tables and water play equipment.
- 10) Toys mouthed by children must be set aside and stored after each use and may not be used by another child until they are washed and disinfected.
- 11) Personal items intended for individual use by children, including but not limited to bottles, pacifiers, toothbrushes and sleeping materials, must be labeled with the name of the child for whom they are intended.
- 12) The following items must be monitored for cleanliness and washed and
- (a) disinfected at least daily:
 - (b) toilets and toilet seats;
 - (c) containers, including lids, used to hold soiled diapers;
 - (d) sinks and sink faucets;
 - (e) drinking fountains;
 - (f) play tables and
 - (g) washcloths and towels.
- 13) The following must be washed and disinfected at least weekly:
- (a) cribs, cots, mats and other approved sleeping equipment;
 - (b) sheets, blankets or other coverings;
 - (c) machine washable fabric toys.
 - (d) smooth surfaced, non-porous floors, and
 - (e) mops used for cleaning.
- 14) The disinfectant solution used to disinfect child care items, equipment and surfaces must be either a bleach solution prepared by the licensee in accordance with EEC guidelines or a commercially prepared disinfectant that has been registered as a sanitizing solution by the Environmental Protection Agency (EPA). Registration by the EPA will be indicated on the product label. Commercially prepared solutions must be used in accordance with manufacturer's directions. Since Covid in 2020, EFP mostly uses Force of Nature.
- 15) All disinfectant solutions must be stored in accordance with manufacturer's instructions and in a secure place out of the reach of children.
- 16) The licensee must provide disposable non-latex gloves to be used for the clean-up of blood and bodily fluids. The affected area must be disinfected. Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. The licensee must ensure that educators wash their hands thoroughly with soap and water after cleaning up the contaminated area. Contaminated clothing must be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.
- 17) The licensee must ensure that when individual towels or washcloths are used for any purpose they are stored open to the air and not touching each other.
- 18) Personal Hygiene:
- (a) The educator must model and follow good personal hygiene practices at

all times.

(b) The educator must ensure that when each child is washed, an individual, labeled washcloth or disposable material is used.

(c) The licensee must have available sufficient clean and dry indoor and outdoor clothing to change a child's clothing or for a child to change his/her own clothing when wet or soiled and to ensure that children are dressed appropriately for the weather and for indoor and outdoor program activities. Clothing must be washed after each use.

Diapering and Toileting

In programs serving children who are under two years and nine months of age and/or not toilet trained, the educator must ensure that:

- (1) a change of clothing is available for each child;
- (2) diapering areas are separate from facilities and areas used for food preparation and food service;
- (3) a supply of clean, dry diapers adequate to meet the needs of the children is maintained;
- (4) a common changing table or diapering surface is not used for any other purpose;
- (5) the changing surface is smooth, intact, impervious to water and easily cleaned.
- (6) each child's diaper is changed on a regular basis throughout the day and when wet or soiled;
- (7) the changing surface is protected with a covering that is of adequate size to prevent the child from coming in contact with the changing surface;
 - (a) Educators wash their hands with liquid soap and running water using friction and dry their hands with individual or disposable towels after diapering a child;
 - (b) Educators keep at least one hand on the child at all times when the child is being changed on an elevated surface;
 - (c) each child is washed and dried with individual wipes during each diaper change. After changing, the child's hands must be washed with liquid soap and water, and dried with individual or disposable towels;
 - (d) soiled disposable diapers are placed in a closed container that is lined with a leak-proof disposable lining. Soiled diapers must be removed from the program daily, or more frequently as necessary;
 - (e) soiled non-disposable diapers are placed in a sealed plastic container labeled with the child's name and returned to the child's parents at the end of the day.
 - (f) children are toilet-trained in accordance with the requests of their parents and consistent with the child's physical, emotional, and developmental abilities.