

**Cranberry Crossing, EEC
Parent Handbook
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Cranberry Crossing, EEC. Inc.
A Center for Education and Care of young children

Parent Packet

Cranberry Crossing, EEC. Inc. is licensed by the Department of Early Education and Care to care for children from 1 month through 8 years old. We are glad you are a part of our day school and look forward to serving your childcare needs.

Our staff works very hard to look at each child individually and introduce new experiences to all the children in their classroom. We work together with each family to become a part of their child's daycare and educational experience. Please do not let any questions or problems stay on your mind or in your heart for more than 5 minutes before you bring them to our attention.

We always thank you for sharing your greatest possession with us.

Sincerely, *Sean and Marcy Pacheco*, owners

Bobbi Doyle

Bobbi Doyle
Director

Lynne DeMeo

Lynne DeMeo
Director

Parental Input and Visits

Parents are one of our greatest resources and we welcome you to visit the center often. Your child would love to have a lunch with you or introduce you to his/her classmates. Please feel free to drop in or plan a special visit to your child's class.

Cranberry Crossing EEC has an open door policy. If you would care to come by at any time, unannounced, you are more than welcome. Please understand that your child's teacher may not be free to speak with you, but your observations of the class and input are welcome.

Cranberry Crossing EEC invites anyone interested in joining our parent's board, to see Bobbi or Lynne or your child's teacher. The function of the board is to assist us in our day-to-day projects, such as sewing, copying, and preparation of snack or activities, helping with fund raising and work projects. We also may ask you to participate with us in planning activities and helping the administration to come up with strategies to assist families who may be having difficulties either at the center or with their own children. We will meet several times during the school year and learn from each other; further blending the home and child care center. This blend helps create a very solid childcare experience for your child. During the year, there will be special activities that will involve all our families. We look forward to your participation.

EVALUATIONS 7.06 (3)

As a center for education and care we have an ongoing educational program. While in our care, we evaluate your child's progress and set goals to help them according to their abilities. After they have been here for six months we will document their progress on our evaluation form, which is kept in their file. A copy of this form is available to you and is updated every 6 months. The infants have on going evaluations, which are done every 3 months. Special needs children also have evaluations every 3 months. Communication with parents is encouraged for both the infants and toddlers on a daily basis. Their evaluation is based on observations and documentation of a range of activities over time and samples of your child's work. Your child's teacher may make referrals for further screening, if we feel that any child requires a more formal evaluation.

Pre-school children are evaluated in March and again in June. We invite you to come into the center and talk to your child's teacher about his/her goals and also to voice any concerns or seek information for any child-rearing problems that you may be having. We hold parent/teacher conferences yearly. We also have a great many resources for you to read and take home. We invite you to use all of our resources to find answers to some of the concerns you may be experiencing.

Medication Administration 7.11(19)a5a

All staff are trained annually to administer medication to any child. 7.11 (19)a 5a

All Medications must be provided by the parent in its original container clearly labeled with the child's first and last name.

All medications are stored in the medicine container on top of the kitchen refrigerator or for infants, meds are in the infant closet on the shelf, unless refrigeration is required.

All Non-Prescription Medications will be returned to the parent when the authorization for medication form has expired.

All Prescription medication will be returned to the parent daily, unless otherwise instructed.

Prescription Medication:

- Prescription medication must be brought to school in its original container, and include the child's name, the name of the medication, the dosage, the number of times per day and the number of days the medication is to be administered. The prescription label will be accepted as written authorization of the physician.
- The center will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.
- The parent must fill out the Authorization for Medication Form before the medicine will be administered.

Non Prescription Medication:

7.11 (19)a 5b Non prescription, non topical medication will be given only with written consent of the child's physician. The center will accept a signed statement from the physician listing the medication(s), the dosage, and the criteria for its administration. This statement will be valid for 1 year from the date it was signed. Along with the written consent of the physician, the center will also need written parental authorization. The parent must fill out the authorization for medication form, which allows the center to administer the non-prescription medication in accordance with the written order of the physician. The center will make every effort to contact the parent prior to the child receiving non-prescription medication unless the child needs the medication urgently or when contacting the parent will delay appropriate care unreasonably.

Topical Ointments and Sprays

Topical ointments and sprays such as petroleum jelly, sun screen and bug spray, etc. will be administered to the child with written permission from the parent. The signed statement included in the enrollment packet will be valid for 1 year and will include a list of non-prescription medication.

Plan for Evacuation of the Center in an Emergency 7.11 7(f)

The Carver Emergency Management Department has trained the staff of Cranberry Crossing, EEC in the process of evacuating of the center in the event of a nuclear emergency, a missing child, loss of power, heat or hot water or a natural or weather related disaster. All staff are re-trained yearly and an emergency evacuation plan is on file at the center. In the event of an emergency evacuation, we will follow the plan in place and take the children via town vans, to Bridgewater State University. We will be notified by the Carver EMS of any occurrence requiring emergency evacuation or sheltering in place. In the event of a fire drill or small fire, the children will meet at the large tree in the back of the building or in front of the door of the middle building at 40 N. Main St.

Should the entire center have to be evacuated for a length of time for a non disaster related incident, we will relocate to 40 North Main Street until such time as we can be transported by Carver school bus to the Carver Elementary School. All emergency cards will be brought with us. We will also bring a cellular phone and emergency cards, which will allow us to notify parents.

Emergency Evacuation Diagrams are posted by each exit and will be followed in the event of a fire or other emergency requiring evacuation. Tina or a designee will assist the infants. Any child with disabilities will also be given extra assistance to insure a safe exit from the building. The attendance sheet from each classroom will be brought outside with the class and checked for accuracy. All infants, non-walking, will be placed in the white metal evacuation crib with wheels and brought across the parking lot to meet the rest of the children. Tina will record monthly fire drills, which will be held at various times and days of the week and alternate exits. The record will include the date, time of day, the numbers of children, effectiveness of drill and staff in attendance.

Bobbi or other designee will call 911 to notify the town of a fire or other incident requiring assistance. All staff that can easily access their cell phones will be asked to bring theirs to assist in calling parents to notify them of the emergency. Emergency cards and attendance will be brought out with each class.

Bobbi or other designee will also check all bathrooms and classrooms for children or staff. Fire drills will be held monthly at different times of day to include all children in a practice. The children will be taught how to respond to the fire alarm and how to evacuate the center safely.

Although Cranberry Crossing does not provide transportation, we have children who come and go from kindergarten through grade 3 via the Carver School Bus system. At bus pick up time, one of the staff will bring the children to their bus for departure to school. The child is then signed out on the attendance. When they return after school, they proceed directly to their classroom/playground and are checked in by their teacher. Attendance is taken immediately to insure the arrival of all children scheduled to be at Cranberry Crossing. If a child does not return on their bus and was expected that day, the director or her designee will call the school to ask if the child was in attendance that day, and then call the parent at home or at work to confirm the status of the child. If no one can be reached, the director or her designee may drive to the child's home to insure his or her safety.

All full and part time daycare children arrive with a parent or designee and are brought into their classroom and checked in by the teacher. All parents are required to turn in a transportation sheet for their child, which is included in their enrollment packet. A parent/designee is also responsible for pick up and must come into the child's classroom or the playground for dismissal. Children will be signed in and out according to arrival and departure times on each classroom's attendance sheet.

Children are not allowed to leave the building without a parent/guardian and may not be in the parking lot or left alone in a vehicle while the parent remains inside.

Staff will monitor children occasionally to insure that parents are using seat belts at arrival and dismissal. We have observed parents arriving and leaving Cranberry Crossing, EEC, with their children not only in the front seat of their vehicle, but not seat belted into their seat. For their safety children should:

- a. Ride in the back seat when one is available.
- b. Be in car seats or booster seats until the appropriate height and weight requirements have been met.
- c. Not be left in a vehicle unattended, especially if the keys remain in the ignition

Transportation for Emergencies and Illness

- 1.) An ambulance will provide transportation for an injury, determined by the directors to need more first aid care than we can provide here. The child will also be transported in the event of life threatening allergen requiring an epi-pen injection when the parent cannot be reached or waiting would be dangerous to the health of the child. If an ambulance is called the EMT may decide that transport is not appropriate and the child will be treated and remain here. Should transport be indicated, the child will be brought to the nearest hospital according to the authorization in the child's enrollment packet. The child's file will be sent with the teacher accompanying the child and all an illness report will be completely filled out. DEEC will be notified of any injury or accident requiring hospitalization.

- 2.) Notification: Tina or a teacher designee will then notify parents of the situation. Bobbi, Lynne or the child's teacher will accompany the child to the emergency room and meet their parent there. Bobbi, Lynne or the child's teacher will take the child's emergency and medical information. If a parent cannot be reached immediately, Tina or the teacher designee will call the emergency person indicated on the child's enrollment sheet and will advise that person of the situation. All efforts to reach the parent will be made.

- 3.) Medical Issues on Field trips: All field trips will include a field trip permission form and medical authorization. A first aid kit will be sent on every field trip. There will also be sufficient ice or ice packs, waterless soap, a cell phone and emergency numbers for staff. Also if any of the children have inhalers or Epi pens at the center they will be taken on the field trip. If a child is seriously hurt on a field trip, an ambulance will be called and one staff member will accompany child to the hospital - Bobbi or Lynne will be notified if neither are present at the field trip, as well as the parents. If a child becomes ill on a field trip, they would be allowed to rest in a quiet, cool area - supervised - and returned to the center as soon as possible.

Holidays 2011-2012

July 4.....Monday

September 2.Friday Professional day

Sept. 5.....	Labor Day
Oct 10.....	Columbus Day
Nov 24 & 25.....	Thanksgiving
Dec 26	Christmas
Jan 2.....	New Year
Feb. 20.....	Presidents Day
April 16.....	Patriots Day
May 28.....	Memorial Day

Please schedule your childcare needs accordingly and request vacation time in advance. Reminder: the vacation policy is explained in your daycare tuition contract and states that full year students earn – 1 week of their days at 50% off. Part time students or school year only, do not receive vacations days. School teachers receive 1 week at 50% and must pay for 2 days per week during summer vacation to hold a spot.

Our Hours are 6:30 –5:45, Monday through Friday, other than the days listed above. A rate sheet is included in your daycare contract packet.

Fee Schedule – Field trips – Special activities

A rate sheet will be given to you with your tuition contract and is posted on the parent bulletin board for your review. A tuition contract has been prepared for your child. We ask that you review and return the last page of the contract to keep in your child’s file. This is to protect the rates and hours you were quoted as well as our assurance of that you understand the payment procedures. We try to plan a yearly field trip for the children and travel by school bus to our destination. In the past our parent board has helped us with the cost of the bus and we have charged the parents only the cost of the activity itself. Voucher parents are not responsible for field trip payments. On certain occasions we may ask for a donation or a small amount of money to provide the children with special activities or guests to visit our school. If there is ever a time

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that you feel a fee poses a burden, please let us know.

Late Pick Up Fee

A late fee of \$10.00 per quarter hour for the 1st 15 minutes (or part there of) then,\$1.00 per minute for every minute there after, will be charged for all late pick ups. Three late pick-ups in the same month may result in termination. You are required to abide by the hours requested in your tuition contract. Children

here before or after their contracted time, other than in the event of an emergency or pre-planned appointment, will be charged a late fee. No child may enter the building alone or be left at daycare until at least 6:30 AM and with 2 staff present. All children must be walked into their classroom and checked in by their teacher.

Child Guidance **7.05 (5-8)**

Educators must provide guidance to children in a positive and consistent manner based on an understanding of each child as an individual and their development by:

- a. Encouraging self control and using positive and consistent child guidance techniques such as recognizing and enforcing appropriate behaviors, having reasonable and positive expectations, redirecting and setting clear and consistent limits.
- b. Helping children to communicate and learn social and emotional self control to help them in place of challenging behaviors.
- c. Modify activities, environment and providing positive peer and adult models to encourage appropriate behavior.
- d. The teacher will intervene quickly when children are in physical danger and help them to develop more acceptable resolution skills.
- e. The teacher will allow the children to participate in setting the classroom rules and procedures and explain the need for these rules.
- f. Staff will share behavior management techniques and attend staff meetings and training when offered on this topic.

6. All teachers will be required to communicate with the children in an effective and positive manner. By modeling proper language and praising children for using communication as a tool for resolution, teachers set a calm tone for the classroom

7. Child guidance will be used as a tool to keep the children safe and to show respect for each other and the equipment at the center. The children will be directed in a manner consistent with their developmental abilities.

8. The following practices are prohibited and may be grounds for termination or suspension of a staff person.

- Spanking or corporal punishment of children
- 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

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- manner upon the body, shaking, threats or derogatory remarks.
- 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.
- Disciplining a child for soiling, wetting or not using the toilet; forcing a child to remain in soiled clothing or on the toilet, or using any other excessive means for toileting.
- Confining a child to a swing, high chair, crib, portable crib or any other piece of equipment for an extended period of time in lieu of supervision.

- Excessive time out. Time out may not exceed one minute for each year of the child's age and must take place within the teachers view.

Exclusion of children due to Illness

Cranberry Crossing EEC, with the assistance of our health care consultant, has created the following policy to help you determine whether your child should attend daycare or not as well as when your child may return to the center. Your child should stay home or will be sent home if any of the following conditions occur:

- 1.) Diarrhea
- 2.) Discharge from eyes (conjunctivitis)
- 3.) Fever higher than 101 degrees
- 4.) Vomiting
- 5.) Chronic Coughing
- 6.) Sore throat with spots on tongue or throat
- 7.) Unexplained rash, which may be contagious or indicate a Strep infection.

In order to return to daycare the child must be free of these symptoms for 24 hours or on medication for 24 hours or provide an MD note stating that they may return and are not contagious.

Back to Sleep/ SIDS 7.11 (13)e

To ensure that all infants are safe during sleep time Cranberry Crossing EEC.Inc, requires that:

- a. All infants are placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing.
- b. Infants nap in an individual crib or portacrib
- c. All cribs have a firm, properly fitted mattress with clean coverings and do not contain any potential head entrapment areas.
- d. The slats on the cribs are no more than 2 3/8 inches apart.
- e. Ensure that the crib or portacrib does not contain any pillows, stuffed animals, comforters or other soft padded materials. If the child uses one of these to fall asleep, it will be removed once he/she is asleep.
- f. To ensure that the sheet fits tight and properly.
- g. Infants and toddlers will not be placed in a crib with a bottle.

Infants will be offered a pacifier at rest time which will not be placed back in the child's mouth if he/she wakes up. Bibs will not be worn during rest. Infants will always be in visual contact with their teacher. Wedges or sleep positioners will not be used unless authorized by the child's MD. Infants may use a light blanket which may not be tucked higher than the child's chest.

Procedures for Keeping Children records

7.04 (7-10) Each child shall have an individual record that includes:

1. Face sheet including child identification by name, date of admission, primary language spoken if other than English, date of birth, and child's age at admission.

Parents information including telephone, address, business name and address and business telephone, cell phone and email address.

In case of emergency contact – name – address and phone number

Physical description of each child or photograph

Name and address of the child's physician and phone number or other health care provider.

Information on allergies, special diets, chronic health conditions and/or special limitations or concerns including medication taken at home and possible side effects.

The child's anticipated days and times of attendance. RFC

If the child is school age – the name of the school he/she attends.

2. Copies of any custody agreements, court orders or restraining orders effecting the child.

3. Each child has a transportation sheet indicating that parents drop off and pick up their children every day. Nature walks are considered an important part of the educational process. We will walk to nearby places under the direct supervision of staff and DEEC guidelines for field trips. Your permission is needed for these short walks.

For the 1 field trip per year for which we do require transportation, we will use a licensed school bus. Parent volunteers may be invited to assist staff in meeting

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ratios. If a trip is planned for your child's class it is done so with the utmost care and pre-planning. We require that all children enrolled in the class the day of a field trip, participate or plan for alternate childcare. If you would like to chaperone a field trip, please see your child's teacher. You may be asked to follow in your own vehicle if space becomes a problem, but will be able to take advantage of our group admission price.

4. Permission to be transported to a Medical Facility

5. Also included in the children's files:

- a. A form to allow basic first aid by a staff or EMT including CPR.
- b. A sheet naming all persons allowed to pick up the child at the end of their day.
- c. A school age child may leave the program with written consent to attend a class in the other buildings of the plaza. Parents will assume responsibility for the children when off site.
- d. A written consent if the child is to be observed by anyone other than staff and specific consent of there is any interaction between the child and the person.
- e.. N/A swimming pools
- f. Authorization must also be given for use of topical items for skin rash, diaper rash, burns or infections, bug spray or sun screen. The parent should provide a separate container for each child, labeled with clear instructions as to use. This authorization is part of your enrollment packet.
- g. Over nights N/A
- h. Medical records including all immunizations to date – lead screening – a physical not more than 1 year old. This is an ongoing record and should

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include a vision and hearing test, updated immunizations – lead test and dental screening.

I. A developmental history including favorite foods, allergies, favorite toys child's daily schedule, sleep habits, toilet training procedures and formula preparation.

j. Documentation that parent has received the written information described here including there right to visit the program. Most parents will receive the

parent packet including the health policy via email or the website.

- k.. All medications given to the child are logged in his/her file
- l. Copies of incident/injury reports which have been reported to the parent within 24 hours of the occurrence. Also included is documentation of and treatment for an emergency.
- m. A copy of the child's individual health care plan
- n. Proof of parental consent for any referrals made to an outside person who is licensed and approved to conduct an assessment. A copy of the referral and findings will also be placed in the child's file.

- o. All copies of incident and accident reports will be kept in the child's file.
- p. Copies of all progress reports will be kept in the child's file and updated as required, every 3 months for infants and 6 months for toddlers through age
- q,. School age children will be evaluated yearly and a copy will be placed in their files. All parents will be given a copy of the evaluation and given an opportunity to schedule a conference.
- r. IEP's as provided by the parent and the program's use of such in the child's daily plan.
- s. A copy all of pertinent correspondence regarding each child.

Children's record's exceptions-

Documentation of a parent's refusal to have their child immunized in accordance with their religious beliefs or if in the physicians opinion the immunization would be contraindicated. For school age children the center will accept documentation that the child has a current physical form at his/her school or that we will keep in their file here.

Updating and Amending children's records

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The parent has the right to amend or update a child's records. Additions or deletions maybe made at a time. If the change is unreasonable or without explanation, the licensee may take a week to decide if it is reasonable and make their answer known to the parent. If positive, the parent may change the record.

Abuse and Neglect 7.11 (4)7.11(18)(a)

Abuse or neglect are strictly prohibited at Cranberry Crossing, EEC, Inc. It is our job as educators to protect children from any form of abuse or neglect by continued awareness of the child's emotional and physical state. All staff are mandated reporters must make a report to DCF whenever he/she has reasonable cause to believe a child in care may be subject to serious injury resulting physical or emotional abuse, including but not limited to sexual abuse, or from neglect resulting in malnutrition no matter where or by whom the abuse was inflicted. A staff shall be responsible of abuse or neglect if:

- Contributing to causing the abuse or neglect
- An educator is convicted in a criminal proceeding
- An educator is felt to be reasonably at fault in a DEEC investigation

Cranberry Crossing EEC will notify DEEC immediately after filing a 51A alleging abuse or neglect of a child while in care at the center. Or if a report has been filed naming an educator or person involved with the child regularly an alleged perpetrator of abuse and neglect on any child. No educator will be allowed to work directly with the children until DCF investigation has been completed for as long as DEEC requires.

Licensing Agency

Cranberry Crossing EEC, Inc. is licensed by the Department of Early Education and Care. The laws, regulations and recommendations of the DEEC are followed and staff are trained on any policies or regulations which may have changed or been added. The licensor for Cranberry Crossing EEC, Inc. is Rene Desrosiers and she may be reached at the Taunton office at 508-828-5025 ext. 575.

The staff of Cranberry Crossing day school values each child as an individual and hopes to guide and observe them as they pass through a most wondrous time of life: Childhood. We provide children materials to create with; we share their exploration of those materials and praise their accomplishments. We probe the environment to introduce its wonders to the children and to facilitate their discovery of the world around them, we believe that children learn through play and play experiences.

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Our families by caring for their children, communicating in the areas of daily observations, assisting in childcare rearing issues, and presenting information and guest speakers pertinent to these issues. We believe that our childcare center is an extension of the home and will in no way attempt to be a substitute or be in competition with the home. The cooperative experience will set the stage between the child's education and interest and your home environment.

That children, who are introduced to many new experiences and are, encouraged to explore as individuals, will enjoy

learning and therefore have an increased desire to learn. We believe children learn through play experiences, we also believe that children should be allowed to do their own work and receive praise for their individual accomplishment. In this sense we feel they will develop a positive image of themselves and their accomplishments. We further believe that by sharing our philosophy of nurturing, educating, and enhancing a child's self esteem at an early age, that the children will grow towards being well adjusted and have the self confidence necessary to succeed in life.

ation:

sing Inc. is a multi-service day school that serves children age one month through 9.6 years regardless of race, religion, cultural heritage, political beliefs, national origin, marital status, sexual orientation or disability. We are open 52 weeks a year, 11.25 hours per day, Monday through Friday. The Massachusetts Dept. of Early Education and Care licenses us
ents with the highest quality of childcare available.

designed:

- 1.) To provide emotional growth in children
- 2.) To provide a warm and sensitive environment for children to work and play
- 3.) To encourage curiosity and motivation
- 4.) To promote social growth
- 5.) To instill a sense of caring and responsibility for each other
- 6.) To recognize group needs vs. individual needs and differences
- 7.) To promote intellectual growth by providing a learning atmosphere

Cranberry Crossing EEC Inc. to keep all children enrolled in the center from their date of admission until their childcare needs with us have ended. Unfortunately, sometimes, situations may develop that may cause termination or suspension a child. The reasons for doing this may be varied, but several are listed below.

r termination can occur for several reasons:

- 1.) Breaking of the tuition contract
- 2.) Center is unable to meet the developmental, physical, and/or emotional needs of the child after exhausting all methods.
- 3.) The child or parents grossly disobey any rules or regulations of the center.
- 4.) Physical, emotional and/or sexual abuse to the other children and/or staff.
- 5.) Behavior or circumstances caused by a parent or child, which may be detrimental to the staff, and other children.

To avoid suspension or termination, the following steps will be taken:

- 1.) A verbal discussion will be held with the director, teacher and parent to discuss the problem.
- 2.) A written notice of this meeting will follow within 24 hours stating the problem and the agreed upon suggestions toward a solution. We will work towards a plan to be followed at home and daycare with further discussion with 10 days.
- 3.) A written report will follow after 7 days if the situation has not improved or if the parent has not attempted to assist in the remedy of the problem. Termination or suspension may occur in 3-14 days if the conditions of the agreed upon plan are not met. Parents are invited to come and talk to the director about other options for daycare. We will offer resource and referral information to you and assist you in finding alternative childcare if necessary. The final say regarding termination shall be made at the discretion of the directors.
- 4.) The child will always be warmly welcomed. If he/she is terminated staff will warmly discharge them. Staff will speak about this departure in a positive manner.

Enrollment and non discrimination

Part 2

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Intake -

Cranberry Crossing requests that the parent and child each spend some time at the center before the decision and determination of space is made. Once the decision is made, the child may be left at the center for 1 hour on a pre-arranged day to visit. The parent and child should then visit together on another day. This visit will be followed by:

- 1.) An orientation with the parent, director, and teacher to discuss our policies, philosophy and procedures. Parents will be encouraged to meet the educators and spend time in the classrooms. We will also take place as to whether Cranberry Crossing is the right place for the child. If so, all DEEC paperwork, parental rights and fee schedules will be provided to the parent and any other items required or related to the child care services provided by Cranberry Crossing, Inc.
- 2.) Once the space is reserved, the parent is required to fill out all necessary paperwork including immunizations, pay the registration fee and return the completed paperwork. The parent will also be asked to sign a tuition agreement and pay tuition one week before the child is scheduled to start. If space is unavailable, the child will be put on a wait list and the parent will be kept informed as to the status of the wait.
 - a. The paperwork includes physical description of the child, the child's daily schedule, developmental history, play and sleep habits, methods of comforting your child, fears, allergies, and special diets or circumstances. The developmental history will be updated annually and discussed upon enrollment.
 - b. Immunizations and evidence of a physical less than 1 year old
 - c. Parents home and work numbers as well as emergency contacts
 - d. A list of all persons authorized to pick up the child from the center.
 - e. A medical release and other pertinent medical information as required by DEEC.
 - f. An informational sheet describing any screening your child may have had or previous childcare experience.

Plan for referral 7.04(17) h Part 3

Children with disabilities will follow the program applicable to their own goals as established by their I.E.P. Their progress will be measured in terms of their developmental level and not their chronological age. The I.E.P. will be kept on file and referrals will be made through the Special Ed. Dept. of their home

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school system as described in the referral policy.

Transitioning of children 7.10 (18)(b)

When children approach the age and developmental stage to move to an older classroom, the teachers of both classrooms will meet. When the decision to move the child has been made and has included feedback from the child's parent's, the child will "visit" his/her new classroom. The child will be given a tour of the room and be allowed to explore and freely learn about all area. The child will be assigned a cubby and file

and the move will be completed when the parent and child are completely comfortable with the new class. The parent will be updated in the next two weeks as to the child's acceptance and comfort in his/her new setting.

Center Objectives:

- 1.) To meet children's emotional and physical needs
- 2.) To establish an atmosphere of respect for all children
- 3.) To establish respect for equipment and materials
- 4.) To develop a sense of positive values through a culturally diverse program

Non-Discrimination:

Cranberry Crossing Inc. is a multi-service day school that serves children age one month through 9.6 years regardless of race, religion, cultural heritage, political beliefs, national origin, marital status, sexual orientation or disability. We are open 52 weeks a year, 11.25 hours per day, Monday through Friday. The Massachusetts Dept. of Early Education and Care is our licensing agency.

Part 4

To avoid suspension or termination, the following steps will be taken:

- 1.) A verbal discussion will be held with the director, teacher and parent to discuss the problem.
- 2.) A written notice of this meeting will follow within 24 hours stating the problem and the agreed upon suggestions toward a solution. We will work towards a plan to be followed at home and daycare with further discussion with 10 days.
- 3.) A written report will follow after 7 days if the situation has not improved or if the parent has not attempted to assist in the remedy of the problem. Termination or suspension may occur in 3-14 days if the conditions of the agreed upon plan are not met. Parents are invited to come and talk to the director about other options for daycare. We will offer resource and referral information to you

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and assist you in finding alternative childcare if necessary. The final say regarding termination shall be made at the discretion of the directors.

- 4.) The child will always be warmly welcomed. If he/she is terminated staff will warmly discharge them. Staff will speak about this departure in a positive man

Part 5 Evacuation and Emergency Preparedness

The Carver emergency management department has trained the staff of Cranberry crossing, EEC in the process of evacuation of the center in the event of a nuclear emergency, a missing child, loss of power, heat or hot water or a natural or weather related disaster. All staff re-trained yearly and an emergency evacuation plan is on file at the center. In the event of an emergency evacuation, we will follow the plan in place and take the children via town vans, to Bridgewater State University. We will be notified by the Carver EMS of any occurrence requiring emergency evacuation or sheltering in place. In the event of a fire drill or small fire, the children will meet at the large tree in the back of the building or in front of the door of the middle building at 40 N. Main St.

Should the entire center have to be evacuated for a length of time for a non disaster related incident, we will, we will relocate to 40 North Main Street until such time as we can be transported by Carver school bus to the Carver Elementary School. All emergency cards will be brought with out and staff will also have a cell phone and emergency cards, which will allow us to notify parents.

Emergency Evacuation Diagrams are posted by each exit and will be followed in the event of a fire or other emergency requiring evacuation. Tina or a designee will assist the infants. Any child with disabilities will also be given extra assistance to insure a safe exit from the building. The attendance sheet from each classroom will be brought outside with the class and checked for accuracy. All infants, non-walking, will be placed in the white metal evacuation crib with wheels and brought across the parking lot to meet the rest of the children. Tina will record monthly fire drills, which will be held at various times and days of the week and alternate exits. The record will include the date, time of day, the numbers of children, effectiveness of drill and staff in attendance.

Bobbi or other designee will call 911 to notify the town of a fire or other incident requiring assistance. All staff that can easily access their cell phones will be asked to bring theirs to assist in calling parents to notify them of the emergency. Emergency cards, phones and attendance will be brought out with each class. Bobbi or other designee will also check all bathrooms and classrooms for children or staff.

Fire drills will be held monthly at different times of day to include all children in a practice. The children will be taught how to respond to the fire alarm and how to evacuate the center safely.

Part 6 Toileting and Diaper Policy 7.11 (18c)

Diapering Policy

Staff must

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1. Wash your hands
2. Make sure all your supplies are within reach of the changing table.
3. Cover the changing surface with a sheet of white exam paper from the roll.
4. Put on plastic gloves.
5. Place the child on the changing table. Never leave the child unattended. Always keep 1 hand

on the child.

6. Remove outer clothing, then soiled diaper/pull up.

7. Dispose of soiled diaper in diaper/pull up genie or double bag and dispose of.

8. Clean the child's bottom with their disposable wipes, wiping front to back. Pat dry with paper towel if necessary. Dispose of the used wipes in the diaper genie.

9. Remove plastic gloves and dispose of them in the diaper genie.

10. Diaper, dress and wash child's hands if they are non-walkers. Walkers are to be sent to the bathroom to wash.

11. Clean and sanitize the changing table with soap & water and then Lysol.

12. Wash your hands thoroughly.

Toileting & Toilet Training

Children shall be toilet trained in accordance with the requests of their parent/guardian. No child shall be punished in any way for soiling their clothing.

- 1.) Children shall be accompanied to the bathroom. Assistance with their clothing shall be given. Both the child and staff member shall wash with soap and warm water after toileting.
- 2.) Potty chairs will be immediately emptied and sanitized.
- 3.) Soiled clothing shall be double bagged in sealed plastic bags and stored apart from other items. Soiled disposable diapers must be placed in the diaper genie. The diaper containers must be cleaned and sanitized, at least once, daily.
- 4.) Each child should have their own clean change of clothing. In addition, center owned clothing is stored in each classroom and will be laundered after each use.

Toileting:

- Determine if the child needs assistance in the bathroom. If so, accompany the child. If the child uses a portable potty chair, empty it immediately after use and sanitize.
- Both the staff and the child must wash their hands with warm running water after toileting and use individual towels to dry.
- Each child should have their own clean change of clothing. In addition, center owned clothing

is stored in each classroom and will be laundered after each use.

- 4. No child shall be punished for soiling their clothing

Health Care Policy

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Cranberry Crossing EEC Inc.

7.11(19)(a)

Health Care Consultant

Susan Madden, RN

508-866-5788

Carver, Ma 02330

Ma. Lic. #258550

Emergency Telephone Numbers

Fire 911

Police 911

Poison Control 1-800-682-9211

Ambulance 911

Department of Children and Families (DCF) 1-508-732-3600

Public Health Department 1-508-866-3873

Designated Adult: Lynne DeMeo 508-866-4263 or 508-367-9437

Roberta Doyle 508-866-3841 or 508-245-5575

Hospital Utilized for Emergencies

Jordan Hospital

275 Sandwich Street

Plymouth, Ma 02360

(508) 746-2000

Information to give in an Emergency

Your Name

The nature of the emergency

The center,s telephone number: 508-866-2400

The center,s address: 42 N. Main Street, Carver, Ma 02330

Procedures for Emergencies, Injuries, and Serious Illness 7.11(19)(a)2

1.) An ambulance will provide transportation for an injury, determined by the directors that need more care than we can provide here. If an ambulance is called, the EMT may decide that transport is not appropriate and the child will be treated and remain here. Should transport be indicated, the child will be brought to the nearest hospital according to the authorization in the child,s enrollment packet.

2.) Notification: A teacher designee will then notify the parents of the situation. The director will accompany the child to the emergency room and meet the parent there. The director will take the child,s emergency and medical information. If a parent cannot be reached immediately, a teacher or designee will call the emergency person indicated on the child,s enrollment sheet and will advise that person of the situation. All efforts to reach the parent will be made.

3.) Medical issues on field trips: All children on field trips must have a signed and dated release/permission form. A first aid kit will be sent on every field trip. There will also be sufficient ice or instant cold packs, waterless soap, a cell phone, and emergency numbers for staff. If any of the children have inhalers or Epi pens at the center they will be taken, also. If a child is seriously hurt on a field trip, an ambulance will be called and one staff member will accompany child to the hospital. The director will be notified if they are not present at the field trip, as well as the parents. If a parent cannot be reached immediately, a teacher or designee will call the emergency person indicated on the child,s enrollment sheet and will advise that person of the situation. All efforts to

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reach the parent will be made. If a child becomes ill on a field trip, they would be allowed to rest in a quiet, cool area - supervised - and returned to the center as soon as possible. All remaining children on trips will be kept in ratio, and continue on to the destination and planned trip activities.

Plan for Managing Infectious Disease 7.11(19)(a)3

Cranberry Crossing EEC Inc., along with the assistance of our health care consultant, has created the following policy to help you determine whether your child should attend daycare or not, as well as when your child may return to the center. Your child should stay home or will be sent home if any of the following conditions occur:

- 1.)Diarrhea
- 2.)Discharge from eyes (conjunctivitis)
- 3.)Fever higher than 101 degrees
- 4.)Vomiting
- 5.)Chronic coughing
- 6.)Sore throat
- 7.)Unexplained rash, which may be contagious or indicate a Strep infection.

In order to return back to the center, the child must be free of these symptoms for 24 hours, on medication for 24 hours, or provide an MD note stating they may return.

Plan for meeting the needs for a mildly ill child 7.11(19)(a)4

If a child is mildly ill, all efforts will be made to have the child rest comfortably in a quiet area in the classroom. The child will be offered fluids and rest if warranted. Depending on their condition, food and drink may be limited. We will notify the parent of the situation, while attempting to keep the child comfortable at school.

Mild Symptoms (with which ill children can remain in care)

Mild fever (under 101 degrees)

Mild coughing

Mild runny nose

Plan for administration of medication 7.11(19)(a)5

All staff are trained annually to administer any medication to any child. 7.11(19)(a)5a

All medications must be provided by the parent in its original container clearly labeled

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with the child,s first and last name.

All medications are stored in the medicine box on top of the refrigerator in the kitchen, or in the infant room closet, unless refrigeration is required.

All non-prescription medications will be returned to the parent when their authorization for medication form is out of date, and/or the medication has expired.

All prescription medications will be returned to the parent daily.

Prescription medication:

- *Prescription medication must be brought to school in its original container, and include the child,s name, the name of the medication, the dosage, the number of times per day, and they number of days the medication is to be administered. The prescription label will be accepted as the written authorization of the physician.
- *The center will not administer any medication contrary to the directions on the label unless so authorized by written order of the child,s physician.
- *The parent must fill out the Authorization for Medication Form before the medication can be administered.

Non-prescription Medication 7.11(19)(a)5b

Non-prescription, non-topical medication will be given only with written consent of the child,s physician. The center will accept a signed statement from the physician listing the medication(s), the dosage, and the criteria for its administration. This statement will be valid for 1 year from the date that it was signed. Along with written consent of the physician, the center will also need written parental authorization. The parent must fill out the Authorization for Medication Form which allows the center to administer the nonprescription medication in accordance with the written order of the physician.

The statement is valid for 1 year from the date it was signed. The center will make every attempt to contact the parent prior to the child receiving non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

Topical Ointments and Sprays

Topical ointments and sprays such as petroleum jelly, sun screen, and bug spray, etc. will be administered to the child with written permission from a parent. The signed statement from the parent will be valid for 1 year and include a list of topical nonprescription medication.

Plan for Meeting an Individual Child,s Specific Health Needs 7.11(19)(a)6

At the time of admission, parents are responsible to identify their child,s specific health needs including allergies and special diets. The director will keep a written list of allergies. A covered allergy list is posted in the kitchen. If the child has a food allergy a picture of the child with a description of the food allergy is posted on the refrigerator. If

your child has a food allergy, please discuss this in depth with his/her teacher. In this case you will be required to provide written diagnosis from the child,s physician, and supply all meals including drinks and snacks in labeled containers for your child. Allergy medication such as inhalers, Benedryl, or Epi-pens must be provided by the parent with written instructions from the child,s doctor. A medication authorization must be filled out and will be signed off as needed. If a severe reaction occurs, an EMT will be called and then the parents. The EMT will determine whether to transport the child as described in this policy.

Policy for Life Threatening Allergies requiring the use of an Epi-Pen

For children with Epi-pen prescriptions, parents will bring all paperwork and Epi-pen to the center Director. The Director will be sure all paperwork is correctly filled out and labeled Epi-pen on the box as well as on the cylinder itself. The Epi-pens will be placed in the medication container for that child,s classroom with their picture placed on the fridge indicating the allergy and the response. The director must obtain authorization forms from the child,s physician stating the parent can train the staff in using the Epi-pen.

7.11(19)(a)7. The parent will then speak directly to the classroom teachers regarding the use of the Epi-pen and the child,s specific allergy. Each classroom teacher will be made aware of the allergy and the use of the Epi-pen. If necessary, staff will use the trainer and practice it,s use. If a sub is working in the classroom they will be advised before they begin their shift that there is a child in class who may require an Epi-pen, and for what reasons. The teacher in that child,s classroom will keep the Epi-pen and a copy of the child,s emergency card with her when the child is outside and administer it according to the directions if needed. Then we will call 911 and the child,s parent. When the child is inside, the Epi-pen will be in the kitchen with all other medications. All other health care policies will be followed.

Mandated Reporters 7.11(19)(a)10

All staff employed at Cranberry Crossing EEC Inc. are Mandated Reporters, and must, by law, report any suspected child abuse and/or neglect to the Department of Children and Families.

Health Care Consultant 7.11(19)(b)

Cranberry Crossing EEC Inc. has a signed Health Care Consultant contract with a local RN. 1

- 1.) She is available to help our staff and parents with any health care related questions or concerns.
- 2.) She has helped to develop and approve this current Health Care Policy and will help to revise this policy for license renewal. She has approved our staff's First Aid and Medication Administration Training.

Infection Control 7.11(19)©

All smooth surfaced areas, floors, tables, shelves, desks, sinks, toilets, etc. are disinfected at least 1 time per day. Mops used for washing floors are disinfected with a sanitizing solution after each use.

The children and staff must wash their hands with liquid soap and running water using friction then dried with individual, disposable paper towels. The staff and children should wash their hands at least:

- a. Before eating or handling food;
- b. After toileting or diapering;
- c. After coming in contact with body fluids or discharges;
- d. After handling or feeding pets;
- e. After playing in the dirt or sand outdoors

When hand washing is not possible, disposable wipes with an alcohol base can be used. Waterproof disposable gloves are used as a second defense against germs.

Gloves are disposed of after contact with each child. Gloves must be used when coming in contact with blood or blood containing fluids and when cleaning surfaces have been contaminated with blood or other bodily fluids. Hands need to be washed after taking off gloves. Surfaces and objects such as toilet seats, containers, and play tables are disinfected when needed throughout the day. Bloody or soiled clothing from a child is to be sealed in a plastic bag, labeled with the child's name and returned to the parent at the end of the day. All cleaning products are stored in each classroom in a secure spot that is out of the reach of the children. All staff is trained in the infection control procedures.

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PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED ABUSE AND NEGLECT

All staff members are mandated reporters according to the Massachusetts General Law

C119, section 51A. This means that if a staff member has a reasonable suspicion of abuse or neglect of a child, he/she MUST file a report with the Department of Children and Families (DCF).

The following procedure will be followed:

1.) A staff member who suspects abuse and/or neglect must document their observations including the child,s name, date, time, child,s injuries, child,s behavior, and any other pertinent information. The staff member will discuss this with the program director.

2.) The program director or the staff member with the assistance of the director will make a verbal report to DCF, followed by the required written 51A report within 48 hours.

The Department of Children and Families Telephone # (508) 732-3600

3.) If a staff member feels that an incident should be reported to DCF and the program director disagrees, the staff member may report to DCF directly.

4.) All concerns of suspected abuse and neglect that are reported to DCF will be communicated to the parents by the program director unless such a report is contraindicated.

Procedure for Identifying and Reporting Abuse and Neglect while in the care of the Center

It is the center,s commitment to protect all children in care from abuse and neglect. The following are procedures for reporting suspected child abuse and neglect while the child is in the center,s care.

Any report of suspected child abuse or neglect will be immediately reported to DCF, and DEEC. A meeting will be held with the staff member in question to inform him/her of the filed report.

DFC telephone # (508) 732-3600

DEEC telephone # (508) 828-5025

The staff member in question will be immediately suspended from the program with pay pending the outcome of the DCF and DEEC investigations. Any educator accused of abuse or neglect of a child in a report to DCF will not work directly with children until the DCF is complete and for such further time as the DEEC requires.

The program director and staff will fully cooperate with all investigations.

Plan for Ensuring Health Requirements are met for Disabled Children 7.11(19)(a)8

Cranberry Crossing EEC Inc. will accept applications and welcome any child with a

disability. We may, with parental consent, request information about the child from the Local Education Agency (LEA), Early Intervention Program, or other service provider. Our program and parents will work together to identify in writing an specific accommodations to meet the needs of the child. These may include: modifications in the program activities, assignment of the group size (teacher/child ratios), or any special equipment needed to aid or serve the child.

Children with disabilities will follow the program applicable to their own goals as established by their I.E.P. Their progress will be measured in terms of their developmental level and not their chronological age. The I.E.P. will be kept on file and referrals will be made through the Special Ed. Dept. of their home school system as described in the referral policy.

Objectives:

- 1.) To meet children,s emotional and physical needs
- 2.) To establish an atmosphere of respect for all children
- 3.) To establish respect for equipment and materials
- 4.) To develop a sense of positive values through a culturally diverse program

Sleep Safe Policy

All infants 12 months of age and younger will be placed on their back to sleep to reduce the risk of SIDS, unless the child,s physician orders otherwise in writing.

If a parent requests that their child is elevated during sleep, the parent must submit in writing from the physician how the crib should be raised, such as raising the mattress at one end, or raising the crib at one end.

Children younger than 6 months of age must be indirect visual supervision at all times, including while napping, during the first six weeks of care.

No child 12 months of age and younger will be placed in a crib with pillows, comforters,

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heavy blankets, or stuffed animals, or any other soft, padded material.

All infants will be placed on their back to sleep with their feet at the foot of the crib. A light blanket may be tucked around the child, not above the child,s chest.

All cribs will have a firm, properly fitted mattress.

Wedges or sleep positioners will not be used.

Swaddling will only be used for infants up to 8 weeks, or younger if the child is able to wiggle out of the swaddle.

Every infant will have their own crib used exclusively for them.

Pacifiers may be offered to an infant for napping. If it falls out of the child,s mouth while sleeping, it will not be placed back in the mouth.

Bibs will not be worn while sleeping.

All cribs will be outfitted with clean, snugly fitted bedding.

If an infant has a toy or blanket to help them fall asleep, this is only allowable if a staff person stands at the crib side and monitors the infant until he/she falls asleep. Then the hazard will be removed.

All children enrolled in the program will be provided adequate supervision that ensures their health and safety. All rooms will have sufficient lighting to allow staff to monitor children at all times including during sleep.

Individual Health Care Plans

Any child with a diagnosed chronic health condition, (i.e. food allergy, asthma) must have on file an Individual Health Care Plan (IHCP). This plan will be developed by the child,s parents, physician, and the center. The IHCP must include a description of the condition, and symptoms, outline of any medical treatment necessary while the child is in care, a description of any potential side effects of the treatment, and an outline of the potential consequences if treatment is not administered.

Teachers in the center will be trained by the parent, (with a physician,s written consent) a physician, or our Health Care Consultant, which will specifically address the child,s medical condition, treatments, and side affects of treatment. Our Medication

Administration Policies apply as well, when medication is administered.

In the even that a non-life threatening *unanticipated* condition occurs (as specified in the IHCP) we will make an attempt to reach parents before administering treatment/ medication. If parents cannot be reached, they will be notified as soon as possible after

the treatment/medication has been administered.

