Early Education and Care Center

# Family Handbook

2025-2026

*Prepared by Heather Quinn, Director of Early Childhood Programs, in accordance with Standards for the Licensure or Approval of Family Child Care: Small Group and School Age and Large Group and School Age Child Care Programs*

## Mission Statement:

The mission of the Early Childhood Programs is to support the growth and development of children and their families by providing a high-quality early education and care program, parent education workshops, parent support groups, playgroups, community events, and individualized family supports.

## Philosophy:

We believe that children learn through play and active engagement with the world around them. Our teachers use their knowledge of child development to create enriching, nurturing, consistent and predictable learning environments. The classroom curriculum evolves from the teachers' observations and documentation of the children's development, interests, ideas and questions. Experiences are offered to engage the children and encourage growth in all developmental areas.

Our curriculum honors *The Massachusetts Early Learning Guidelines for Infant and Toddlers* and *The Massachusetts Guidelines for Preschool and Kindergarten Learning Experiences*. Children are provided with experiences that build a solid foundation for learning and school success. There are five components that we consider in planning the curriculum:

- The Child's Role
- The Teacher's Role
- The Family's Role
- The Learning Environment
- What Children Learn

<u>The Child's Role</u>

Children are viewed as competent, curious, resourceful and creative. The curriculum is driven by their eagerness to explore and investigate their environment. Our days are structured so that children are provided with the opportunity to engage in open-ended play both indoors and out. Their natural sense of curiosity inspires them to make new discoveries and construct their own knowledge.

<u>The Teacher's Role</u>

Teachers become aware of children's individual interests and strengths and find ways to engage and expand upon them. They do so by arranging for a rich variety of learning experiences that appeal to all the senses – visual, auditory, and physical – and by alternating individual, small and large group activities so that children can experience various kinds of social interaction.

Teachers use the *Teaching Strategies GOLD* as a tool for observing children's development in daily activities and to track their progress. Checkpoints are completed two times per year. For infants and children with disabilities checkpoints are completed four times per year.

Teachers use their observations, documentation and assessment information to develop their curriculum plans. They provide families with a window into their children's days at school through individualized Brightwheel messages, classroom newsletters, and the artwork and documentation posted on their classroom's walls.

## The Family's Role

We believe that developing a partnership with each family and working together to support children's optimal development and learning is imperative. Teachers communicate regularly through daily conversation, meetings, phone calls, and Brightwheel messages to share and get input.

MV Community Services promotes an awareness of differences among children and families, respects the child and family's culture and language, and is responsive to the inclusion of a variety of learning styles. When teachers are developing their curriculum plans, they consider the values, beliefs, and experiences of all families in our program.

## The Learning Environment

Our program moved into our new Early Childhood Center in October 2021. The Center's design evolved from a partnership between our educators and the dedicated team at South Mountain Company. The thoughtful and nurturing spaces that were created communicate value and respect to our children, families and staff. The building is also high performance in terms of energy, toxicity, and durability, minimizing our impact on the island's ecology.

Our classrooms were designed as flexible spaces that facilitate play and support children's learning. Teachers develop interest areas that offer blocks, manipulatives, art experiences, sensory exploration, music/movement, and opportunities for dramatic play. Materials are organized in each classroom to give children a sense of order and mastery. To meet the unique needs of all children, our learning environments evolve with the children's growth and development over the course of the year.

All age groups have direct access to a covered porch and a spacious outdoor classroom. We also take advantage of the paths and nature trails that surround our campus. Our classroom schedules are structured to allow all children to spend a large part of their day outdoors.

## What Children Learn

Through the relationships teachers build and the experiences they provide, children build a strong foundation in Social/Emotional Development, Language and Literacy, Mathematics, Science, Social Studies, The Arts, Technology, and 21st Century Skills (e.g., communication, collaboration and teamwork, creativity and imagination, critical thinking, problem solving).

**Additional Services available through Early Childhood Programs:**

**Early Head Start/Head Start**: A program committed to giving every child the opportunity to succeed in school and beyond. To meet this goal, Head Start provides services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way. Our program is locally designed for families with children 0-5 years of age. Our home-based model is structured to capitalize on the learning opportunities in the home environment. During weekly home visits, Home Visitors and parents identify ways to support the child's development through meaningful interactions, daily routines, and household materials. Home Visitors and parents also work together to identify family goals, and the support needed to achieve them.

**MV Family Center:** A community hub where families can access support navigating the joys and challenges of parenting. We offer playgroups, parent education workshops, parent support groups, community events, and individualized family support for families with children prenatal/preadoptive through age 8. The MV Family Center is welcoming, accessible, and respectful of all families who come through their doors.

*Anyone interested in these services may call the Early Childhood Programs Office at 508-693-7900 ext. 280*

**Additional services available through MVCS include:**

**Island Counseling Center:** Provides comprehensive supports and services to adults, seniors, families, children and adolescents with day-to-day challenges, stress, trauma, mental health, substance use, and behavioral issues.

**CONNECT to End Violence**: Provides services to victims and survivors of domestic violence and sexual assault; offers Supervised Visitation – a safe structured environment for children to visit with a non-custodial parent; and facilitates prevention programs in the elementary schools and high school.

**Disabilities Services:** Promotes community integration and independence of Island residents with disabilities. Supports the inclusion of individuals with intellectual, mental, physical or developmental disabilities within our community and throughout their lifetime.

**Island Wide Youth Collaborative**: Provides services for at-risk families and young adults. Supports families to strengthen their bonds, connect to resources, and engage in their community.

**Peer Recovery Support Center:** Serves as a safe place for those seeking help with their drug and alcohol addiction. Peers with lived-experience help to guide and support new members on their new journey in recovery. The PRSC and members of the recovery community work together to identify the needs of those struggling with the grip of addiction.

## Enrollment and Tuition:

The MVCS Early Education and Care Center serves children ages 3 months through 5 years. Age groupings include Infants (3 – 15 months), Young Toddlers (15 months – 2 years), Older Toddlers and Young Preschoolers (2 – 3 years) and Preschoolers (3 – 5 years).

Parents meet with the Program Director prior to enrolling in the program. On this visit, parents will receive information regarding our policies and procedures. We will also use this time to gather information about your child and family's interests and needs, as well as your family culture and values. To support transitions and coordinate with services offered by other providers, we will ask you to share information regarding other therapeutic, educational, or social service supports received by your child. We will also gather information about your child's developmental history. Both you and your child will visit the program and meet the teachers prior to your child's enrollment. All written documentation requested (enrollment forms, developmental history, immunizations, physical, individualized health care plan) must be given to the Program Coordinator one week prior to your child's enrollment.

Prior to enrollment, you will be asked to sign a contract that outlines the details of your child's enrollment, including your child's schedule and monthly tuition payments. Please note that we require 30 days' written notice to terminate the contract.

***Toilet training status is not an eligibility requirement for enrollment. We do not discriminate on the basis of race, color, national origin, gender, religious creed, disability, age, political beliefs or marital status.***

To maintain affordability, MVCS's fundraising subsidizes tuition as the actual cost of care is greater than what is charged. The tuition fees charged to parents are as follows:

- Scallops (3 months – 15 months): $80 per day
- Oysters (15 months – 2 years): $77 per day
- Starfish (2 – 3 years): $77 per day
- Quahogs (3 – 5 years): $76 per day
- Lobsters (3 – 5 years): $76 per day

Child Care Financial Assistance is available for families through the Department of Early Education and Care. We also accept subsidies from other funding sources including Bailey Boyd Associates, the Slough Farm Foundation and The Wampanoag Tribe of Gay Head. Parents are responsible for the daily fee regardless of absence for holidays, closures, vacations or illness.

Payment in full is due *prior* to the month of service (or at the time of enrollment). If the monthly payment cannot be paid in full, a weekly payment plan may be

established in advance. Payment is also required prior to attending for additional days added during the month.

***Your child may not attend the program if tuition is not paid when payment is due, unless a plan has been approved in advance by the office. Payments in arrears of two weeks will result in the loss of your child's placement.***

## Physicals and Immunizations:

Your child must be immunized to be enrolled in our program, unless you object in writing on the grounds that it conflicts with your sincere religious beliefs or if the child's physician, nurse practitioner, or physician's assistant submits documentation that such a procedure is contraindicated. Please note that in situations when a vaccine-preventable communicable disease is present in school, all children, including those with medical or religious exemptions are subject to exclusion as described in the DPH Isolation and Quarantine Requirements.

State law requires us to have physicals and immunizations on file for each child. The date of the physical must be within the last year. Please check with us prior to visiting your physician to ensure your child's medical records are current. The visit can provide the opportunity to update the information. All written consents provided by parents are valid for one year unless consent is withdrawn, in writing, prior to that time.

## Lead Testing:

The Department of Early Education and Care (EEC) requires that all children who are entering or who are enrolled in child care, be screened for lead poisoning once when they are between the ages of 9-12 months, again at age 2, and again at age 3. Proof that your child has been screened needs to be given to the Center Program Coordinator within one month of admission.

## Organizational Information:

The Department of Early Education and Care (EEC) is the licensing authority for the center. The EEC Regional Office is located at 1 Washington Street, Taunton MA (508) 828-5025. Parents may contact EEC for information regarding the program's regulatory compliance history at any time. The Division Director of Early Childhood Programs is responsible for overseeing the program. The Program Director and Assistant Director supervise the day-to-day operations of the center.

## Center Hours:

The Center is open from 8:00 am – 4:30 pm Monday through Friday with the exception of legal holidays and approved closures. Early (7:30-8:00) and late pick-up (4:30 – 5:00 pm) is available by prior written contractual arrangement with the Program Director.

Please make every effort to pick up your child on time. When a child is picked up late, they may experience sadness and worry, leading to a difficult departure. Also, teachers rely on after-school time to clean, plan and discuss the school day.

By or before your pickup time you should complete the following:

- Talk with teachers about your child's day.
- Gather your child's belongings and depart from the classroom with your child.

There will be a late charge of $5.00 for every 5 minutes, or any fraction thereof that your child remains 5 minutes after his/her scheduled time. The charge will be added to your tuition bill. We do understand that emergencies arise – please be in touch when they do. Thanks in advance for your cooperation!

## Your Child's First Day:

1. Please return all enrollment forms one week prior to your child's first day.

2. Bring a change of clothes, proper outdoor gear for the day, and any necessary personal items, all labeled clearly with your child's name. They will be kept in your child's cubby.

3. Any special instructions or information about your child should be communicated to a teacher.

4. Separation: This is an important part of your child's day and often requires special attention. It is helpful to establish a short and predictable routine with your child at drop-off. It's best to keep it clear, simple and time limited. For example, "When we get to school, I can read you one book, and then it's time to say goodbye." If your child begins crying, walking away will be hard, but never try to slip away without being noticed. No matter how challenging it may seem at the time, a child has even greater difficulty moving on with his/her day if a parent does not acknowledge their departure. We will always contact you if your child is inconsolable. Feel free to call at any time during the day to see how your child is doing.

5. When you come to pick up your child, it is important to greet your child first, before stopping to speak with teachers or friends. Your child looks forward to seeing you!

6. Teachers try to make themselves available at the beginning and end of the day to speak with parents. There are times when the demands of the classroom do not allow for this. If you have an immediate need to speak with a teacher, please check-in with the Program Director or Assistant Director and they will help to facilitate a conversation. If the need is not immediate, let the teacher know that you would like to arrange a meeting. The teacher will follow up to schedule a time to touch base on the phone or in person.

If you need to connect with your child's teachers during the day, please call ext. 280. If someone does not answer, leave a message. This voice mail is checked frequently throughout the day and one of us will return your call ASAP.

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| Director of Early Childhood Programs, Heather Quinn | X281 |
| Program Director, Jesse Jason | X285 |
| Program Assistant Director, Amanda Schwab-Doyon | X254 |
| ECP Office | X280 |

## Arrival and Departure Routines:

All families will receive 2 key cards that will allow access to the front entrance of the building between 8:00 – 9:00 am and 3:30 – 5:00 pm. If you arrive outside of those hours, you will need to be buzzed in by a staff member. If you have contracted for extended hours, your key will allow access for early drop-off (7:30-8:00 am) and/or late pick-up (4:30-5:00 pm). Please be sure to keep track of your key cards to ensure the safety of our program space.

**Please drop-off your child before 9:00 am**. Late arrivals can be disruptive to your child's daily routine. If you have a conflict that will require you to drop off after 9:00, please notify your child's teachers in advance.

State regulations forbid us to release a child to anyone not specified on the release form included in your enrollment packet. A phone call from a parent will NOT suffice. Please be sure to include anyone who may pick-up your child on the release form. Please let us know if you have a court ordered custody arrangement. For us to effectively honor the arrangement, we must have a copy on file. We will not release your child to an adult who appears to be under the influence of alcohol or other substances. If it is determined that the adult designated to pick up your child is under the influence, we will contact another adult listed on your release form.

## Articles to Bring from Home:

Please bring the following articles to the center daily:

- Complete seasonal change of clothes, labeled with child's name
- Diapers (if needed)
- Formula/Breast Milk (if needed)
- Bottle (if used, labeled)
- Pacifier (if used, labeled)
- Special comfort items (e.g., blanket, stuffed animal)

Please do not allow your child to bring items from home to the center, other than those that will help their transition from home to school. For example, a special blanket or stuffed animal. In our experience, toys brought from home do not contribute positively to school play. If you are having difficulty explaining this to your child, please ask a teacher for help.

## Nutrition:

We serve a healthy breakfast, lunch, and an afternoon snack in our Oysters, Starfish, Quahogs and Lobsters Classrooms. Our breakfast menu includes cereal and fresh fruit while our afternoon snack options include vegetables and hummus. Lunches are prepared by Island Grown Initiative and served in our classrooms. The monthly lunch menu is sent via Brightwheel and posted outside Oysters.

The Scallops daily menu is individualized for each child. Please communicate with your child's teachers about their eating patterns and provide formula, breast milk, and baby food as needed. Scallops may begin participating in our nutrition program when they are eating table foods.

Please make our Program Director aware of any food allergies or sensitivities prior to your child's first day of school.

## Parent Involvement and Communication:

We encourage parental participation in our program. You may visit at any time, as your child is excited to share their school experience with you. We encourage day-to-day communication during drop-off and pick-up, as well as by phone, email or Brightwheel messages. Infants and toddlers receive daily reports that provide you with information about your child's meals, sleep schedule, and bathroom use. Any special issues or significant developments will be shared with you. Please let us know if interpreter services are needed.

Each year a Parent Survey is sent to you to formally get your feedback regarding our services. We encourage you to provide feedback any time during the year as well. Our Family Advisory Council (FAC) meets twice a year and serves as another vehicle for parent input. Let us know if you would be interested in participating in the FAC.

Teachers are available to discuss any questions or concerns that you may have about your child's day or the daily program. Should any difficulties arise with the teacher(s), you may request a meeting with the Program Director. If neither of these steps resolves the conflict, the Division Director of Early Childhood programs is available to meet with you to assist in facilitating solutions.

## Child Screening and Assessment:

As part of the enrollment process, we will also ask you to complete an *Ages and Stages* questionnaire (ASQ) for your child, which can be completed within the first month of your child's entry into the program. Because we want to provide the best start for your child, we use this developmental screening tool to gather information from you regarding your child's communication, large and small motor, problem-solving and social/emotional development. Once completed, our Program Director or Assistant Director will review your ASQ and talk with you about future learning opportunities for your child.

Teachers utilize the *Teaching Strategies GOLD* observation and assessment system to observe and assess the children in their classroom in all developmental areas. Teachers receive comprehensive training on the system and ongoing support in its use by the Program Director. Observations are made throughout the year while children engage in their daily activities. Based on the observation checkpoints, you are provided with a written developmental profile two times per year, and a family conference is scheduled at that time. Please note that infants and children with disabilities receive profiles/conferences every three months. You may request additional parent conferences at any point in the year.

Your child's assessment information and developmental profiles are used to guide the teachers in their curriculum planning, as well as to inform planning for overall program improvements. The reports are confidential and will only be shared with your written permission. Please let us know if you have any questions or concerns about the assessment process. It is essential that you feel confident that the process will meet your child's needs.

## Staffing Patterns:

Specific teachers are assigned to each classroom, allowing for consistency day-to-day and stability over time. We maintain a list of familiar substitutes who provide coverage for vacation and sick time. When a familiar substitute is not available, the Program Director or Assistant Program Director provides classroom coverage. Substitutes, support staff, and volunteers do not work alone with children. They are always supervised by teaching staff.

## Transition Plan:

For all of us, transitions work better when we know what to expect. By planning transitions, we can help children to adjust to new settings and approach new experiences in a positive way. This Transition Plan will support continuity in the care and services children and their families receive by making sure that the critical information goes with them.

Transitions are supported in our program in the following ways:

For new children and children moving "up":

- Children and their parents are encouraged to visit as often as they would like before the child's first day. Teachers review all of the child's intake information, including health and developmental information.
- Teachers schedule activities that welcome the child into the group.
- Teachers enlist a child in the classroom to be a buddy and show the new child around.
- A cubby is prepared for the child so that he/she feels a sense of belonging
- The child and parent are introduced to the group.
- When the parent leaves the child, they are encouraged to give a call to see how the child is doing.

- Teachers talk with parents often about their child's participation and progress.
- Teachers share important information to ensure a smooth transition.

To ensure continuity in care for infants and toddlers, we move children up as a cohort at the beginning of September each year. Our Scallops transition to Oysters, our Oysters transition to Starfish and our Starfish transition to one of our multi-age preschool classrooms – Quahogs or Lobsters. Our preschoolers remain with their classroom until they move on to kindergarten. This allows infants, toddlers and preschoolers to remain with their teachers and peers for a minimum of 12 months.

For children who are leaving the program:

- Books are read about moving or starting school to help the child understand and process the upcoming change.
- With parental consent, important information about the child accompanies him/her to the new setting (i.e. Transition Reports).
- Parents are provided with information about resources in their new school or community.
- Visits to the new program are encouraged.

## Child Guidance Policy:

The goal of our Child Guidance Policy is to maximize the growth and development of children while protecting the group and the individuals within it. Teachers develop a trusting relationship and an effective style of communication with each child. Guidance is provided in a positive and consistent way based on an understanding of the individual needs of the children.

**General Guidelines:**

- *Prevention*: Prevention is the best technique. Our classrooms, materials and activities are carefully planned to help children meet our expectations.

- *Modeling*: We expect that children will grow in self-control and respect for others by watching adults behave in positive, supportive cooperation and meaningful interactions. Children will imitate the social behavior of adults they admire.

- *Explanation*: Children may not always understand the effect of their behavior on others. Adults contribute to guidance by explaining the consequences of a child's behavior and by pointing out the impact of that behavior on others.

- *Problem-solving*: We know that children want to be independent and have their decisions respected. We encourage children to test their ideas and provide a setting where their creativity can be used to help fit the needs of each other and the group.

- *Redirection*: Children will not be permitted to engage in behaviors that are potentially harmful to themselves, others in the classroom or our materials.

We recognize, however, that the feelings or motives behind the behaviors are real and immediate to the child. Our approach is to help the child find some way to express her feelings in an appropriate way. A child who is having difficulty regulating her emotions might benefit from physical activity, a quiet space or the opportunity to play independently or one-on-one with a teacher.

- *Natural or Logical Consequences*: We know that young children need to anticipate what will happen next and understand how their actions affect other people in concrete ways. We explain the logical consequences that will occur (factors which are likely to occur under natural circumstances), and describe predictable limits, offering the child acceptable choices of actions.

**Guidance Strategies in the Classroom:**

- We establish basic rules for safety with the children, giving clear explanations. We try to keep these simple. Learning to understand what these rules mean is a process that takes time.

- When small conflicts arise between children, we facilitate problem-solving and exchange of viewpoints between them. The teacher will help the children identify the problem, as well as potential solutions.

- When small problems arise concerning the use of the physical space, equipment or materials, we try redirection and problem-solving first. ("I'm worried that you might get hurt if you sit on the table. What is another way to get closer to the picture you're working on?")

- If redirection, explanation and problem-solving fail to provide the support needed for the child to meet the expectation set, we present natural/logical consequences. ("You need to find a way to play without splashing the water on your friends. They do not want to get their clothes wet. If you can't find a way to do this, I am going to help you to make another choice.")

- If a child is having difficulty regulating his/her emotions and his/her behavior feels disruptive or unsafe to other children, a teacher may help the child find a quiet place to calm. ("It looks like you are having a hard time keeping yourself safe. I've brought some pillows over to the rug. I will sit there with you until you are ready to play.")

The following practices are never used:

- *Physical punishment* of children, including but not limited to, shaking, hitting, slapping, jerking, squeezing, kicking, biting, pinching, spanking, excessive tickling, pulling of arms, hair or ears or requiring a child to be inactive for a long period of time.
- *Psychological abuse*, including, but not limited to, humiliation, shaming, name calling, ridiculing, sarcasm, cursing, making threats, frightening a child with ostracism, withholding affection or seclusion.
- *Coercion*, including but not limited to, rough handling (e.g., shoving, pulling, pushing, grasping any body part), physical restraint (e.g., forcing a child to sit down, lie down or stay down) except when restraint is necessary to protect

the child or others from harm or physically forcing a child to perform an action (e.g., clean-up, eat).

- 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 to remain on the toilet, or using any other unusual or excessive practices for toileting.
- 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.
- *Time out*. If a child is having difficulty successfully participating in a classroom activity, alternative activities will be offered. For example, taking a short walk with a teacher or assuming a helping role in the classroom.

## Referral for Services:

MVCS will refer parents to appropriate educational, mental health, social services and/or medical services, including but not limited to a developmental, dental, vision or hearing screening for their child should the teaching staff feel that an assessment for such additional services would benefit the child. The following procedure will be followed:

- Teachers will document their observations of the child.
- The Program Director will schedule a family meeting to identify and discuss the concerns.
- The Program Director will provide you with a written statement including the reason for recommending a referral for additional services, a brief summary of the program's observations related to the referral and any efforts the program may have made to accommodate the child's needs.
- The Program Director will provide you a current list of referral resources in the community for children in need of social, mental health, educational or medical services.
- The Program Director will obtain written parental consent before the referral is made and maintain a written record of any referrals, including the parent conference and any follow-up conversations.
- The Program Director will follow-up on the referral, with written parental consent, and contact the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs in the program. If it is determined that the child is not in need of services from this agency, or is ineligible, the Program Coordinator will review the child's progress every 3 months to determine if another referral is necessary.

All meetings with parents are documented by the Program Director and placed in the child's file. Should an IEP or any other individualized plan be developed through any referral source, all adults working with the child shall meet together on a regular basis to ensure success for the child.

## Guidelines to Support Children with Challenging Behavior

When a child presents with persistent challenging behavior that interferes with their learning, development and success at play or interrupts their peers' learning, the following guidelines will be followed:

- Teaching teams will collaborate to assess the function of the behavior, utilizing consultants when appropriate.
- Teaching teams will partner with families and consultants to develop an individualized plan to address the behavior. The plan will include positive behavior support strategies designed to prevent challenging behaviors.

Examples of challenging behavior include the following: physical aggression (hitting, biting, shoving, destruction of materials), relational aggression (e.g., "You can't play with us."), cursing, tantrums, testing limits, refusal to follow directions or observe classroom rules.

## Termination and Suspension Policy:

Under several circumstances, MVCS reserves the right to terminate or suspend a child from the program, including:

- non-payment of tuition or pre-arranged payment agreement.
- when the health and safety, developmental needs and welfare of the child, other children in the program or staff cannot be adequately assured.

MVCS will make every effort to avoid suspension, termination and other exclusionary measures (seclusion) including the following:

- meeting with parents to discuss concerns and available options.
- referrals for evaluation, diagnostic or therapeutic services.
- pursuing options for supportive services to the program including consultation and teacher training.
- developing a plan for intervention at home and in the program.
- adjusting the child's schedule.

The Program Director will handle these cases on an individual basis with input from the teachers and the Division Director of Early Childhood Programs. Documentation will be maintained and confidentiality will be strictly observed. Exclusionary measures are not considered until all other possible interventions have been exhausted, and there is agreement that exclusion is in the best interest of the child. If exclusionary measures are taken, we will offer assistance in accessing services and identifying an alternate placement. In the event of a termination, teachers will talk with the child and other children in the class in a developmentally appropriate manner. When making decisions, we will comply with federal and state civil rights laws.

## Nap/Rest Time:

Scallops sleep in cribs on their own sleep schedules. Oysters, Starfish, Quahogs, and Lobsters sleep on their own individual mats at designated nap/rest times. The environment is prepared to create a relaxing atmosphere where children can rest successfully. Children who do not sleep are offered quiet activities.

## SIDS Reduction Practices (Sudden Infant Death Syndrome):

To reduce the risk of infant death in child care settings from Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS), we adhere to the following sleep practices for all children **under 12 months of age**:

- **Back to Sleep:** Infants under 12 months in age will be placed on their backs for sleeping. Unless the child's health care professional provides a written order for a medical reason, all infants under 12 months will be put down to nap, rest, or sleep on their back for every sleep and by every caregiver.
- **Use a Firm Sleep Surface:** Infants will be placed on a firm, flat non-inclined sleep surface (i.e., a mattress in a safety-approved crib) covered by a fitted sheet with no other bedding or soft objects. Each child will nap in an individual crib; with a firm, properly fitted mattress and a clean fitted sheet with no potential head entrapment areas. Car seats and other sitting devices will not be used for sleeping. Cribs will meet CPSC and ASTM safety standards. Slats on cribs will be no more than 2-2/8 inches apart. All adults caring for infants will frequently check to make sure that equipment used for sleeping infants has not been recalled, is not missing hardware and is in good repair. If infants arrive to the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant will be removed and placed in appropriate sleep equipment.
- **Appropriate mattresses:** Only mattresses designed for the specific product will be used. Mattresses will be firm and maintain their shape even when the fitted sheet designated for that model is used, such that there are no gaps between the mattress and the wall of the crib. Pillows or cushions will not be used as substitutes for mattresses or in addition to a mattress. Mattress toppers, designed to make the sleep surface softer, will not be used for infants under 12 months.
- **No soft objects or loose bedding:** Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft, padded materials or toys will not be placed in the crib with the baby. Sleepers and sleep sacks that leave the infant's arms free to move are good alternatives to blankets. Swaddling is prohibited for any infant who can roll over or as soon as the infant begins to try to roll over. Weighted swaddles, weighted clothing or weighted objects are prohibited.
- **Avoid Overheating and Head Covering:** Infants will be dressed appropriately for the environment, with no more than one layer more than adult would wear to be comfortable in that environment. We will evaluate infants for signs of overheating, such as sweating, flushed skin, or the infant's chest feeling hot to the touch. We will avoid over-bundling and covering of the face and head. We will not place hats on infants when

indoors. Room temperature will be maintained between 68-72 degrees Fahrenheit.

- **No bottles:** Bottles will never be propped, and babies will not suck on a bottle while sleeping. Propping the bottle increases the risk of choking and of ear infections. Falling asleep with milk pooled in the mouth leads to dental cavities in developing teeth.
- **Jewelry:** Jewelry of any kind will be removed prior to placing a child to sleep unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets and anklets, including those used to help with teething or those worn for cultural or ascetic purposes are not encouraged for sleeping or resting children.
- **Supervision:**
    - Children younger than 6 months will be under direct visual supervision at all times, including while they are sleeping, falling asleep and waking, during the first six weeks they are in care.
    - Infants younger than 6 months who have been in care for more than 6 weeks and infants older than 6 months of age will be seen and/or heard at all times during sleep.
    - Spaces used for sleeping infants will be lit enough to allow supervising staff to see each child's face and skin color.
    - Home monitors or commercial devices marketed to reduce the risk of SIDS will not be relied upon for the supervision of sleeping babies.
    - Hanging objects such as mobiles, crib toys, or mirrors that can reached by the infant will not be used.
    - The infant sleep area will be free of hazards, such as dangling cords, electric, window-covering cords and any potential strangulation risks.

- **Crib Safety:**
    - All cribs will comply with current CPSC crib standards. To demonstrate that all cribs meet the current CPSC standards, one of the following will be observed:
        - A "tracking label", which is a permanent, distinguishing mark on the crib which contains, at minimum, the source of the product, the date of manufacture, and cohort information, such as batch or run number (Any date of manufacture on or after 6/28/11 will be accepted).
        - A registration form including the manufacturer's name and contact information, model name, model number, and date of manufacture on or after 6/28/11; and
        - A Children's Product Certificate (CPC) test report from a CPSC-accepted third party lab demonstrating compliance with 16 C.F.R part 1219 or 16 C.F.R part 1220.
- All educators working with infants under 12 months of age will be trained on safe sleep practices prior to caring for infants. In accordance with the EEC Policy, EEC Essentials 2.0 will be completed prior to working with infants and toddlers in an unsupervised capacity. This training includes modules on Safe Sleeping Practices and Preventing Shaken Baby Syndrome. An educator trained in safe sleep practices will always be present when there is a sleeping infant.

- Our written Health Care Policy includes a plan to ensure that all children under twelve months of age or younger are placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing.

## Diapering and Toileting:

Toilet training is not an eligibility requirement for enrollment.

Teachers will ensure that:

- a change of clothing is available for each child.
- diapering areas are separate from facilities and areas used for food preparation and food service.
- a supply of clean, dry diapers adequate to meet the needs of children is maintained.
- the diapering surface will not be used for any other purpose.
- the diapering surface is smooth, intact, and impervious to water and easily cleaned and disinfected after each use.
- each child's diaper is checked and changed on a regular basis throughout the day. Teachers always check and change wet/soiled diapers after a child wakes from a nap.
- each diaper changing table is used exclusively by one designated class of children.
- 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.
- they wash their hands with liquid soap and running water using friction and dry their hands with individual or disposable towels or use hand sanitizer after handling soiled diapers and after diapering a child.
- they keep at least one hand on the child at all times when the child is being changed on an elevated surface.
- each child is washed and dried with individual washing materials 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.
- soiled disposable diapers are placed in a closed container that is lined with a leak-proof disposable lining and is cleaned an disinfected at least daily. Soiled diapers will be removed from the program daily, or more frequently as necessary
- soiled non-disposable diapers are placed in a sealed plastic container labeled with the child's name and returned to the parents at the end of the day.

- children are toilet trained in accordance with the requests of their parents and consistent with the child's physical, emotional and developmental abilities.
- no child is punished, verbally abused or humiliated for soiling, wetting or not using the toilet.
- soiled clothing is double bagged in sealed plastic bags and stored apart from other items and sent home with parents at the end of the day.
- children are accompanied to the bathroom by a teacher whenever the need arises, including coming in off the playground.

## Transportation Plan:

Children are transported to and from the program by the family or the family's designee who must be 18 years of age or older. Parents will sign an EEC (Department of Early Education and Care) Transportation Plan, which will be kept in the child's file and be available to the child's teachers. We discourage parents/caregivers from idling vehicles in our parking area, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures.

The Vineyard Transit Authority is used for field trips requiring transportation. All children wear seatbelts. Two teachers will take name to face attendance prior to entering the bus and upon exiting to ensure every child's safety. A First Aid kit, cell phone and emergency information are taken on every field trip.

The program obtains general permission upon enrollment for walking excursions. An Off-Site Activities Permission Form is also obtained for any special field trips requiring transportation.

In case of a medical emergency, transportation will be provided by the parent or another designated adult as arranged by phone, unless it is deemed necessary to call an ambulance. An adult familiar to the child, shall always travel with the child.

## Confidentiality and the Distribution of Records and Information:

Information pertaining to children and families is privileged and confidential. We will not distribute or release information about your child or family to any unauthorized person or discuss with any unauthorized person information about your child or family without written consent from you. The children's records are immediately available to:

- Administrators and educators who have consent from a parent or legal guardian to access the records
- The child's parents or legal guardians
- Regulatory authorities

All children's records must be updated annually. Parent consents are valid for one year unless such consent is withdrawn, in writing prior to that time.

## Professional Development:

It is essential that all teachers be given the opportunities to grow and learn as professionals throughout the year. We create a yearly Program Professional Development Plan and Individual Professional Development Plan for all teachers based on the results of our Annual Program Evaluation and the Performance Appraisals for all staff members. All employees complete a minimum of 20 hours per year of Professional Development, including ongoing training on *Teaching Strategies Gold.* Professional Development opportunities include conferences, workshops, coaching, mentoring and college coursework.

## Babysitting/Transporting Enrolled Children:

Our teachers are not permitted to babysit for or transport enrolled children. This policy allows us to maintain professional boundaries, prevent conflicts of interest, and ensure fair and consistent treatment of all children and families.

## Health Care Policies:

The following are excerpted from MVCS's Health Care Policy. The complete Health Care Policy is kept on premises and is available upon request.

# Contingency Plans for Emergency Situations:

### Weather Related Closures:

The Director of Early Childhood Programs or the Program Director shall be in contact with the CEO or Chief Administrative Officer who are responsible for the decision to delay or close due to weather. Unanticipated closures will be communicated via Brightwheel. Parents will also be called if early closure is warranted.

### In Case of Missing Children:

Should a child be missing from the Center, a teacher will alert the Program Director or designee immediately. The Program Director or designee will ask the ECP Administrative Assistant to call 911 and inform the other programs on campus. The Program Director or designee and any additional staff available will begin looking for the child in the immediate area. If the child is not found, a broader search of the campus will be initiated.

Should a child be missing from an off-site field trip, the Program Director or designee will call 911. The Program Director or designee and any additional staff available will begin looking for the child in the immediate area and in any vehicles used for transportation. If the child is not found, a broader search of the area will be initiated.

The Department of Early Education and Care, as well as the Department of Children and Families, will be notified of all incidents within 24 hours.

**Sheltering in Place:**

- In some emergency situations, it may be safer to remain on site until the emergency has ended. The Chief Operations Officer, or in their absence the CEO, shall obtain information from the Oak Bluffs police to determine whether to evacuate or shelter in place.
- As the Center has town water, a power outage will not cause us to lose water. If the water needs to be turned off for any reason, hand sanitizer will be used for handwashing. There is a bottle in the first aid kits located in each classroom. The toilets will be flushed by back up water jugs.
- In the case of a power outage, emergency back-up lighting will be utilized.
- All classrooms have a cellular phone, as well as an emergency supply of food, water, formula, diapers, clothing, blankets and other necessities.
- All teachers will remain calm and keep children comfortable and engaged until evacuation is possible.
- If there is a risk of high winds, teachers will move the children to an interior part of the classroom, away from all windows
- The MVCS Chief Operations Officer or CEO will notify staff when it is safe to evacuate. Teachers will then initiate evacuation procedures.

**Lock-down Procedures:**

- In the event of a potential threat from an intruder inside or outside the program, the Chief Operations Officer or CEO will contact the ECP office to initiate lock-down procedures. If the event originates within the ECP building, the Program Director or designee will initiate lock-down procedures and contact the MVCS Chief Operations Officer or CEO to initiate lock-down procedures in the other buildings on campus. The Program Director or Assistant Director will contact the police.
- The Program Director or designee will communicate to all classroom teachers that a lock-down is in place.
- Classroom teachers will close/lock the doors, turn out the lights and draw the shades. The children will be instructed to sit on the floor, out of sight lines from the door(s). Attendance will be taken to ensure that all children are accounted for.
- If a teacher determines that it would be safer for some/all children to flee the building, they will initiate evacuation procedures. Once the group reaches a safe location, name to face attendance will be taken to ensure that all children are accounted for.
- A cell phone and emergency supplies will be available in all classrooms.
- The Chief Operations Officer or the CEO will notify staff when the lock-down has ended.
- The Program Director or designee will notify families.

**Emergency Evacuation:**

- Emergency Evacuation Plans will be posted at all exits.

- During an emergency evacuation the teacher(s) will be responsible for leading children out of the building. The Program Director and Assistant Director will assist in the evacuation, check for stragglers and ensure that the windows/doors are closed.
- One teacher will be responsible for bringing the emergency backpack and the IPAD, which includes daily attendance records, and emergency contact information.
- Referring to the attendance record, a teacher will take name to face attendance before exiting the building and upon exiting the building.
- A teacher will lead the children to the designated meeting place at the YMCA where name to face attendance will be taken again.
- Reasons for emergency evacuations include, but are not limited to, fire, power outage, loss of heat or water and natural disasters. If loss of power, heat and/or water occurs while children are in care and is unlikely to return within 2 hours, the Center will be closed. Parents will be notified and asked to pick up their children immediately.
- The Program Director, in conjunction with the Chief Operations Officer, will contact all appropriate licensing boards and emergency agencies. The Center will remain closed until all involved agencies have approved reopening.
- The Program Director will notify the EEC of any evacuations and/or closures within 24 hours.
- The Program Director will conduct emergency evacuation drills monthly at different times of the program day, under varied weather conditions and using different evacuation routes.

    - The Program Director will maintain documentation of the date, time and effectiveness of each drill in the **Emergency Evacuation Log**. This documentation will be maintained for 5 years.

**Plan for Managing Illnesses and Infections:**

**Children need not be excluded for minor illness unless any of the following exist:**

- an illness that prevents the child from participating in program activities or resting comfortably.
- an illness that results in greater care than the staff can provide without compromising the health and safety of other children.
- unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of serious illness.
- Children 6 months or older – **Fever**, 100˚ or higher. Children must be fever-free for at least 24 hours without the use of fever-reducing medications in order to return.
- Children younger than 6 months – **Fever**, 100˚ or higher until examined by a physician and approved for readmission. Children must be fever-free for a minimum of 24 hours without fever reducing medication in order to return.
- **Vomiting,** 2 or more times in the last 24 hours.
- **Persistent Diarrhea** that cannot be contained by a diaper or toilet use.

- **Unidentified Rash**, with a fever or behavior change, until a physician has determined that the illness is a non-communicable disease.
- **Mouth Sores**, unless a physician states that the child is non-infectious.
- **Conjunctivitis** (defined as pink or red conjunctiva with white or yellow discharge), until a physician has been consulted and the child is approved for readmission with or without treatment.
- **Active lice infestation**, until treatment has been initiated.
- **Impetigo**, until 24 hours after treatment has been initiated.
- **Strep Throat**, until 24 hours after treatment has been initiated.
- **Scabies**, until after treatment has been given.
- **Ringworm infection**, until after treatment has been initiated.
- **Chicken Pox**, until all lesions have dried and crusted.
- **Tuberculosis**, until the child has been treated and examined by a physician and approved for readmission.

**Covid-19 Updates:**

- Children and staff who are asymptomatic no longer need to be excluded from a program when testing positive for a respiratory virus, including COVID-19, flu, and/or RSV.
- Children and staff who are symptomatic of a respiratory virus, including COVID-19, flu, and/or RSV, should remain at home/isolate until they are fever-free for at least 24 hours without the use of fever-reducing medications. Children and staff are no longer required to isolate for five days.

If your child is experiencing a respiratory virus, please review the Department of Public Health's updated recommendations for preventing the spread of respiratory viruses, including Covid-19. They can be found here:

https://www.mass.gov/info-details/staying-home-to-prevent-the-spread-of-respiratory-viruses

**The Program Director reserves the right to make the final decision regarding admission to the Center with symptoms of illness.**

The above guidelines are approved by our Health Care Consultant and are in conformance with the National Health and Safety Performance Standards set by the American Academy of Pediatrics. The Program Director will notify the Department of Public Health and all enrolled families immediately, and in writing when any communicable disease or illness has been introduced into the program. During the course of an identified outbreak of any reportable illness in the program, a child or staff member will be excluded if a health department official or primary care provider suspects that the child or staff member is contributing to the transmission of the illness, is not adequately immunized when there is an outbreak of a vaccine preventable disease, or the circulating pathogen poses an increased risk to the individual. The child or staff member will be readmitted when the health department official or primary care provider who made the initial determination decides that the risk of transmission is no longer present.

**Procedures for Illness, Injury or Emergency:**

- All teachers at MVCS are trained in Infant/Child CPR and Standard First Aid every two years.
- If a child becomes ill while at school (see Plan for Managing Illnesses and Infections), a parent or guardian will be notified to pick him/her up. If a parent cannot be reached, then the person(s) designated on the child's First Aid and Emergency Medical Care Consent Form will be contacted.
- If a child is injured, the following procedure will be observed:
- The teacher will assess the child's injury.
- If the injury is not serious/life threatening, the teacher will follow the recommended first aid procedure. The teacher will then monitor and observe the child's condition throughout the day.
- The parent or guardian will be provided with timely, full and accurate verbal notification of the injury.
- The teacher will complete an Injury Report Form within 24 hours. The report will be given to the parent or guardian for signature. A copy will be returned to the parent or guardian, and a copy will be maintained in the child's file.
- The injury will also be documented in the Incident Log.

**If the injury is serious/life threatening or a medical emergency occurs, the following procedure will be observed:**

- A teacher will immediately administer CPR/First Aid as deemed necessary by the nature of the emergency.
- A teacher will immediately contact emergency services (911) and if needed, obtain the AED from the Break Room.
- The Program Director will then notify the child's parent or guardian of the injury/emergency. If a parent or guardian cannot be reached, then the person(s) designated on the child's First Aid and Emergency Medical Care Consent Form will be contacted.
- A teacher(s) will care for the non-injured, healthy children.
- If transport to Martha's Vineyard Hospital is necessary, the Program Director or Assistant Director will accompany the child. A copy of the child's medical information and First Aid and Emergency Medical Care Consent Form will be provided.
- The teacher will complete an Injury Report Form within 24 hours. The report will be given to the parent/guardian for signature. A copy will be returned to the parent or guardian, and a copy will be maintained in the child's file.
- The injury/emergency will also be documented in the Incident Log.

- The Program Director will provide written notification to the EEC of the injury/emergency within 48 hours of making the original report. Copies of the CPR/First Aid cards of the staff present at the time of the injury/medical emergency will also be provided.

**Emergency Procedures when off site:**

- The First Aid Kit and the Off-Site Activities Permission Form for all children present will be taken on all off-site activities.
- All children will wear a nametag with the program's address and phone number.
- The Program Coordinator will carry a cellular phone and identify in advance the location of accessible landlines.
- The procedures for illness, injury or emergency outlined above will be followed.

**Individual Health Care Plans:**

An Individual Health Care Plan will be maintained for every child with a chronic medical or dental condition, which has been diagnosed by a licensed health care practitioner. The plan will 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.

- Teachers will 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.
    - All teachers will successfully complete training, given by the child's health care practitioner or, with his/her written consent, given by you or the program's health consultant that specifically addresses the child's medical condition, medication and other treatment needs.
    - In the event of any unanticipated administration of medication or unanticipated treatment for a non-life- threatening condition teachers will make a reasonable attempt to contact you prior to administering such unanticipated medication or beginning such unanticipated treatment, or, if you cannot be reached in advance, as soon as possible after such medication or treatment is given.
    - All medication or treatment administration, whether scheduled or unanticipated, will be documented in your child's medication and treatment log.
    - 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 reviewed annually for the administration of medication and/or treatment to continue.

- During intake, you will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly.
    - All allergies or other important medical information will be posted, respecting confidentiality, in the kitchen. The allergies list will be updated as necessary. For example, when new children enroll or when an unknown allergy becomes known.
    - All teachers and substitutes will be kept well informed by the Director so that children can be protected from exposure to foods, chemicals or other materials to which they are allergic.
    - The Director will inform parents providing snack for the classroom of specific food allergies and provide a list of ingredients/foods to avoid.
    - The names and photographs of children with allergies that may be life threatening (i.e., bee stings) will be posted, respecting the child's confidentiality, in the classroom kitchens with specific instructions to follow if an occurrence were to happen. The Director will ensure that all teachers are trained to handle emergency allergic reactions.
- The Program Director will ensure that all appropriate measures will be taken to ensure that the health requirements of children with disabilities are met.
    - The Program Director and/or Assistant Director will participate in IEP and Team meetings and consult individually with your child's health care practitioner(s) and therapists as needed.

**Medication:**

- Every teacher who administers prescription or non-prescription medication to an enrolled child during school hours will be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that child and given at the correct time(s) and by the proper method. Every teacher who administers medication (other than topical medication) will demonstrate competency in the administration of medication before being authorized by the Director to administer any medication.
- At least one teacher with training in medication administration will be present at all times when children are in care.
- Every teacher who administers any medication, other than oral or topical medications and epinephrine auto-injectors, will be trained by a licensed health care practitioner and will demonstrate annually to the satisfaction of the trainer, competency in the administration of such medications.
- Every teacher, including those not authorized to administer medication, will be trained 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:**

- 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.
- 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.
- Teachers must not administer any medication contrary to the directions on the original container, unless 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.
- Unless otherwise specified in a child's individual health care plan, teachers will 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.
- Those medications found in United States Drug Enforcement Administration (DEA) Schedules II-V will be kept in a secured and locked place at all times when not being accessed by an authorized individual.
- Prescription medications requiring refrigeration will be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38 and 42 degrees F.
- Emergency medications such as epinephrine auto-injectors will be stored in a place inaccessible to children but will be immediately available for use as needed.
- When possible all unused, discontinued or outdated prescription medications will be returned to the parent by the Director and the return will be documented in the child's record. When return to the parent is not possible or practical, such prescription medications will be destroyed and the destruction recorded by the Director in accordance with the Department of Public Health, Drug Control Program.
- Teachers will not administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.
- Each time a medication is administered, the teacher will document in the child's record the name of the medication, the dosage, the date, the time and the method of administration and who administered the medication.
- Teachers will administer medications in accordance with the consent and documentation requirements outlined by the EEC 7.11(2)(1)1-5. These guidelines will be posted in a place accessible to all teachers and included in the Parent Handbook.
    - **Prescription Medication**

- Parents will fill out the Authorization for Medication form and a copy will be maintained in the child's record.
- Health care practitioner authorization is required.
- Administration must be logged and include name of child, dosage, date, time, method of administration and staff signature. Missed doses must be noted along with the reason(s) why the dose was missed.

- **Oral Non-Prescription Medication**
  - Parents will fill out the Authorization for Medication form and a copy will be maintained in the children's record.
  - Health care practitioner authorization is required.
  - Administration must be logged and include name of child, dosage, date, time, method of administration and staff signature. Missed doses must be noted along with the reason(s) why the dose was missed.
- **Unanticipated Non-Prescription for mild symptoms (e.g., acetaminophen, ibuprofen, antihistamines)**
  - Parents will fill out the Authorization for Medication form and a copy will be maintained in the child's record. This form will be renewed annually.
  - Health care practitioner authorization is required.
  - Administration must be logged including name of child, dosage, date, time and staff signature.
- **Topical Non-Prescription (when applied to open wounds or broken skin)**
  - Parents will fill out the Authorization for Medication form and a copy will be maintained in the child's record. This form will be renewed annually.
  - Health care practitioner authorization is required.
  - Administration must be logged including name of child, dosage, date, time and staff signature.
- **Topical Non-Prescription (not applied to open wounds or broken skin)**
  - Parents will fill out the Authorization for Medication form and a copy will be maintained in the child's record. This form will be renewed annually.

- Administration of this category does not require health care practitioner authorization, nor does its administration need to be logged.

## Child Abuse and Neglect Policy:

### Abuse and Neglect:

Every teacher is a mandated reporter under M.G.L. c. 119, 51A and must make a report to the Department of Children and Families (DCF) whenever they have 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.

The following procedure will be followed:

- A teacher who suspects abuse or neglect must document her observations including the child's name, date, time, child's injuries, child's behavior and any other pertinent information. The teacher will discuss this information with the Program Director.
- The teacher, with the support of the Program Coordinator or Director, will make a verbal report to DCF, to be followed by a required written report 51A within 48 hours.
- All concerns of suspected abuse or neglect that are reported to DCF will be communicated to the parents by the Program Coordinator unless such a report is contra-indicated.

- Any form of abuse or neglect of children while in care is strictly prohibited. The Program Director, Program Coordinator and all teachers must operate the program in ways that protect the children from abuse or neglect.

    - Teachers are responsible for abuse or neglect if:

        - The teacher admits to causing the abuse or neglect, or
        - The teacher is convicted of abuse or neglect in a criminal proceeding, or
        - The Department of Early Care and Education determines, based upon its own investigation or an investigation conducted by the Department of Children and Families subsequent to a report filed under M.G.L. c. 119, 51A and 51B, that there is reasonable cause to believe that the teacher or any other person caused the abuse or neglect while the children were in care.

    - The Program Director will 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.

- The Program Director will notify the Department of Early Education and Care immediately upon learning that a report has been filed naming a teacher or person regularly on the Preschool premises an alleged perpetrator of abuse or neglect of any child.
- The Program Director will ensure that any teacher accused of the abuse or neglect of a child in a report to the Department of Children and Families, filed pursuant to M.G.L. c. 119, 51A does not work directly with children until the Department of Children and Families investigation is completed and for such further time as the Department of Early Education and Care requires.
- The Program Director, Program Coordinator and teacher(s) will cooperate fully with all DCF investigations.
- Staff members who report child abuse/neglect by another staff person are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was intended to do harm.