Early Childhood Programs
Child Care Center
Health Care Policy

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

August 1, 2024

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1. **Emergency Telephone Numbers:**

- **Fire Department**: 911
- **Police**: 911
- **Ambulance/Rescue**: 911
- **Poison Control Center**: (800) 222-1222
- **Department of Children and Families**: (800) 792-5200
- **Martha's Vineyard Hospital**: (508) 693-0410

- **Health Care** Consultant: Stacia Broderick (808) 345-8731
- **Designated Adult**: **Jesse Jason**: (419) 606-5439
- **MVCS Safety Officer: Scott Turton**: ext. 260
- **MVCS Chief Executive Officer: Elizabeth Folcarelli** ext. 261
- **Fire Safety Officer: Jesse Jason** ext. 285

2. **Contingency Plans for Emergency Situations:**

Weather Related Closures:

The Director of Educational Services or the Program Director shall be in contact with the CEO or Safety 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 inform the other programs on campus. The Program Director or designee and any additional staff available will begin looking for the child. If the child is not located within several minutes, the ECP Administrative Assistant will call 911 and the child's parents. The Department of Early Education and Care, as well as the Department of Children and Families, will be notified within 24 hours.

Should a child be missing from an off-site field trip, the Program Director or designee and any additional staff available will begin looking for the child. If the child is not located within several minutes, the Program Director or designee will call 911 and the child's parents. The Department of Early Education and Care, as well as the Department of Children and Families, will be notified within 24 hours.

Sheltering in Place:

- In some emergency situations, it may be safer to remain on site until the emergency has ended. The MVCS Safety 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. 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.
- In the event that 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 Safety 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 MVCS Safety 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 Safety 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.
- In the event that 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, 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 MVCS Safety 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 IPAD, which includes daily attendance records, and emergency contact information.
- Once everyone is out of the building, two teachers in each classroom will take attendance in order to confirm that all children are accounted for.
- A teacher will lead the children to the designated meeting place at the YMCA where 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 MVCS's Safety 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.

3. Plan for Managing Illnesses, Infections and Communicable Diseases:

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.

4. 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 or designee 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 The Martha's Vineyard Hospital is necessary, the Program Director or designee 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.

5. 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 Director or designee 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.

6. Procedures for Using and Maintaining the First Aid Kit:

- Supplies include, but are not limited to the following: adhesive tape, band-aids, gauze pads, gauze roller bandages, instant cold-packs, scissors, tweezers, a thermometer with disposable covers, disposable non-latex gloves and a CPR moth guard.
- Back-up supplies for the **First Aid Kit** are stored in the ECP office.
- The Assistant Program Director will maintain the **First Aid Kits** by completing an inventory of supplies monthly and replenishing supplies as needed. This maintenance will be documented in the **First Aid Kit Supply Log.**
- The location of the **First Aid Kits** is labeled in each classroom. Mobile **First Aid Kits** are kept in the classroom's emergency bag.

7. Plan for Caring for Mildly Ill Children:

- Children who are mildly ill may remain in school if they are not contagious (see **Plan for Managing Illnesses/Infections/Communicable Diseases**) and they can participate in the daily program, including outside time.
- If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be adequately cared for by the Preschool staff, the Director will contact the child's parent(s). The parent(s) will be asked to pick up the child. If the child's parent(s) cannot be reached then the person(s) designated on the child's **First Aid and Emergency Medical Care Consent Form** will be contacted.
- The child will be cared for in a quiet area of the classroom until the parent's arrive to take the child home. If appropriate, food and drink will be offered in order to ensure the child's comfort.

8. Infection Control:

- All teachers at MVCS will be trained in infection control procedures.

- Teachers will educate children about and promote hand washing procedures and health precautions.

- All teachers and children will wash their hands with liquid soap and running water, using friction, in accordance with DPH guidelines. Hands will be dried with individual

or disposable towels. Common towels will not be used. Teachers and children will wash their hands at least at the following times:

- before and after water play
- before eating or handling food
- after toileting or diapering
- after coming into contact with bodily fluids or discharges (including sneezing or coughing)

- In addition, all teachers will wash their hands at the following times:

  - before and after the administration of medication
  - after performing cleaning tasks, handling trash or using cleaning products

- Facilities used for hand washing after toileting or diapering will be separate from facilities and areas used for food preparation and food service.

Food Areas:

- The following equipment and surfaces will be *cleaned and sanitized* before and after each use.

  - Food preparation surfaces
  - Tables and highchair trays

- The following equipment and surfaces will be *cleaned and sanitized* after each use

  - Bottles, eating utensils and dishes
  - Food preparation appliances
  - Countertops
  - Thermometers

- The following equipment will be *cleaned* monthly:

  - Refrigerator

Diapering Areas:

- Where applicable, the following items, equipment and surfaces will be *cleaned and disinfected* after each use:

  - Diapering surfaces
  - Mops used for cleaning bodily fluids (using Standard Precautions)

- The following items will be *cleaned and disinfected* daily:

- Hand washing sinks and faucets
- Diaper pails
- Toilets
- Floors – damp mop with a floor cleaner & disinfectant
- Countertops

Please note that potty chairs are NOT used in our program space.

Child Care Areas:

- The following items need to be *cleaned* after each use:

    - Plastic mouthed toys
    - pacifiers

- The following items need to be *cleaned and sanitized daily:*

    - Mouthed toys
    - Pacifiers – labeled for individual use by children
    - Computer keyboards – use sanitizing wipes

- The following items need to be cleaned and disinfected daily:

    - Door and cabinet handles
    - Drinking Fountains

- The following items need to be cleaned daily:

    - Hats – clean after each use if lice is present
    - Floors – sweep or vacuum, then damp mop (microfiber best)
    - Carpets and large area rugs – vacuum with a HEPA filter
    - Small rugs – shake outdoors or vacuum with a HEPA filter
    - Phone receivers

- The following items need to be cleaned weekly:

    - Machine washable cloth toys – launder
    - Dress-up clothes – launder
    - Small rugs – launder
    - Play activity centers

- The following must be cleaned monthly with a method consistent with local health regulations and only when children will NOT be present until the carpet is dry:

    - Carpets in infant areas

- All carpets in other areas must be washed every 3 months, or when soiled.

Sleeping Areas:

- The following items need to be washed weekly:
    - Bed sheets, pillow cases and blankets – clean before use by another child
    - Cribs, cots and mats – clean before use by another child

Routine cleaning with detergent and water is the most useful method for removing germs from surfaces. We use fragrance-free and the least toxic cleaning products wherever possible. Examples of non-toxic cleaning products include: Green Seal, UL/EcoLogo and EPA's Safer Choice.

When sanitizing or disinfecting is warranted, staff use a commercially prepared EPA-registered least-toxic disinfecting and sanitizing product. Manufacturer instructions for *dwell time* must be adhered to.

- All disinfectant solutions will be stored in accordance with manufacturer's directions and in a secure place out of the reach of children.
- Disposable non-latex gloves will be used for the clean-up of blood or bodily fluids. The affected area will be disinfected. Used gloves and any other materials containing blood or other bodily fluids must be thrown away in a lined, covered container. Teachers will wash their hands thoroughly with soap and water after cleaning up the contaminated area. Contaminated clothing must be sealed in a plastic container or bag, labeled with the child's name and returned to the parent at the end of the day.

In addition to the frequencies listed here, all items will be cleaned when visibly dirty.

9. Injury Prevention

- Every morning the Program Director, Assistant Director or a designated teacher will assess the safety of the classroom environments/outdoor play areas and remove any potential hazards. The Program Director will report needed repairs or unsafe conditions to maintenance.
- Liquids, foods and appliances that are or become hot enough to burn a child will be kept out of reach of the children.
- The use of any substance that may impair a teacher's alertness, judgment or ability to care for children during preschool hours is prohibited.
- Drinking alcoholic beverages and smoking on preschool grounds during program hours is prohibited.
- The Program Director will ensure that the following are easily and readily available at all times and accompany the children anytime they leave the facility in the care of staff.

- a first aid kit
- current family contact information
- information about allergies and known medical conditions
- emergency or life-saving medications, such as asthma inhalers and epinephrine auto-injectors, for any children for whom they have been prescribed
- telephone numbers for emergency services
- authorization for emergency care for each child

- The Assistant Program Director will maintain adequate first aid supplies, including, but not limited to: adhesive tape, band-aids, gauze pads, gauze roller bandage, disposable non-latex gloves, instant cold-pack, scissors, tweezers, thermometer, and CPR mouth guard.
- The Program Director will maintain a record of any unusual or serious incidents, including but not limited to behavioral incidents, injuries, property destruction or emergencies. These reports will be reviewed on a monthly basis.
- Teachers will check children's clothing to ensure that it is free from strings, laces or jewelry that could become entangled or wedged in playground equipment and present a strangulation hazard.
- Teachers will protect children against cold, heat and sun injury.

10. 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 particular 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 any and 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.

11. 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 so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.
- 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** and a copy will be maintained in the child's record. This form will be renewed weekly with dosage, times and purpose.
    - Health care practitioner authorization is required.
    - Administration must be logged and include name of child, dosage, date, time, 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.

12. 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 their written consent, given by the child's parent or the program's health consultant that specifically addresses the child's medical condition, medication and other treatment needs. An adult trained in the medication or treatment will be on-site whenever the child is present.
    - 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 the parent(s) prior to administering such unanticipated medication or beginning such unanticipated treatment, or, if the parent's cannot be reached in advance, as soon as possible after such medication or treatment is given.
    - All medication or treatment administration, whether scheduled or unanticipated, will be documented in the 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 administration of medication and/or treatment to continue.

- During intake, parents 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, on the inside of the snack cabinet. 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 inside the snack cabinet 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 or Assistant Director will participate in IEP and Team meetings and consult individually with the child's health care practitioner(s) and therapists as needed.

13. Nutrition:

We serve a healthy breakfast, lunch and an afternoon snack. Our breakfast menu includes granola and fresh fruit while our afternoon snack options include vegetables and hummus. Lunches are prepared by Island Grown Schools and served in our classrooms. Meals are provided through the USDA's Child and Adult Care Food Program and honor USDA meal patterns. We provide Enfamil NeuroPro for babies drinking formula. Parents may also send breast milk or a formula of their choice. All teachers are trained in the USDA's *Basics for Food Handling Safety* during the orientation process.

The Center prepares written menus which are posted for parents to review. Copies are given to parents upon request. Menus are kept on file for review by our nutrition consultant for three years. The program serves meals and snack at regularly established times at least two hours apart, but not more than three hours apart.

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- There is always at least one staff person on site who has completed the ServSafe Food Handlers Safety Program.
- All teachers receive basic training in the following:

    - USDA recognized nutrition requirements for the healthy growth and development of children
    - food choking hazards

- Foods high in sugar are served only on special occasions by prior request and approval of the Program Director.
- Teachers will follow parents' and/or physician's orders in the preparation and feeding of special diets to children. Teachers will document the type and quantity of food the child consumes daily. This information will be provided in writing to the parent at the end of each day.

- Teachers will follow the directions of the parents and/or the child's physician regarding any food allergies of a child.
- Teachers will follow the directions of parents where the administration of over-the-counter vitamin supplements is required.

    - All over-the-counter vitamin supplements must be provided by parents in the original manufacturer's package.
    - Teachers must not administer any vitamin supplement contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner.

- Meals and snacks will be served in a safe and sanitary manner.
- The teacher responsible for preparing meals and snack will ensure that all foods are not served to children beyond their recommended dates of use. All foods with expired dates will be discarded.
- Foods will be stored in clean, covered containers.
- Foods requiring refrigeration will be stored between 32 and 40 degrees. A thermometer will be maintained in the refrigerator.
- Teachers will thoroughly was all fruits and vegetables before they are served.
- Teachers do not offer children younger than four years hot dogs, whole grapes, nuts, popcorn, raw peas and hard pretzels, spoonfuls of peanut butter, chunks of raw carrots or meat larger than can be swallowed whole.
- Teachers cut food into pieces no larger than ¼ inch square for infants and ½ inch square for toddlers, according to each child's chewing and swallowing capacity.
- Eating and drinking utensils will be free from defects, cracks and chips and be appropriate for infants, toddlers and preschoolers.
- Dishes, cups, utensils and preparation utensils will be washed and sanitized after each use.
- Teachers never use plastic or polystyrene containers, plates, bags, or wraps when microwaving children's food or beverages.

- During snack and meal times teachers will:

    - be present interacting with and assisting children.
    - allow children to eat at a reasonable, leisurely rate.
    - encourage children to serve themselves when appropriate.
    - ensure that each child receives an adequate amount and variety of food.
    - help children with disabilities participate in meal and snack times with their peers.
    - encourage children to eat a well-balanced diet.
    - offer alternative activities for children who have finished their snack or meal.

- Teachers will offer water to children at frequent intervals and upon request by children.

Infants/Toddlers:

Teachers work with families to ensure that the food provided at the Center is based on the infant's individual nutritional needs and developmental stage.

- Only formula that comes to the center in factory sealed containers may be used and will be prepared according to the manufacturer's instructions.

- Teachers discard any unfinished and unrefrigerated formula or breast milk after one hour.

- For breast fed babies, breast milk must be brought to the Center in ready-to-feed sanitary containers, labeled with the infant's full name and the date and time the milk was expressed. It is stored in the refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was frozen).

  - Staff will be sure to gently mix, not shake, the milk before feeding to preserve the special infection fighting and nutritional components in human milk. The feeding schedule will be coordinated with the infant's mother.
  - Mothers are welcome to breastfeed in the comfortable rocker in Scallops or in an Alcove in the Great Hall. If you would prefer more privacy, we also have a closed door space available adjacent to our Break Room.

- If staff warm formula or human milk, it is warmed in water no more than 120 degrees Fahrenheit for no more than 5 minutes. No milk or other infant food is warmed in a microwave oven.
- Infants unable to sit are held for bottle feeding; all others sit or are held to be fed.
- No child shall eat from a propped bottle at any time. Infants and toddlers do not have bottles while in a crib or bed.
- Teachers offer liquids from a cup as soon as the family and teacher decide that a child is developmentally ready.
- Toddlers do not carry sippy cups or regular cups with them while crawling or walking.
- Teachers do not offer solid food and fruit juices to children younger than six months unless that practice is recommended by the child's health care provider and approved by the parent.
- For infants, 100% juice is limited to no more than 4 ounces per child daily.
- Bottle feedings do not contain solid food unless the child's health care provider supplies written instructions and a medical reason for this practice.
- Feeding is not used in lieu of other forms of comfort.
- The program does not feed cow's milk to infants younger than 12 months and it serves only whole milk to children 12-24 months.

- Teachers will document the type and quantity of formula/breast milk and food infants consume daily. This information will be provided in writing to the parent at the end of each day.

14. SIDS Reduction Practices (Sudden Infant Death Syndrome):

In order 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 sleep. 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 a 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 Essentials Policy, *Infant Safe Sleep Practices* and *Shaken Baby Trainings* will be completed prior to working with infants and toddlers in an unsupervised capacity. An educator trained in safe sleep practices will be present at all times where 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.

15. 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 he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted.

- 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 Director or Assistant Program 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 Director or Assistant Program Director unless such a report is contra-indicated.

- Any form of abuse or neglect of children while in care is strictly prohibited**.** The Program Director, Assistant Program Director 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 or Assistant 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 or Assistant 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 or Assistant 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, Assistant Program Director 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.

Appendix A – Evacuation Routes

Scallops teachers use the classroom's external exit as their primary evacuation route and the main exit as their secondary evacuation route. A teacher puts the children in the evacuation crib. The second teacher checks all areas of the classroom, takes the IPad with the daily attendance and emergency contact information and assists the first teacher in wheeling the children outside. Referencing the attendance sheet, a headcount is taken by at least two teachers. Once everyone is accounted for, the group moves to the designated meeting spot at the YMCA. A headcount is taken again by at least two teachers upon arrival at the YMCA.

Oysters teachers use the classroom's external exit as their primary evacuation route and the Studio's external exit as their secondary evacuation route. A Teacher in the classroom takes the IPad with the daily attendance and emergency contact information and directs the children to the door. A head count is taken and the children are lead out the door. The second teacher checks all areas of the classroom and helps children needing support. Children needing support are placed in the Community Playthings wagon outside the gate. Referencing the attendance sheet, a head count is taken by at least two teachers. Once everyone is accounted for, the group moves to the designated meeting place at the YMCA. A headcount is taken again by at least two teachers upon arrival at the Y.

Starfish teachers use the classroom's external exit as their primary evacuation route and the Studio's external exit as their secondary evacuation route. A Teacher in the classroom takes the IPad with the daily attendance and emergency contact information and directs the children to the door. A head count is taken and the children are lead out the door. The second teacher checks all areas of the classroom and helps children needing support. Referencing the attendance sheet, a head count is taken by at least two teachers. Once everyone is accounted for, the group moves to the designated meeting place at the YMCA. A headcount is taken again by at least two teachers upon arrival at the Y.

Big Body Play – Toddler teachers use the Starfish's external exit as their primary evacuation route and the Oyster's external exit as their secondary evacuation route. A teacher takes the IPad with the daily attendance and emergency contact information and directs the children into a line, counting children as they arrive. The group meets the remainder of the class outside the playground fence. Referencing the attendance sheet, a head count is taken by at least two teachers. Once everyone is accounted for, the group moves to the designated meeting place at the YMCA. A headcount is taken again by at least two teachers upon arrival at the YMCA.

Quahogs teachers use the classroom's external exit as their primary evacuation route and the Studio's external exit as their secondary evacuation. A Teacher in the classroom takes the IPad with the daily attendance and emergency contact information and directs the children to the door. A head count is taken and the children are lead out

the door. The second teacher checks all areas of the classroom and helps children needing support. Referencing the attendance sheet, attendance is taken by at least two teachers. A teacher then leads the group, using the beaded rope, to the designated meeting place at the YMCA. A headcount is taken again by at least two teachers upon arrival at the YMCA.

Lobsters teachers use the classroom's external exit as their primary evacuation route and the Studio's external exit as their secondary evacuation route. A Teacher in the classroom takes the IPad with the daily attendance and emergency contact information and directs the children to the door. A head count is taken and the children are lead out the door. The second teacher checks all areas of the classroom and helps children needing support. Referencing the attendance sheet, attendance is taken by at least two teachers. A teacher then leads the group, using the beaded rope, to the designated meeting place at the YMCA. A headcount is taken again by at least two teachers upon arrival at the YMCA.

Big Body Play – Preschool teachers use the Quahog's external exit as their primary evacuation route and the Lobster's external exit as their secondary evacuation route. A teacher takes the IPad with the daily attendance and emergency contact information and directs the children into a line, counting children as they arrive. The group meets the remainder of the class outside the playground fence. Referencing the attendance sheet, a head count is taken by at least two teachers. Once everyone is accounted for, the group moves to the designated meeting place at the YMCA. A headcount is taken again by at least two teachers upon arrival at the YMCA.

Central Hall teachers use the Oysters external exit as their primary evacuation route and the Studio's external exit as their secondary evacuation route. A teacher takes the IPad with the daily attendance and emergency contact information and directs the children into a line, counting children as they arrive. The group meets the remainder of the class outside the playground fence. Referencing the attendance sheet, a head count is taken by at least two teachers. Once everyone is accounted for, the group moves to the designated meeting place at the YMCA. A headcount is taken again by at least two teachers upon arrival at the YMCA.

Studio teachers use the classroom's external exit as their primary evacuation route and the Starfish's external exit as their secondary evacuation route. A teacher takes the IPad with the daily attendance and emergency contact information and directs the children into a line, counting children as they arrive. The group meets the remainder of the class outside the playground fence. Referencing the attendance sheet, a head count is taken by at least two teachers. Once everyone is accounted for, the group moves to the designated meeting place at the YMCA. A headcount is taken again by at least two teachers upon arrival at the YMCA.