

Dear Parent:

Welcome to the Melrose Day Care Center, Inc. serving children ages one month to six years old. We are happy to have you and your child join our child care family.

No doubt, you have many questions concerning daily schedules, yearly calendar, medical forms and so forth. We have prepared this HANDBOOK to help answer such questions. Please read it before your child attends our program and consult it as needed throughout the time your child is enrolled in the Melrose Day Care Center, Inc.

We have been accredited by the National Association for the Education of Young Children (NAEYC) since September of 1997.

Our website address is melrosedaycarecenter.com.

A handbook cannot anticipate all the questions that a parent might have, therefore feel free to contact us (781-662-6539) if you need any further information.

Definition of Parent: For the purposes of this handbook, the word, “parent”, will be used to define the person who is the child’s primary caregiver or legal guardian.

Sincerely,

**Janet Dotolo, B.S. Education
Director, Melrose Day Care Center, Inc.**

“I think one of the greatest advances to child care was the creation of the NAEYC Accreditation system, which has helped so much to raise the quality of programs.”

-T. Berry Brazelton, M.D., The Brazelton Institute, Children’s Hospital Boston, Harvard Medical School

“The primary gauge of quality has been accreditation by the National Association for the Education of Young Children . . . whose seal of approval is regarded as the gold standard by parents, educators and facilities.”

- The Wall Street Journal, March 24, 2006

“. . . The gold standard of approval is accreditation by the National Association for the Education of Young Children. NAEYC carefully evaluates schools and childcare centers based on curriculum, teacher qualifications, class size, and health and safety standards; only about 8 percent of U.S. preschools are currently accredited. . . .”

- Parents Magazine, February 2007

TABLE OF CONTENTS

1.	History and Organizational Structure_____	4
2.	Center Philosophy and Activity Plan _____	5
3.	General Information (Including enrollment information, arrival/departure and absentee policy, hours of operation, late policy, field trip information, brushing teeth, babysitting policy) _____	7
4.	Meals (and important allergy info) _____	16
5.	Research, Non-Discrimination Clause, USDA Non Discrimination Statement, Americans with Disabilities Act, Drug-Free Workplace, Smoke Free Workplace, Fire Arms Policy, Pesticide Policy _____	18
6.	Scheduling Changes (and transitions) _____	23
7.	Classroom Schedules_____	25
8.	Child Guidance Plan _____	34
9.	Written Plan for Referral Services _____	35
10.	Resource and Referral List _____	37
11.	Special Needs Policy _____	38
12.	Institutional Abuse and Neglect Policy_____	39
13.	Staff Information (including Cori Policy) _____	40
14.	Parent Involvement (child assessment policy) _____	42
15.	Health Policies _____	46
16.	Health & Safety Policies for Protection from Cold, Heat, Sun Injury & Insect-Borne Diseases _____	56

TABLE OF CONTENTS CONTINUED:

17.	Safe Sleep for Infants (EEC Licensing Policy Statement) _____	57
18.	Emergency Procedures (including snow closings)____	60
19.	Transportation Policy _____	63
20.	Mass. Child Passenger Safety Law _____	64
21.	Organizational Hierarchy _____	68
22.	Holiday Closures (Daycare) _____	69
23.	Board of Director’s Information _____	70
24.	Parental Rights _____	71

HISTORY AND ORGANIZATIONAL STRUCTURE

The Melrose Day Care Center, Inc. was founded in 1971 by a group of citizens from Melrose including members of the First Congregational Church, who were instrumental in setting aside space in the new church building for a day care center, which would serve the whole community. As per the day care center's by-laws, church members serve on our Board of Directors. Two of the original founders still serve on our board to this day.

Melrose Day Care Center strives to serve the greater Melrose community by providing high quality early childhood care. The Center also stays active in the community by participating in local educational committees, volunteering time at various assisted living facilities, and offering assistance to local families by organizing clothing and toy drives.

Melrose Day Care Center is licensed by the Department of Early Education and Care. We maintain a contract with them, which allows us to provide child care to income eligible families. The Center also earmarks a certain amount of money each year toward scholarships so we are able to assist struggling families within the Center.

We also try to keep our families informed of pertinent family related community events. We offer in house workshops for parents on relevant early childhood topics. These workshops are typically free of charge.

The Center works hard at creating a sense of community within the day care center by providing an array of family events. Some examples of these are an annual family barbeque, family breakfasts, a family Thanksgiving lunch, and many opportunities for families to participate in the Center either in their child's individual classroom or through Center-wide events or projects.

Parent participation in activities of the Center is strongly encouraged. From time-to-time, ad hoc committees will be formed by the Board of Directors, and it is hoped that parents will be actively involved in these bodies.

Our Center cares for children one month through no older than 7 years of age. We are a private, non-profit, non-sectarian organization, which receives funds from parent tuition, the North Suburban Child & Family Resource Network, the Bureau of Nutrition, Kappa Delta Psi of Melrose, and other charitable organizations.

The Center is governed by a volunteer Board of Directors which is responsible for setting policies, raising funds, evaluating the program and the staff, and networking with the community. The Board has annual elections in June of each year at which time new Board members and officers are elected. Parent representatives are on the Board. If you are interested in serving on the Board, please let the Director know so that s/he can inform the nominating committee. (A complete list of the Board of Directors is located at the end of this handbook.)

The Director of the Center meets with the Board approximately 5 to 6 times per year. The Director supervises the full-time teaching staff, the administrative assistants, the cooks, part-time aides, and volunteers.

CENTER PHILOSOPHY AND ACTIVITY PLAN

The Melrose Day Care Center, Inc.'s goal is to provide a program to supplement the child's family life. This includes well-rounded, high-quality, comprehensive care to meet the needs of all infant/toddler, pre-school, and pre-kindergarten children from a variety of backgrounds. We are concerned with more than a "care-taking service" and have a deep concern for the total child. We provide a continuous learning experience designed to promote a child's physical, emotional, social, and intellectual development.

Our program allows time and space for active and quiet learning/play experiences, both indoors and outdoors, with the goal of instilling, within each child, a sense of individual worth. We foster in the child a sense of security, continuity, trust, autonomy, initiative, and pride. It is our goal to provide a safe, healthy, educational environment with an emphasis on helping the child to achieve self-discipline and learn positive ways of expressing him/herself.

Our Center has been a NAEYC (National Association for the Education of Young Children) accredited program since 1997. NAEYC is a high-quality voluntary accreditation system. Their philosophy is similar to MDCC's in that our curriculum is a hands-on, developmental one, in which the classrooms are set up accordingly.

PLEASE NOTE: Because children between the ages of birth to 6 years old are concrete, tactile learners, you will not see a lot of work sheets or group, teacher-directed activities at our Center. You will almost never see this in our infant and toddler rooms. Rather the classrooms will demonstrate a literature-rich environment set up in a way that children can learn on their own with teacher guidance. For example, even for the older children when they are becoming familiar with their letters, we would typically not use a worksheet format to teach this. Although, you may see them in an older classroom to enhance a skill already mastered. However, typically, we would simply expose them to the written word as much as possible through books, print in the classrooms, journals, word boxes, etc. This way when the child is developmentally ready to start to write and put together words, the teacher will follow the individual child's lead and work with that specific child on letters, writing, and reading.

To guide our curriculum planning, MDCC uses Teaching Strategies Gold for all age groups. This curriculum blends ongoing observation for all areas of development and learning with intentional, focused, performance-assessment tasks. It is a seamless system designed for use as part of meaningful every day experiences in the classroom or program setting. In addition to Teaching Strategies Gold we use the Early Childhood Standards for preschool age children for our Owl, Stingray, and Jellyfish groups.

The general belief of each of these curriculums is that a developmentally appropriate curriculum is the most effective for young children. This means that the quality of the program will be defined in large measure by the extent which the environment, activities, and interactions are rooted in the teacher's understanding of developmental stages and knowledge of each individual child.

MDCC also uses the Ages & Stages Screening tool for all children. This is a reliable and valid developmental, social/emotional screening tool for children from one month to 5 ½ years of age.

As mentioned previously, we are a NAEYC accredited facility. Our classrooms and our curriculum are set up and created with a developmental learning style in mind, which means that we strive to teach children according to their unique learning style versus always teaching to the class as a whole. The developmental approach also means that you will see a lot of hands-on activities going on in the classroom since children under the age of 7 are still in the concrete learning-phase, meaning that hands-on activities are more meaningful to them, thus giving them the desire to expand their learning independently.

All of our classrooms are set up in a way that you will see areas throughout the classroom. For example, there are quiet areas and more active areas. There is a book area in each classroom and gross motor areas in each classroom. As the children move into the older classrooms the areas become more defined. There are block areas, art areas, fine motor and gross motor manipulatives, and book areas in all of the older classrooms.

The Center has a large outdoor space, which is used daily weather permitting. We also provide indoor gross motor in the case of inclement weather.

The Center strives to infuse multi-culture into the classrooms rather than simply incorporate this at holiday times.

Each classroom schedule is balanced so there are a variety of quiet and active times as well as a variety of child-initiated versus teacher-initiated activities available to the children.

There is great opportunity for independent play in an organized environment where the teachers create a curriculum that allows the children to move from area to area independently.

Typically, the older classrooms run a weekly or monthly theme. Their curriculums and daily activities throughout the classroom will reflect this theme.

Transition to Kindergarten: Our pre-kindergarten teachers work closely with the Melrose Public School Kindergarten teachers. Each year the Kindergarten teachers update a list of goals for us to work on with the children throughout their pre-kindergarten year. We try to share this list with families so that we can work together to achieve our goal of providing a smooth transition to Kindergarten.

Teachers are always available to meet with, talk with, or submit written information to your child's kindergarten teacher or new program (with parental permission) so they are able to share important information in an effort to make your child's transition to kindergarten or new program as smooth as possible.

Six principles which underlie the goals of our program:

1. A belief that children's play is their work; they learn by taking part in a variety of activities which support and enhance growth and development.
2. Children grow and change in different ways and at different rates. Day care provides an environment which meets their individual needs.
3. The Center strives to create an atmosphere of support and trust where children are encouraged to strengthen individual interests, establish lasting friendships, and develop self-esteem.
4. The Center strives to teach children life skills such as: thoughtful decision-making and problem solving; productive use of time; working or playing cooperatively; handling strong emotions successfully; treating themselves, each other, and their environment with respect; seeing projects through to completion; and self-expression through dramatic play, arts and crafts, music, dance, etc.
5. We encourage parent involvement and support in our program by welcoming suggestions, feedback, and questions.
6. We strive to create and maintain a well-rounded program where we are able to service families from all cultural, economic, and religious backgrounds.

GENERAL INFORMATION

Melrose Day Care Center is licensed by the Department of Early Education and Care. Families may contact the Department of Early Education and Care if they wish to obtain information regarding the center's regulatory compliance history (978-681-9684 – local; 617-988-6600 - Boston).

GUIDELINES FOR REGISTERING AT THE MELROSE DAY CARE CENTER:

PARENT ORIENTATION:

When a parent is interested in enrolling their child in the Center, they will contact the Director and set up a pre-enrollment visit. During this visit, the parent will come with their child (some parents choose to come on their own for the first visit) and tour the Center and particularly their child's room. They will also meet their child's teachers. If the Center currently has a waiting list for your child's age group, then the Director will put you on it if you so desire. The registration/waiting list fee is \$50 and is non-refundable.

Quality child care is always at a premium, and space is limited, therefore, we cannot guarantee that a space will be available, but we will make every effort possible to accommodate you and your child(ren) here at Melrose Day Care Center. Please note that children enrolled at MDCC get first choice of adding days or moving to an older classroom. Also, families currently

enrolled get preference when they are expecting another child. Feel free to call us to get an update on your child's status on the waiting list. We will **only** call you if we have an opening, as we cannot guarantee that a space will be available.

If the Center does not have a waiting list or knows that they will have an opening on a specific date, for which you are interested, then a slot may be reserved with a week's deposit and the Registration/waiting list fee. The registration/waiting list fee is \$50 and is non-refundable. At this point, the parent will be given the link to the parent handbook and health policies. Before a child's "official" start date, the Center recommends that a child visit their new classroom several times. Typically, a child will come 2 to 3 times during the week before they are scheduled to begin school. This helps the child feel more comfortable with his/her new teachers and new peers. This helps significantly to smooth the transition from home to school.

Staff try to help parents with smooth transitions by communicating with a child's future school any information that may be useful to the further education and development of that child. The staff will also ask a parent for permission to contact a child's previous school if they feel it is necessary for a successful transition into the Center.

1. Children must be at least one month old to come to the Center in the infant program, be at least 15 months old to be in the toddler room, be at least two years nine months to be in the preschool room and be no older than 7 years to attend the Center.
2. Children enrolled in the Center will be given first priority to move from one age group to another, but switching rooms or groups depends on availability.
3. Any child, who will be leaving the Center, must give us at least 3 week's **written** notice of withdrawal from the center.
4. Vouchers from the Child Care Circuit, Child Care Choices and Child Care Aware are accepted.
5. The Center maintains a waiting list. Intake is based on first come, first served.
6. Toilet training is not an eligibility requirement for enrollment and is not required for a child to move from room to room in the center.
7. The Center accepts families of all backgrounds.

REQUIRED FORMS:

As of a child's first day at our program, the following forms must be in your child's file:

Face Sheet/Child's History Form (Must Be updated annually)

Developmental History and Background Information (This includes an explanation of the child's special health needs such as allergies or chronic illness.) (Must be updated annually)

Food Allergy or special medical condition plan (if applicable) signed by the parent and the child's doctor. Updated annually or as needed.

First Aid and Emergency Medical Care Consent Form (Must be updated annually)

Permission and Release Forms (Must be updated annually)

Language Form (Must be updated annually)

Small Group and Large Group Transportation Plan and Authorization (Must be updated annually)

Please Help Me to Get to Know Your Child form

Physician's Form (completed by a doctor) including the results of the health examination, a lead screening, and immunizations. In the case of an abnormal result on lead or another screening, any follow up that is required will also be documented. This form must also be updated annually. Updated annually.

Current information about any health insurance coverage required for treatment in an emergency.

Names of individuals authorized by the family to have access to health information about the child.

Supporting evidence for cases in which a child is under-immunized because of a medical condition or family beliefs (must be documented by a licensed health professional). Also, staff have a plan for these children to exclude the child immediately if a vaccine-preventable disease to which children are susceptible occurs in the program.

Custody agreement or guardianship papers (if applicable)

All of these forms will be given to you along with a link to the handbook. Forms must be updated annually either by completing new ones or initialing and dating the existing ones. The office or the child's classroom teacher will notify parents when they need to update their forms. If anything, for example, address, phone numbers, change through the year, please notify your child's teachers, and the office **immediately**.

ARRIVAL/DEPARTURE AND ABSENTEE POLICY:

The Melrose Day Care Center, Inc. runs Monday through Friday from 6:30 a.m. - 6:00 p.m.

Children must arrive at the Center by 9:00 a.m. If a child is going to be absent, the parent must call the Center to inform them of this. Please inform your child's individual classroom of this. If a child does not come to school by 8:30 a.m. and no call has been received, someone from

MDCC will call the parent. If a parent cannot be contacted, the people on the emergency list will be contacted and ultimately the police if necessary.

Each classroom has a sign-in/out sheet, where parents are supposed to sign their child in and out each day. PLEASE inform a teacher when you are dropping off and picking up your child, particularly on the playground.

The teachers will ALWAYS mark each child as they arrive and leave on their own form. This allows us to have an accurate count of each child at ANY time during the day. This is why it is critical for a parent to inform us at drop off and pick up especially if your child's teacher is engaged with another child or parent and may not see you.

Additionally, MDCC has an in-classroom system (where teachers use an attendance sheet to track absences on a daily basis). This sheet is transferred to a computer program where whole center absences are tracked.

If a child is absent more than 20% in a given month, we will contact the parent to see what we can do to support and provide them with assistance either through us, directly, or via a referral. The teachers and/or directors will follow up on this and continue to monitor the child's attendance and continue to offer this support as needed.

PLEASE be sure to bring your child to one of his/her classroom teachers at the time of your arrival and departure. This is especially important if the children are on the playground.

ENTERING AND LEAVING MELROSE DAY CARE CENTER:

We want to remind you to drive in the parking lot in a safe manner for the well-being of all the children. Remember that the lot is one way, which should be entered from West Foster Street and exited onto Cherry Street. Please drive slowly since a child could dash away quickly. We do not want to have any accidents.

If a car is parked on Cherry Street, please do not park directly across from it, as it does not allow enough space for emergency vehicles.

Please note that you cannot park in our lot for the entire day.

Important hand washing information:

As per the QRIS (state quality improvement system), the Center is required to adhere to strict health and safety guidelines. This is largely due to group child care programs being extremely infectious.

All parents who are coming into a classroom and staying more than a brief amount of time are required to wash their hands. Basically, any infant or toddler parent should wash their hands upon entering their child's classroom in the morning. Because those particular parents

need to do a fair amount of running around in the classroom, it would be prudent for these parents to wash their hands upon entering their child's (or children's) individual classroom.

Additionally, any child is required to wash their hands upon arrival. With that said, we would appreciate it if you would get your child in the habit of washing their hands when they enter the classroom in the morning. The teachers will assist with this.

The hands of babies should be washed under running water unless the babies do not have the head and body control required for safety at the sink. For these babies, wipes are an acceptable substitute for hand washing.

DEPARTURE:

Children must be picked up promptly by 6:00 p.m.

If an emergency arises and you know that you will be late, please notify us as soon as possible.

Your child will be released only to you or the other adults (age 16 or older with a picture I.D.) listed on the Authorization and Consent Form. Non-custodial parents will be permitted to pick up their children unless the custodial parent states, in writing, that they are not permitted to do so and give us a copy of the custody agreement. Please remember to add new names to the pick-up list as needed.

If you wish to have someone pick up your child who is not on the list, a written, signed request is necessary. We cannot accept telephone requests!

Staff are instructed to ask for identification from any adult (age 16 or older) whom they do not recognize.

As with arrival, please be sure to let one of your child's classroom teachers know when you are picking up your child, especially when you are picking your child up from the playground.

In cases where one parent is the custodial parent, the Center will need a notarized court document showing the custodial agreement. This is the only way the Center is able to enforce the agreement and even then sometimes the non-custodial parent will get very upset and will try to take the child. The teachers will do what they are capable of to prevent this from happening. They will try to call the custodial parent and/or the police if necessary, but if the non-custodial parent is causing too much trouble for the teachers and the group as a whole, the teachers may be unable to enforce the agreement. It would be in the custodial parent's best interest to inform the teachers of what exactly they would like them to do if the non-custodial parent were to show up and become violent. Please try to refrain from involving your child's teachers in the details of your custody issues. Their job is to be sure that your child is receiving high quality care while they are at the Center. If issues directly affect the child, then the teachers should be informed; however, if the issues are personal between the two parents, then the staff should not be involved.

In cases where shared or joint custody is established by the courts, a notarized court document, stating the specific custodial agreement must be in the child's file. This agreement must show who has the right to make decisions regarding the pick-up of the child. For example, if the father wants to add a person to the pick-up list on one of his days, can he just do this or does the mother need to approve and vice versa. These details must be spelled out for the day care center so inappropriate pick up of a child does not occur. If these details are not spelled out, then the center will assume that both parents have the right to pick up their child at any time. Each parent will also have the right to individually determine who (besides themselves) has the authority to pick up their child.

INAPPROPRIATE PICK-UP:

If a parent, or other authorized individual, arrives at the Center to pick-up a child, and appears to be under the influence of alcohol or drugs, the child will not be released to that person. In these circumstances, Melrose Day Care Center will retain the child in its care until another individual authorized to pick up the child is contacted and reports to Melrose Day Care Center to safely pick-up the child. The "late pick-up policy" **will** apply if a staff person needs to remain at the Center after hours to await the child's alternative pick-up. Melrose Day Care Center's repeated need to obtain an alternative pick-up for a child may result in the family's dismissal from Melrose Day Care Center.

LATE POLICY:

Please remember the day care center closes at 5:15 p.m.

The Center understands that clocks can be different, however, the teacher in charge will go by cell phone time. If a family arrives after 5:15 p.m., they will be charged a \$10 fee and then a dollar a minute for each minute after that per child. The fee will be added to your tuition bill.

If a parent or authorized individual (must be age 16 or older with a picture I.D.) is repeatedly late picking up a child, this may result in the family's termination from Melrose Day Care Center.

We do understand that many unforeseen circumstances come up and often times it is impossible for you to get to the day care by 5:15 p.m. Please try to use your emergency pick-ups if you cannot pick up your child by the time the Center closes. If you know you will be late, please give us a call ahead of time. The late fee will still apply, but staff will be able to plan accordingly.

FIELD TRIPS:

The Permission and Release Form, which you have been asked to sign, is required for general trips (e.g. walks to the center of town, walks to the library, trips to local parks, etc.). Special field trips (e.g. museums, theaters, The Aquarium, etc.) will require specific written authorization.

The Center occasionally goes on various field trips that the center may hire licensed transportation. Parents are informed of these trips well in advance and are required to sign specific permission forms in order for the child to be able to go on the trip. There is usually a nominal cost associated with each trip.

Teachers will have cell phones with them while on trips. Their individual phone numbers will be kept in the daycare office in case the center needs to reach them while out of the center.

PET POLICY

Because of our limited hours the school does not have “school” pets. We may have insects, bugs, etc. that we will observe (i.e. worms, ants, butterflies) to enhance a particular theme unit. Any of these will be housed in a proper home/cage.

If any family or other program wishes to bring a pet to visit the following criteria will be followed:

BEFORE introducing the pet to the program, the staff will consider the effect on the children’s health and safety (e.g. allergies).

Animals must be free from disease and licensed and/or vaccinated as prescribed by law. You must receive permission from the school’s Director **BEFORE** the pet can visit.

NO REPTILES ARE PERMITTED.

While visiting:

Any pet will be kept in a safe and sanitary manner.

The children are not allowed to take part in the cleaning of cage(s).

Staff and children **MUST** wash their hands after handling pets and their equipment.

CLOTHING:

Dress your child in sturdy, washable clothes that can take wear, tear, and occasional spills. Children cannot wear sandals to play on our outdoor equipment for safety reasons. Try to send children in clothes that will make it easy for them to dress themselves.

A complete change of clothing, including underwear, socks, pants, sneakers, and shirts should be sent in. Infants/toddlers should have at least two changes available each day.

The children will play outside almost every day, weather permitting. Please be sure to send in the appropriate clothing each day (i.e. snow pants, hat, boots, mittens, sun hat, etc.). Oftentimes, even if it is really cold or hot and muggy outside, just getting out for 5-10 minutes is all the children need. The teachers use their own discretion as to when it is appropriate for their classroom to go outside. Unfortunately, due to staffing issues we cannot accommodate requests

to have one child stay inside all day. If the rest of the class is going out, then both teachers would need to go outside with the class, thus there would not be a teacher available to stay inside.

In the spring and summer, children will go in wading pools and the sprinkler. Children should bring a bathing suit and towel, which are washed here daily.

All clothes and shoes (boots) must be clearly marked with your child's name. We cannot be responsible for lost or damaged items. A lost and found box is located in the classroom. We can't stress enough, the importance of sending your child to school in clothing that can get dirty, stained, or possibly lost. It is very difficult for the teachers to keep track of every article of clothing a child wears to school on a daily basis. We always have extra clothing on hand.

DIAPERS:

Parents are responsible for bringing their own diapers. We have storage available so you can bring in a week's supply. The children are checked every 2 hours and changed more often if necessary. This information is all documented on a white board in your child's classroom. So if you want/need to keep track of your child's bowel movements, this will be noted on the white board. If your child needs diaper cream, you must supply the cream and complete a parental permission form so the teachers can administer it.

BIRTHDAYS:

The staff will acknowledge each child's birthday on the day closest to it.

Due to the increase in food allergies, all food brought to school to share (for birthdays or other classroom festivity) must be approved by the teacher in the classroom ahead of time. We appreciate your cooperation.

OBJECTS FROM HOME:

Some children like to bring items from home to day care. We appreciate the young child's need for security objects and the parent's need to say "take that along" when play must be disrupted at home to leave for day care. However, problems occur at day care when:

The objects brought in encourage a kind of play we discourage (e.g. gun play, super hero play, etc.). Please see our "war toy" policy to follow, which explains in more detail what toys are appropriate and what toys are not.

The objects are very unique or popular and the owner of the object allows some children to have a turn but refuses to give a turn to others.

In order to keep the peace among the children and facilitate reasonably calm play, we ask that children only bring in toys/objects that they need for security reasons and that these objects be placed back in their cubby when they are no longer needed.

The following suggestions can help meet children's needs but avoid problems:

Try to send a toy that is important to your child but not especially interesting to the other children. A favorite stuffed animal is often a good choice. Most children have their own favorite stuffed animal at home and do not quickly warm up to someone else's. Books, too, are good choices, because a book is easily shared with others as a teacher reads the book to the owner, other children can listen.

We wish to support children who need an object to make the transition from home to day care. We also wish to optimize the day care experience for everyone which sometimes becomes more difficult when certain items are brought in. We appreciate your sensitivity to this matter and hope that the suggestions given above will help all of us.

The Center will not be held responsible for any item which is brought from home that is lost or damaged. We strongly encourage you to label EVERYTHING you bring in for your child, including his/her clothes.

WAR TOY POLICY:

Melrose Day Care Center does not allow or encourage “war toys” of any kind in the classrooms. This includes bringing such things in for show and tell. Some examples of these would be: guns, plastic soldier figures, GI Joe action figures, etc. If you are ever unsure as to what would constitute a “war toy”, please do not hesitate to ask one of your child’s teachers.

It is the Center’s viewpoint that war and the concept of war are so difficult for anyone to grasp, that expecting a child to fully understand it, is just too complex. We feel that if we were to allow the use of war-related toys in our early childhood classrooms, we would be sending the message to our families that we feel qualified to address this topic with the children, fully and completely. Not only, do we not have this qualification, we feel it is not our place to educate your young child on such a sensitive topic.

Thus, it is our goal to provide your child with as positive of a “play” environment as possible through competent, caring teachers, developmentally appropriate toys, and a safe and educational classroom environment. Children have their whole lives to learn about “war” and the complexities of the world. Learning these things while at Melrose Day Care Center would be inconsistent with the philosophy and mission of our program, in which we pride ourselves so highly.

CONFIDENTIALITY:

Each child has a file which will contain all the required forms, any written communications from you, and any information your child's teacher may have in regards to your child, including a copy of the child's progress reports. The child's file and record are available to the Directors and

staff. You will be asked for a written and signed request before the file will be shared with other professionals. Parents may request access to their child's file at any time.

Staff may not discuss any child or child's family with other children's parents. In cases where a parent requests the names and/or phone number of another child and his/her family, the teachers cannot release this information unless the other parent gives them permission to do so.

The Director will discuss financial issues with the Board of Directors.

PHOTOGRAPH AND INTERNET POLICY:

Any photograph taken (by a parent) in school or at a school related event cannot be posted on the web, this includes Facebook, My Space or any other personal site. We are required by the Department of Early Education and Care (the agency that regulates and licenses us) to have parental permission for any photograph taken of a child and in particular a photograph that is posted on the web. If you attend a field trip and take photos of the children, please do not post these photos on the web unless **only** your child is in the photograph. We appreciate your cooperation.

BRUSHING TEETH:

The Department of Early Education and Care now requires us to brush the children's teeth whenever they are in care for more than four hours. We have purchased individual tooth brushes for each child. We also purchased holders for the brushes to be stored in each classroom.

BABYSITTING POLICY:

If an MDCC parent retains an MDCC employee to perform babysitting services for them outside of MDCC, it is a private arrangement to which MDCC is not a party. MDCC has no responsibility/liability for compensating; MDCC does not direct or control while performing the services; MDCC bears no liability for anything that occurs as a result of the individual providing the services; and is an entirely separate and private arrangement between the babysitter and the family.

MEALS

The Center operates under a Bureau of Nutrition Contract under the Department of Education. We serve nutritionally balanced meals. A description of our typical meals is written below. You can go to their website for more information - <http://www.doe.mass.edu/cnp/>

The Center strives to serve whole grain, healthy foods to the children. We only server 100% whole wheat breads and try to serve multi-grain carbs, fruit or protein for snacks.

We follow the Bureau of Nutrition guidelines (Federal agency). As part of their guidelines, all liquids and foods hotter than 110 degrees are kept out of children's reach.

The children will be served breakfast from approximately 7:00 a.m. to 8:00 a.m. in some rooms and 7:00 a.m. to 8:30 a.m. in other rooms (see schedules). Breakfast consists of cereal (usually cold, but occasionally hot), toast, bagels, or english muffins, milk, water, and fruit. Occasionally, we will serve waffles, pancakes or fruit breads.

Lunch is served each day from approximately 11:30 – 1:00. The following is a sample of typical food served to the children:

Chicken, casseroles, tacos, turkey, ham, grilled cheese sandwiches, sunflower butter and jelly sandwiches, fish, sandwich meats, soups, macaroni, ravioli, spaghetti, pancakes, french toast, salad, relish trays, rice, corn, carrots, potatoes, broccoli, peas, applesauce, watermelon, peaches, pineapple, ice cream, frozen yogurt, fruit cocktail, and a variety of other fruits and vegetables, and milk. Please note: only 100% whole wheat bread is used.

The weekly menu is posted on the main parent bulletin board, in each classroom, and online at www.melrosedaycarecenter.com. If you would like a copy in your mail slot, please ask your child's teacher.

Parents have the option of sending in meals for their child if they do not like what is being served or if their child has food allergies or special diets. All foods and beverages brought from home must be labeled with the child's name and date.

Children receive a morning and an afternoon snack, which could consist of fruit, vegetables, whole grain snacks, homemade fruit muffins, etc. Typically, milk will be served with one snack and water will be served with the other snack. Milk is served with lunch and breakfast.

All food (including turkey dogs, grapes, meat, and raw carrots) is cut into small, bite size pieces to avoid choking. Children under the age of 4 are never given nuts, popcorn, raw peas, or hard pretzels.

All food and beverages brought from home must be labeled with the child's name and date.

Allergy Info: PLEASE BE SURE TO LET US KNOW IF YOUR CHILD HAS ANY FOOD ALLERGIES OR RESTRICTIONS. THERE IS A PLACE IN YOUR CHILD'S DEVELOPMENTAL HISTORY FORMS, WHICH ARE UPDATED ANNUALLY. PLEASE INDICATE IT ON THE FORMS AS WELL AS VERBALIZE IT TO YOUR CHILD'S TEACHER AND TO THE PERSON DOING YOUR INTAKE VISIT TO THE CENTER.

IF YOUR CHILD HAS AN EIP-PEN, WE NEED A DOCTOR'S NOTE STATING WHY THE CHILD MAY NEED THE EPI-PEN AND WHETHER OR NOT IT IS A LIFE-THREATENING ALLERGY.

There are parental consent forms in the office for parents of children with allergies to sign. This allows the Center to post information about your child's allergy in conspicuous places in the school.

IF YOUR CHILD HAS A SPECIFIC FOOD ALLERGY, PLEASE CHECK THE MENU DAILY AND PLAN TO BRING YOUR CHILD'S OWN MEALS.

Parents of infants and toddlers who are too young to eat the meals prepared by the center will have to send in cereal, baby food, baby fruits, etc. as well as formula/breast milk (bottles should already be prepared) each day.

For children with specific health care needs or food allergies or special nutrition needs, the child's health provider must provide the parent or guardian with an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care.

For all infants and for children with disabilities who have special feeding needs, program staff will keep a daily record documenting the type and quantity of food the child consumes and provide families with that information.

During each meal time, at least one staff member will sit with the children to serve as a model and to engage the children in pleasant conversation. The majority of the classrooms serve their meals family style.

Please Note: With the exception of our infant room (where most infants still bring in their own food and milk, for which we have the space and facilities to store), if you are sending in your child's own food, we do not have the capability or the man power to heat it up or keep it cool in a refrigerator. If you are sending in your child's own lunch/snacks, etc., you will need to pack it so it can stay cold or hot (in a thermos) in their lunch box in their cubby until they are ready to eat it.

RESEARCH

Although this does not happen often, researchers may ask to use the day care center as a site to conduct a study on which they are working. If it is an observational study in which the researcher will have no contact (verbally or physically) with the children and all names and identifying information will remain confidential, the researcher must make a request, in writing, to the Director who can approve or disapprove the request.

If the project entails contact with the children, a thorough proposal must be submitted to the Director. This type of research requires the approval of the Director and the Board. If approved, the researcher must supply permission slips to all the parents for approval to work with their child. A final version of the research paper must be sent to the Director, the Board, and any

parent who requests one. The Director will notify the Board that this type of research is being conducted.

NON-DISCRIMINATION CLAUSE:

Melrose Day Care Center is an Equal Opportunity provider.

The Melrose Day Care Center, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, sex, sexual orientation, special needs, religion, marital status, political beliefs, or national/ethnic origin in admissions, hiring, policies, financial aid, or other aspects of its operations.

MDCC does not use stereotypical language references in our program at all. Only telling a boy he is strong versus telling a girl she is dainty is not done. In fact, we encourage the children to feel comfortable experimenting with all sorts of different roles during play. It would not be uncommon to see a girl playing with a truck or a boy playing with a doll in our Center.

USDA NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [Filing a Program Discrimination Complaint as a USDA Customer](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.

AMERICANS WITH DISABILITIES ACT:

In accordance with the Americans with Disabilities Act, The Melrose Day Care Center, Inc. affirms the legal rights of individuals with disabilities by prohibiting discrimination based on disability and promoting equal opportunity in employment and service delivery for persons with disabilities, and the provider shall meet the standards applicable to itself and to the Commonwealth of Massachusetts under the Americans with Disabilities Act (42 USC 12101 et seq., 28 CFR Part 35).

Melrose Day Care Center's facility is ADA approved. There is a handicapped bathroom and the playground is fully accessible to wheelchairs.

For children with disabilities, special accommodations will be made (as necessary) for arrival and pickup times.

DRUG FREE WORKPLACE:

The Melrose Day Care Center, Inc. maintains a drug free workplace at all times. Any question of drug or alcohol use while working would result in immediate dismissal of any Melrose Day Care Center employee. MDCC reserves the right to request a drug test at any time before or during employment because our employees work closely with children.

SMOKE FREE:

Melrose Day Care Center is a smoke free workplace. No smoking is permitted inside the building or anywhere on the Center's grounds.

FIREARMS:

Any firearm or other significant hazard that may pose a risk to children and adults is prohibited from Melrose Day Care Center property (both inside and outside the building).

PESTICIDE POLICY:

Our Pest Management Plan is kept in the hallway file cabinet. If you wish to see it, please contact one of the Directors.

DROP-IN PROGRAM:

The Center also has a drop-in program, which is based on availability in the Center. The drop in rate is \$14.50/hr. for children enrolled at the center. Any portion of an hour will be rounded to the later quarter hour.

If you are in need of drop-in care, call the Center as soon as you know the date you need the care. If we have availability for that particular day, then we will hold the slot open for you. The slots are filled on a first-come/first-served basis.

Often times if a particular room is fully enrolled, we probably will not have availability unless a child permanently enrolled in the room is out sick or on vacation. Part-time families already enrolled at the Center **cannot** exchange days.

Drop-in slots are ultimately up to the discretion of the Director. At times, even though there may be availability in a particular classroom, due to staffing issues and other factors, we may **NOT** take any drop-in children on a particular day.

If you book more than 4 hours of drop-in and then do not give at least 24 hours' notice that you will not be using it, you will be charged a \$25 non-use fee.

DISCOUNTED CHILD CARE AND SCHOLARSHIPS:

Melrose Day Care Center is part of the **North Suburban Child & Family Resource Network of Stoneham/Melrose/Wakefield**. This Partnership helps parents in need pay for part of their daycare. Children need to be 2.9 up to (but not including) Kindergarten age; parents must be working and living in Stoneham, Melrose, or Wakefield. Costs are based on the Commonwealth of Massachusetts sliding fee scale. You can call the Child Care Circuit (978-686-4288) for more information.

The day care center offers scholarship slots. We have full scholarships as well as partial scholarships available, depending on your household income and depending on the funds available at the day care center. Please speak to the Director if you are interested in a scholarship slot.

Parents, who are on a scholarship slot, should note that if their child is absent for more than 3 days in a given month, they may need to be reassessed and could possibly lose their scholarship slot.

The day care center also has a contract with the Child Care Circuit to take families on a sliding scale. It is part of MDCC's philosophy to service children of all economic backgrounds. Thus, we feel it is important to make sliding scale slots available to families so day care is equally available to all children.

GENERAL BILLING POLICY:

All families are billed monthly. Depending on the particular month, the bill will either be for a 4 or a 5 week month. So your monthly bill will vary accordingly. You can choose to pay your bill all at once for the entire month (in which case it is due by the 5th business day of the month) or you can pay your bill weekly (in which case the weekly payment is due on the first day of the week that your child attends day care. For example, if your child does a Tues/Thurs slot, the weekly payment would be due on the Tuesday of each week.)

You will receive your bill the second to the last Thursday of the month before you receive the care. All tuition payments are expected before you receive the care for your child, not afterwards. You can make your payment by check made out to Melrose Day Care or MDCC. We DO NOT accept cash payments.

In cases where the two parents are separated or divorced, it is the responsibility of the parents to see that the bill is paid on time, in full! The daycare is not responsible for making sure that each parent pays a portion of the bill. The parents, together, are responsible for seeing that their child's entire tuition is paid on time.

If a tuition check is returned to the day care center for insufficient funds, the parent will incur the full cost of the bounced check, per our financial institution, \$20 (\$10 bank fee; \$10 daycare fee).

In addition to this, the parent will be charged the late fee for that particular tuition payment. Furthermore, if a payment is returned 2 times for insufficient funds, then the family will need to pay the Center with either a money order from that date on.

If a child leaves the Center with an outstanding balance on their bill, to the extent allowed by law, the Center will not release records related to the child and the services the Center provided to the child and his/her family, until the bill is paid in full. Once payment in full has been received, the Center will release all requested information it is authorized to release.

We offer a 10% second child discount. The discount is applied to the less expensive of the two weekly rates. We also offer a 10% third child discount. In the case of the third child discount, the discount applies to the least expensive of the three tuitions. This discount does not apply if you receive any kind of subsidized childcare nor does it apply to the drop-in rate.

The Center charges a \$50 registration/waiting list application fee. This fee is non-refundable and is required for any family who wishes to be placed on our waiting list.

Upon enrollment or prior to your child's enrollment (as described below), you are required to leave a week's deposit, which is kept in your deposit account. This deposit is non-refundable if you decide not to take the opening.

This deposit is held the entire time your child is enrolled at the Center and may be used towards your last week's tuition, provided we receive at least **3 weeks' written notice** of your withdrawing your child from the Center. If we do not receive at least 3 week's written notice of the withdrawal of your child from the Center, then your deposit becomes non-refundable (and is not used towards your last week's tuition).

As your child moves from room to room, or you add days, or additional children come to the Center, your weekly tuition amount changes and the deposit amount needs to be changed to reflect this.

Typically, the Center does not charge a special materials fee but may occasionally post a “wish list” for individual classrooms. This way families can contribute if they are able.

LATE FEE:

For each day that your tuition is late, you will be charged \$5/day. **Please Note:** If you are going on vacation, you are still responsible for paying your tuition **before** you go on vacation, not afterwards.

VACATION POLICY:

All parents are expected to pay for their child's tuition 52 weeks out of the year. In other words, if you go on vacation, if your child is sick, if a holiday falls on one of your child's days during the week, or if your child is out for any other reason (for example, inclement weather, or any state of emergency, or any type of loss of power or water), you are still expected to pay the day care center your regular weekly tuition prior to your trip.

The rationale for our vacation policy is that regardless of whether or not your child is here we still need to pay our teachers as well as our other monthly bills. If you are interested in holding a future slot for your child and if we know we will have the slot available, you may do that by leaving a week's deposit with us. This deposit is a **non-refundable** deposit if you do not end up enrolling your child(ren) into the Center. If you do enroll your child(ren) in the Center, the deposit will serve as your required deposit and may be used towards your last week's tuition provided we receive at least **3 week's written notice** of your withdrawing your child from the Center. All families must also pay the \$50 application fee.

SCHEDULING CHANGES

If you want to make any changes (terminate, add, subtract) in the days and/or hours your child attends Melrose Day Care Center, **it must be put in writing and given to the office.** We require at least 3 weeks' notice to make a change in your child's schedule. We will then respond to your request in writing, letting you know if your request will work in our enrollment. If you want to permanently switch days, drop days, or add days, you must first check with the office to see which days are available or which day would be the best day to drop. Requests to add days may not always be accommodated. This is ultimately up to the discretion of the Director and is dependent upon factors such as the teacher's schedules, the general classroom dynamic, and the child's “readiness” to spend more time in day care. You cannot drop the day that is most convenient for you because that may not be the best day for the classroom. For example, we rarely allow a family to do a Tuesday, Wednesday, Thursday slot because it is very difficult for us to fill the resulting Monday, Friday slot. Also, priority will be given to children of staff if it is in the best interest of the center to move their child out of a particular classroom. We will do our best to accommodate your request, but it is not always possible.

If you are waiting to pick up a certain day in a classroom, it is up to the discretion of the Director and what is best for the center as to when you will receive that day.

Also, we allow you to make two (2) changes to your child's scheduled days per calendar year. After that, you will be charged \$25 per enrollment change.

Part-time families already enrolled at the Center are also able to use the drop-in program and pay the drop-in rate if they would like to add an extra day or half day on a particular week, although they **cannot** exchange days. A family would always be billed for any extra day/time they use beyond their established enrollment days. Part-time families, already enrolled at the Center, do not have to pay the \$50 registration fee but they will be billed the appropriate hourly rate for the extra time their child attended the Center.

Again, any request for a schedule change should be put in writing and given to the office, not the teachers. And at least 3 weeks' notice is necessary for any schedule change (and any changes are subject to Director review and may or may not be honored depending on enrollment).

TRANSITIONS:

There are many transitions throughout your child's day, from drop-off to pick up. In all classrooms we strive to make these transitions from one activity to the next as smooth as possible. If there is something a parent or teacher feels that could make certain transitions easier for a child, the classroom staff will make every effort to implement this modification into their daily schedule.

The Center is staffed to minimize the number of transitions that occur during the day and from classroom to classroom. Because we are open 11 ½ hours per day, we do have classrooms combine early morning and late afternoon. For example, infants and toddlers combine in the morning and afternoon and so will the preschool groups.

Please keep in mind that we will do our very best to move your child from one classroom to the next when s/he is ready to transition. We always try to discuss this with the parent ahead of time. However, we do give priority to older children, assuming that both children are equally ready to move to the older room and assuming we have the correct days available for the older child. Ultimately, the decision to actually move a child is up to the Director.

All children (infants through preschool age children) are transitioned to a new room for a few reasons. Typically, it is a combination of their developmental age and their chronological age. As space becomes available in an older classroom, the teachers and the Director will meet to discuss which children seem ready to move. The decision to move a child is based on the individual child, but also the expectations, teachers and group size of the new room. If this all seems to be advantageous to the child, then the teacher will discuss the possibility of a transition with the child's parent. The teacher will explain their reasons for thinking that the child is ready for the move. They will ask for the parent's input and advice as to whether or not they feel their child is ready for a new classroom. Assuming all are in agreement, then the steps for the child to

move begins. The plan will assist the child with their transition in a manner consistent with their ability to understand.

All families are offered a transition conference each time their child is officially moving to a new classroom. A teacher from each classroom will attend the conference. The purpose of this meeting is to discuss the child and communicate any goals, concerns, etc. to the new teachers.

Children will visit their new room (typically with another friend who is also moving) the week preceding their move. This will allow them to become acclimated to their new classroom and teachers.

We strive to provide as much continuity as possible within the classrooms. Particularly in our Infant and Toddler Rooms, we have two main teachers who work with each group and maintain parent communication.

In our Infant/Toddler Rooms, the children typically remain in there for at least 9 months before transitioning to a new classroom, depending on the age of the child on their start date.

CLASSROOM SCHEDULES

INFANT ROOMS (TURTLES AND BUMBLEBEES) DAILY SCHEDULE

Group Size: 7 infants and 2 adults (at least one adult is a teacher)

The infants are all basically on their own individual schedules. They are fed and put down to nap according to their schedules at home. As the infants get closer to their move into the toddler room, they will start adapting more to the toddler schedule, so the transition will be as smooth as possible.

The infants are changed every hour and a half or as needed. They also will go outside every day, weather permitting. The older infants will have two snacks per day, just as the toddlers do, and they generally eat lunch around the same time too.

The infant teachers will enhance the infant's social, emotional, and cognitive development by providing a variety of developmentally appropriate activities. They sing and read to the children. They also provide water play and opportunities for climbing, walking, and running. Depending on the weather, the infants will go out daily or have the opportunity to crawl and climb inside.

Our infant program supports breastfeeding by accepting human milk in ready-to-feed sanitary containers. This milk must be labeled (with the child's name) and dated. We will store non-frozen milk in our refrigerator for up to 48 hours and frozen milk for up to three months. We have various comfortable and private (if desired) areas for a mother to breastfeed her baby at any

time during the day. The infant teachers coordinate the child's feedings with the mother's schedule. Staff will gently mix breast milk before serving (NOT SHAKE). This will help preserve special infection fighting and nutritional components in the milk.

Melrose Day Care Center allows parents to bring in pre-made, labeled formula bottles for their child. Bottle feedings do not contain solid foods unless the child's health care provider supplies a written note and a medical reason. After one hour, any leftover formula or human milk that has not been refrigerated will be discarded. Breast milk, formula and regular milk can only be warmed by running under hot water and/or letting it sit in warm water for up to five minutes. Nothing is warmed in a microwave.

Teaching staff do not offer solid foods to infants younger than 6 months, unless that practice is recommended by the child's health care provider and approved by families.

All infants under 12 months are either on formula or breast milk. Only whole milk is served to children between 12 and 15 months. Infants are served either milk/formula or water.

Before walking on surfaces that infants use for play, adults and children will remove their shoes or use the shoe coverings (located in a bucket just outside of the infant door).

Infants unable to sit are held for bottle feeding. All others sit or are held to be fed. No children are ever given a bottle in their crib or on their mat and no children ever eat from a propped bottle. Children do not walk around with bottles or sippy cups. A child's family and teachers decide together when a child is developmentally ready to use a cup.

Infant's gums are wiped after each feeding. If the child has teeth, their teeth will be brushed in accordance with EEC guidelines (606 CMR 7.11 (11) d and e).

KANGAROO ROOM DAILY SCHEDULE

Group Size: 8 children and 2 adults (at least one adult is a teacher)

6:30-7:30-	Combine with Teddy Bear Room/Free choice activities
7:30-8:00-	Combine with Teddy Bear Room/Breakfast served/Free Play
8:00-	Breakfast ends
8:00-9:30-	Child choice activities
9:30-9:45-	Diaper changing/Hand Wash/Clean Up
9:45-10:00-	Snack
10:00-11:00-	Outside Time/Going for walks/Also playing in the yard **During inclement weather, an inside gross motor activity will be offered: tunnel, dancing, walks around inside of church, etc.
11:00-11:45-	Activities
11:45-12:00-	Clean up/Wash hands/One teacher prepares lunch while the other one helps children wash hands.
12:00-12:30-	Lunch Time
12:30-12:45-	Finish lunch/Brush teeth/Diaper change/Wash hands/Begin nap
12:45-2:00-	Nap or Quiet Time
2:00-2:45-	Waking Up/Quiet choice activities/Diaper changing/Wash hands
2:45-3:00-	Snack time/Clean up
3:00-4:15-	Outside time
4:15-6:00-	Activities

* In cases of inclement weather, an alternative indoor gross motor activity will be offered in lieu of outside time.

TEDDY BEAR ROOM DAILY SCHEDULE

Group Size: 9 children and 2 adults (at least one adult is a teacher)

6:30-7:30-	Combine with Teddy Bear Room/Free choice activities
7:30-8:00-	Combine with Teddy Bear Room/Breakfast served/Free Play
8:00-	Breakfast ends
8:00-9:30-	Child choice activities
9:30-9:45-	Diaper changing/Hand Wash/Clean Up
9:45-10:00-	Snack
10:00-11:00-	Outside Time/Going for walks/Also playing in the yard **During inclement weather, an inside gross motor activity will be offered: tunnel, dancing, walks around inside of church, etc.
11:00-11:45-	Activities
11:45-12:00-	Clean up/Wash hands/One teacher prepares lunch while the other one helps children wash hands.
12:00-12:30-	Lunch Time
12:30-12:45-	Finish lunch/Brush teeth/Diaper change/Wash hands/Begin nap
12:45-2:00-	Nap or Quiet Time
2:00-2:45-	Waking Up/Quiet choice activities/Diaper changing/Wash hands
2:45-3:00-	Snack time/Clean up
3:00-4:15-	Outside time
4:15-6:00-	Activities

* In cases of inclement weather, an alternative indoor gross motor activity will be offered in lieu of outside time.

RASCAL ROOM DAILY SCHEDULE

Group Size: 9 children and 2 adults (at least one adult is a teacher).

6:30-6:45-	Arrival time in Teddy Bear Room
6:45-8:00-	Breakfast in Rascal Room & Child Choice Activities Begin/Breakfast ends at 8:00
8:00-9:45-	Child Choice continues/Table activities introduced: Sensory Table/Art Activities/Special Activities (Singing and Stories go on during this time too)
9:45-10:15-	Diaper Change/Toilet/Wash Hands/Snack Time; Clean Up
10:45-11:45-	Outside time/go for a walk (In case of inclement weather, additional art and indoor gross motor activities will be done.).
11:45-12:15-	Diaper Change/Toilet/Wash Hands/Singing (except Friday – 11:45 Show & Tell on Friday); Group Time/Circle
12:15-12:35-	Lunch Time
12:35-12:45-	Brush teeth
12:45-2:45-	Rest Time
2:45-3:05-	Quiet activities for those awake (books, puzzles, crayons)
3:05-3:45-	Put nap things away. Diaper/Toilet/Wash Hands/Snack; (Group Time)
3:45-4:45-	Singing/Stories/Art/Free Choice/Clean up
4:45-5:45-	Outdoor Play or Gross Motor Activity Inside
5:45-6:00-	Diaper/Toilet/Wash Hands/Child Choice/Quiet Activities/Going Home (Singing and stories go on during this time too.)

* In cases of inclement weather, an alternative indoor gross motor activity will be offered in lieu of outside time.

OWL ROOM DAILY SCHEDULE

Group Size: 18 children and 3 adults (at least one adult is a teacher)

6:30-8:00	Arrival, breakfast and arrival activities.
8:00-9:00	Child choice activities and clean up/morning meeting
9:00-10:15	Outside. Gross motor. (In case of inclement weather, indoor gross motor activities will be done.)
10:15-10:45	Snack/bathroom/tooth brushing
10:45-11:00	Morning meeting/book of the day
11:00-11:45	Activity time
11:45-12:00	Clean up/morning meeting
12:00-12:45	Wash up and lunch
12:45-2:30	Bathroom and rest/quiet activities
2:30-3:15	Clean up and snack
3:15-3:30	Afternoon meeting/bathroom
3:30-4:30	Outside/gross motor (In case of inclement weather, indoor gross motor activities will be done.)
4:30-4:45	Afternoon meeting
4:45-6:00	Music/free play/pick up

****PLEASE NOTE: THE CHILDREN ARE PERMITTED TO GO TO THE BATHROOM WHENEVER THEY NEED TO. THEY JUST NEED TO LET A TEACHER KNOW WHEN THEY ARE GOING. THEY ARE ALSO PERMITTED TO GET A DRINK OF WATER WHENEVER THEY WANT, AS LONG AS THEY LET A TEACHER KNOW. CHILDREN ARE SUPERVISED BY SIGHT AND SOUND WHEN USING THE BATHROOM.**

JELLYFISH/STINGRAY January 1st - July 31st SCHEDULE

Group Size: 15 children and 2 adults (at least one adult is a teacher (Stingray)

14 children and 2 adults (at least one adult is a teacher (Jellyfish)

6:30-7:00	Arrival (Owl Room)
7:00-8:00	Breakfast, free choice activities
8:00-9:00	Free play
9:00-10:00	Outside*
10:00-10:30	Social question and snack
10:30-11:00	Toothbrushing, circle, book
11:00-12:00	Activities
12:00-12:45	Wash up and lunch
12:45-2:30	Nap/bathroom and rest time
2:30-3:15	Clean up and snack
3:15-4:30	Circle/music/free play
4:30-5:30	Outside*
5:30-6:00	Pick up

* In cases of inclement weather, an alternative indoor gross motor activity will be offered in lieu of outside time.

***** PLEASE NOTE: THE CHILDREN ARE PERMITTED TO GO TO THE BATHROOM AND WASH THEIR HANDS WHENEVER THEY NEED TO. THEY JUST NEED TO LET A TEACHER KNOW THAT THEY ARE GOING. THEY ARE ALSO PERMITTED TO GET A DRINK OF WATER WHENEVER THEY CHOOSE TO AS LONG AS THEY LET A TEACHER KNOW. CHILDREN ARE SUPERVISED BY SIGHT AND SOUND WHEN USING THE BATHROOM.**

JELLYFISH/STINGRAY FALL & WINTER SCHEDULE

Group Size: 15 children and 2 adults (at least one adult is a teacher (Stingray))

14 children and 2 adults (at least one adult is a teacher (Jellyfish))

6:30-7:00	Arrival (Owl Room)
7:00-8:00	Breakfast, free choice activities
8:00-9:00	Free play and tooth brushing
9:00-10:00	Separate/free choice/circle
10:00-10:15	Snack
10:15-11:00	Activities
11:00-12:00	Outside*
12:00-12:45	Wash up and lunch
12:45-2:30	Nap/bathroom and rest time
2:30-3:15	Clean up and snack
3:15-4:30	Circle/music/free play
4:30-5:30	Outside*
5:30-6:00	Pick up

* In cases of inclement weather, an alternative indoor gross motor activity will be offered in lieu of outside time.

***** PLEASE NOTE: THE CHILDREN ARE PERMITTED TO GO TO THE BATHROOM AND WASH THEIR HANDS WHENEVER THEY NEED TO. THEY JUST NEED TO LET A TEACHER KNOW THAT THEY ARE GOING. THEY ARE ALSO PERMITTED TO GET A DRINK OF WATER WHENEVER THEY CHOOSE TO AS LONG AS THEY LET A TEACHER KNOW. CHILDREN ARE SUPERVISED BY SIGHT AND SOUND WHEN USING THE BATHROOM.**

SCREEN TIME:

Screen time is defined as any time when children are watching/attending to a device with a screen (phone, tablet, laptop, computer, television, etc.).

Screen time is to be used for educational purposes only and must be documented on the classroom curriculum. Instructional screen time is limited to 20 minutes per week.

An exception to this policy is for a special event. Children may watch a movie/show for a pre-planned activity such as a movie/pajama day, or for an impromptu activity such as inclement weather or other significant disruption to the typical routine. Screen time that exceeds the 20-minute per week limit and is not educational, may be used no more than one time per month (per classroom) and must be approved by the Directors of teacher in charge. Each usage will be logged in the office.

NAP TIME:

Our infant room has cribs available for every child who needs one. Older infants through our pre-K children are provided individual mats and blankets.

The infants sleep on their own individual schedules. All other classrooms have specific nap times (see classroom schedules).

Other than in the infant room, all children sleep on the floor on their mats. There is a mat chart in each classroom, indicating where each child sleeps. This is a set chart and only changes as children leave or enter the room or if a teacher feels it is necessary to relocate a child.

Each child, who needs support in managing behavior, will be approached, individually, depending on the situation. However, these guidelines will be followed as general rules for all children when discipline is the issue.

During nap time, the teachers in the room will rotate around the room and the proper ratios are always maintained. The teachers generally sit in the middle of the room doing paper work or course work. They will check on the children regularly and do rounds throughout the classroom. A child might be blocked by a book shelf, thus requiring the teacher to check on that child each time s/he does the rounds.

GENERAL SUPERVISION OF CHILDREN:

All children are supervised by sight and sound. The only exception is for preschool children, occasionally they will be observed by sound when they are going to the bathroom or at nap time. The older preschool bathroom is located outside the classroom with two separate stalls. The children go into the stalls alone but there is always a teacher present in the bathroom.

PLAYGROUND SUPERVISION:

Teachers position themselves around the playground (NOT clustered together) to provide adequate supervision, especially near equipment where injury could occur.

SCHOOL VACATION & SUMMER PROGRAM INFORMATION:

Melrose Day Care Center is open year round and during all school vacations. Our hours do not change during school vacations either.

Melrose Day Care Center is also open all summer long. The day care schedule runs similar to a summer camp from the end of June to the end of August. The main difference in the daily schedule is that the children will spend more time outside in the mornings and the afternoons. For example, morning free play and morning activities are typically held outside, weather permitting. The day care offers water play and field trips during these summer months.

CHILD GUIDANCE PLAN

At MDCC, we believe that each child will develop at his/her own pace, and that each child is capable of success. Our goal is to nurture each child's growth journey and to help them reach their fullest potential; to help them become their best selves. We understand that children often make mistakes while they are learning, especially while learning how to interact with others and to be members of a group. During these times, it is our goal to educate families about developmental behaviors and challenging behaviors that are common at different ages. Children and their needs are unique and individual, so we handle behavior management individually with each child and family. The following, however, is a general outline we use when guiding children's growth and development:

1. The staff will ensure that each child understands the expectations and rules of the group.
2. The staff will speak in a low, firm, supportive, and non-threatening voice at all times.
3. The staff will state when and why a behavior is unacceptable in clear language that is appropriate for the child's developmental level.
4. The staff will help the child accept responsibility for his/her behavior.
5. The staff and child will discuss other ways to achieve his/her objective. If the child is not able or willing to participate in the discussion, the staff will offer the child an alternative to achieve his/her objective.
6. The staff will use redirection (guiding the child to a more desirable outcome or activity) as a primary behavior management technique.
7. The staff will give the child the option to calm down in a mutually agreed upon location within the group and with supervision. The child will be able to engage in a calm-down activity, such as reaching a book, using a fidget, holding a special lovey, etc. Staff will remain close to the child and help the child resume group activity when the child is ready. When possible, the child will determine the length of time he/she needs before returning to the group. If this is not possible, the staff will help the child return to group activity within 1 minute per year of age (1 minute for a 1-year-old, 2 minutes for a 2-year-old, etc.).
8. If the child's behavior requires consistent individual attention that is affecting the overall care of the group, or if the child is not able to return to group activity appropriately, staff will call the family to pick the child up for the day.

9. In cases of escalating behaviors that cause injury to other children or staff or that cause disruption to the classroom, the staff and director(s) will work with the child's family to develop a plan to help the child while also ensuring care for the other staff and children involved. In these cases, MDCC may seek help from or refer the family to a specialist.
10. In cases of severe behaviors, such as biting or significantly hurting self or others in any way, MDCC reserves the right to send the child home immediately, without advanced warning.
11. Non-MDCC staff are not permitted to discipline children other than their own while at the Center.

WRITTEN PLAN FOR REFERRAL SERVICES

MDCC shall use the following procedures for referring parents to appropriate social, mental health, educational, and medical services for their child, should the Center staff feel that an assessment for such additional services or supports would benefit the child.

1. Any staff with a concern about a child will bring that concern to the child's main teacher(s) as well as to the director(s).
2. The child's main teacher(s) will review the child's file, including developmental history, documented communication with the family, past screenings and assessments, and any other relevant information.
3. The child's main teacher(s) will discuss the concerns and past communications with the family with the child's previous teacher(s).
4. After gathering information, the child's main teacher(s) will raise the concern(s) to the family, describing the observations, asking questions to gather information from the family, and informing the family that the teachers will be closely observing and documenting the child for a mutually agreed upon period of time.
5. At the conclusion of the observation period, the child's main teacher(s) will schedule a meeting to update the family of the observations. If the family is unable to schedule a meeting or if the observations eliminate concern, the teacher(s) may update the family via phone or email.
6. At that time, the teacher(s) will recommend next steps, which may include, but are not limited to, family and/or teacher(s) completing updated screening and/or assessment, implementing classroom strategies, further observation, or intervention from an outside consultant (with parental permission).
7. The teacher(s) may refer the family to other support services at any time after the initial observation/documentation period and family meeting if they feel that referral is in the best interest of the child. The teacher(s) will provide the family with a current list of referral resources.
8. Families must notify MDCC in writing as soon as possible if their child is receiving or qualifies for support services.

PROCEDURE TO AVOID SUSPENSION AND TERMINATION DUE TO CHALLENGING BEHAVIOR:

At MDCC we believe that each child is on his/her own journey, growing and developing in his/her own unique way and pace. At times, a child's journey may include challenging behaviors. The teachers and director(s) strive to support all the children and families in a safe, nurturing environment, which includes balancing the needs of an individual child's challenging behaviors with the needs of the Center (including all other children, families, and staff). The following are steps the Center will take to avoid suspension or termination of a child's enrollment. **Please note** that if circumstances arise that require immediate suspension or termination, MDCC may not be able to follow this protocol.

1. The teacher(s) will schedule an initial meeting with the family to discuss the behavior and outcome of strategies and supports that have been attempted in the classroom so far.
2. The teacher(s) will discuss options with the family including, but not limited to, modifying the length of the child's day, referral options, and other Center interventions and supports. Common Center interventions and supports include social stories, visual cues/prompts, adjusting sensory stimuli, increasing movement breaks and methods, explicit individualized communication, modifying classroom environment and/or schedule, and short-term 1-on-1 supervision (shadowing).
3. The teacher(s) will set a plan and time frame (typically 2-4 weeks) to implement next steps for behavioral intervention (from the options above) as well as a follow-up meeting with the family.
4. If the behavior continues or if staff or children are continually injured due to the challenging behavior, the director(s) will intervene in further plans. The director(s) will offer consultation services for the child at the Center (only with parental permission) and training/support for the teacher(s). The teacher(s) and director(s) will implement additional strategies, including recommendations from consultants and training, that are within the means of the Center.

Please Note: In cases where a particular child is consistently being hurt, the teachers and/or director(s) will schedule a meeting with the family of the injured child to discuss the measures being taken to manage the situation. If your child is being hurt, and your child's teacher or a director has not reached out to you regarding this meeting, please contact the director(s).

The following means of discipline are strictly prohibited:

1. Corporal punishment, including spanking
2. "Time out"
3. Cruel or severe punishment, humiliation, or verbal abuse
4. Denial of food as a form of punishment
5. Shame or punishment for soiling, wetting, or not using the toilet
6. Physical restraint as a form of behavior management or punishment (including being confined to a swing, high chair, crib, etc.)

Suspension: If a child's behavior puts him/herself, staff, or other children at risk of injury, the director(s) will request that the child remain home for a period of time that the director(s) deems sufficient to determine next steps, attempt to break the cycle of behavior, and/or ensure safety. The period of time could range from immediate dismissal for the remainder of the day to up to 1 week. The family will remain responsible for tuition throughout this time.

Termination: Circumstances may arise that indicate that MDCC may not be a suitable placement for a child or family. MDCC reserves the right to request that a child or family leaves the Center, either immediately or by a specified date, if that decision is in the best interest of the Center as a whole. The family will receive a written notification explaining the reason for the enrollment termination. Whenever possible, the child's class will have a special snack on the child's last day, so the children have an opportunity to say goodbye. If the family would like, the Center will also provide a list of options that may benefit the child, including referral options or other placements or strategies. The following actions are considered due cause to terminate a child's or family's enrollment at MDCC:

1. Excessive biting
2. Severe behavior challenges that cannot be resolved and endanger the child and/or other children
3. Needs that require consistent one-on-one attention for a period of more than 30 days
4. Individual needs that the Center cannot accommodate
5. Family refusal to follow-up with referral recommendation by Center staff
6. Family refusal to cooperate with Center policies
7. Failure to pay tuition on time
8. Repeatedly picking a child up late from the Center
9. Any other circumstances that may be disruptive to the Center

*** The Center always reserves the right to immediately terminate an enrollment if it is in the best interest of MDC**

RESOURCE AND REFERRAL LIST

The following is a list of local services available to families and children, however it is not exhaustive. Some service contacts differ based on residency and some points of contact change over time. Therefore, the director(s) will provide updated contact information and additional referral information as needed.

Social Services:

North Suburban Child and Family Resource Network: 781-279-0300

WIC: 781-338-7578

Child Care Circuit: 978-686-4288

Mental Health Services:

Eliot Community Human Services (formerly MSPCC): 781-861-0890

DCS Mental Health Inc.: 781-396-1199

National Alliance on Mental Illness (NAMI): 617-580-8541

Educational and Special Needs Services:

Early Intervention: services for children from birth to 3 years old

Melrose area: Mary Bishop 781-935-3855

Public School Child Find: services for children from 2 years 6 month through 22 years old

Melrose: Kim Leonard 781-462-3258

Communitas (formerly Emarc): 781-587-2200

Children's Neuropsychological Services: 978-749-2700

Federation for Children with Special Needs: 617-236-7210

Office of the Child Advocate: 617-979-8374

Medical Services:

Melrose/Wakefield Healthcare: 781-979-3000

Offering a variety of medical services and therapies; fam

ily, maternity, and post-partum support; as well as affiliations with local doctors and area hospitals

Mass Health: 800-841-2900

SPECIAL NEEDS POLICY

When a child with a developmental delay or a special need would like to enroll at our Center, the Director will meet the family and take them on a tour of the Center.

If the child requires one-on-one care, due to the size of the group and teacher to child ratio, we may not be able to service the family. In this case, professional referrals will be given to the family.

Before the child enrolls, the Director meets with the staff to explain the child's particular needs. If the child has an IEP (Individual Education Plan), staff are made aware of the plan.

After the child enrolls, parents are included in all conferences regarding the IEP and the development of the child. Staff will meet regularly with the Director to discuss the IEP, as well as the program of the child.

INSTITUTIONAL ABUSE AND NEGLECT POLICY

Whenever any incident of suspected abuse or neglect by any staff member of the Day Care Center is reported to the Director, the Director shall immediately notify the Board of Directors, and together they will investigate the allegation. If, as a result of this investigation, these people have "reasonable cause to believe" that a child is suffering from physical or emotional injury resulting from abuse, including sexual abuse or from neglect, the Director will notify the parents of the child and shall report the condition to the Department of Children and Families as per the Massachusetts General Laws, Chapter 119, Section 51-A. Immediately when a 51-A report is made, the accused staff person shall be suspended without pay. The Director and the Board of Directors shall consider the results of the DCF investigation and other relevant information to determine whether further disciplinary action, including termination, shall be taken or whether the accused staff member shall be reinstated if there is no indication that the staff person acted inappropriately.

In the event that an outside person or agency files a 51-A report raising concern about suspected abuse of a child in the program by a staff person, the Board of Directors shall immediately be notified. The suspected staff member shall be suspended without pay immediately. The Director and/or the Board of Directors will review the results of the DCF investigation and other relevant information to determine whether further disciplinary action, including termination, shall be taken or whether the accused staff member shall be reinstated if there is no indication that the staff person acted inappropriately.

Depending on the results of the allegation and the regulations of the Department of Early Education and Care, the person can return to work. However, until the investigation is complete, the allegedly abusive or neglectful staff member will not work directly with children. The Director will also notify EEC after filing a 51A report or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the program or during a program related activity.

Melrose Day Center will cooperate in all investigations of abuse and neglect in any way the office deems necessary.

In the event that a staff member suspects abuse or neglect of a child by a parent, family member, staff member, or any person who may be associated with that child, that staff member is responsible themselves to report the suspected abuse or neglect to the Department of Children and Families. The staff member should inform the Director of the suspected abuse or neglect but it is the staff member's (not the Director's) responsibility to make sure that a 51-A is filed through the Department of Children and Families. All staff are mandated reporters.

Department of Children and Families: (617) 748-2000 Boston; (781) 388-7100 Malden

Department of Early Education and Care: (617) 988-6600 Boston; (978) 740-3060 Salem

STAFF INFORMATION

The staff, along with a brief description of their duties, are listed below:

REPORTING RELATIONSHIPS:

All lead teachers, teachers, volunteers, the cook and the administrative assistant report directly to the Directors. The teacher assistants, volunteers and substitutes report to the lead teacher of the room.

DIRECTOR/PROGRAM ADMINISTRATOR:

The Director, along with the Board of Directors, sets all the policies relating to the operation of the day care, supervises all staff, oversees daily functioning of the program, and monitors all the finances of the Melrose Day Care Center, Inc.

The Director is the liaison for the parents, staff, and Board to each other and the community. Although parents should discuss day-to-day issues with the teachers, the Director is also available if you feel the need to discuss certain issues in more detail.

The Director is certified in Infant/Child First Aid and Infant/Child CPR. A Criminal Records Check is also done on the Director upon her/his employment and every 3 years thereafter.

The Director has a minimum of a Bachelor's degree with 9 credits in administration, leadership or management and at least 24 credits in Early Childhood Education, Child Development, Elementary Education or Special Education.

LEAD TEACHERS:

Lead Teachers (called a Teacher through NAEYC) are either working on or have an Associate Degree or higher in Early Childhood Education, Elementary Education, Child Development or Special Education and have at least one year of experience in an accredited program or three year's experience in a non-accredited program. They are responsible for overseeing their room. They work with the teachers or assistant teachers to plan and implement the daily curriculum, provide progress reports for each child at least twice per year, as well as maintain effective daily communication between parents and staff.

All lead teachers are certified in Infant/Child First Aid and Infant/Child CPR. Criminal Records Checks are also done on all lead teachers, upon their employment and every 3 years thereafter.

TEACHERS:

Teachers all have at least one course in Early Childhood Education and varied experience working with young children (as defined by the Department of Early Education and Care – EEC). Many of our teacher qualified staff (as defined by EEC) are considered assistant teachers

through NAEYC. All assistant teachers (as defined by NAEYC) have graduated from high school or have their GED and are working toward (or have obtained their CDA) Child Development Associate. And they must have at least 9 months experience working with children the same ages of children in their classroom. The teachers in each room work with the lead teacher to plan and implement curriculum, fulfill the necessary amount of progress reports for each child, and maintain a pleasant flow of communication between themselves and the parents.

All teachers are certified in Infant/Child First Aid and Infant/Child CPR. A Criminal Records Check is done on all teachers upon their employment and every 3 years thereafter.

TEACHER'S AIDES:

The aides may be full or part time. They are responsible for helping the lead teachers and teachers with the children and their daily activities. They are also responsible for doing things that the lead teachers or teachers may not be able to do because they are needed to be with the children. Some of these duties may be: washing snack dishes, putting away yard toys, snack preparation, etc. Teacher's aides are never left alone with a group of children.

All aides are certified in Infant/Child First Aid. A Criminal Records Check is done on all aides seventeen years or older upon their employment and every 3 years thereafter.

ADMINISTRATIVE ASSISTANTS:

The Administrative Assistant positions can be either a part time or a full time position. They are responsible for handling the general business management and record keeping of the day care, including paying all bills and doing monthly invoices for families enrolled at the Center. They are also responsible for all filing, maintaining staff and child records, doing general typing for teachers and the Director, and ordering supplies for the office and classrooms. They assist the Director with enrollment and monthly state billing. They also answer the phones, set up appointments, and take messages. A Criminal Records Check is done on all Administrative Assistants upon their employment and every 3 years thereafter.

COOKS:

The cooks plan the menus, buy the food, prepare all food, and clean up the kitchen. The Administrative Assistant posts the menus each week. A Criminal Records Check is done on all cooks upon their employment and every 3 years thereafter.

SUBSTITUTES:

If a staff person is absent and our staff:child ratios are out of compliance, substitute teachers will be hired on a day-to-day basis. The Center also has a floating teacher, who is used to cover for permanent staff when they are out sick or on vacation. Any sub who is not teacher qualified

(EEC regulations) will always be under the direct supervision of a qualified teacher. A Criminal Records Check is done on all substitutes upon their employment.

STUDENTS/VOLUNTEERS:

Periodically, local schools, universities, or youth organizations will ask to place a student in our program as a learning experience. All students are carefully screened by the Director and given close supervision. The same is true of volunteers. All students/volunteers are under the direct supervision of an EEC qualified teacher. A Criminal Records Check is done on any regularly scheduled student or volunteer. If a student or volunteer is coming in for a brief observation or visit, a CORI would not necessarily be done, however, these people are NEVER left unsupervised with children. MDCC staff would always be present when the student or volunteer is with children.

The Director or designated supervisor will be responsible for documenting the dates, hours and responsibilities of each volunteer. This document will be initiated weekly by both the volunteer and their supervisor. Upon completion of the volunteer period, the document will be placed in the volunteer's file.

All volunteers go through the same orientation that paid staff go through.

CORI POLICY:

All employees and volunteers undergo a criminal records check prior to employment. Without a completed criminal records check (through EEC and DCF), the staff person cannot begin work at MDCC. The CORI is re-done every 3 years. If there is a question on the CORI once it is returned, the Directors will use their discretion to determine the status of the employee's possible or continued employment at MDCC.

As a condition of employment at MDCC, we must receive a satisfactory completion of a complete Background Record Check investigation, including CORI, DCF, SORI and fingerprint-based checks.

PARENT INVOLVEMENT

COMMUNICATION:

Teachers and parents need to be in frequent contact with each other. Try to speak with the teachers when you pick up your child. The infant rooms give a daily sheet to all parents, describing what your child ate, when they slept, and any other important facts you need to know about your child's day. Most rooms will jot down on a white board in the room what was served for meals that day and anything special they did during the day as a group.

In addition to this, some parents like having a teacher/parent notebook available so they can further communicate with their child's teacher. Typically, these notebooks are filled out on a weekly or bi-weekly basis. The teachers will write a little note and send it home on the last day of the week for your child and then we ask that the parent writes in the notebook over the weekend and brings it back to school the following week. This is a nice way to facilitate conversation with your child about what happens at school. It also really helps to improve teacher/parent communication. If you would like to have a daily or weekly communication notebook, please speak to your child's teacher about this.

The directors and administrative assistant use email as a regular form of communication to families as well. All classrooms also have their own individual email account. We have one classroom who has created a blog for the families. We also have a website where information is posted as well as a Facebook page.

Families are always welcome to call the Center as well. Teachers will call parents when necessary as well.

These methods help to keep parents and staff mutually informed so that a consistent and sensitive environment can be created for the children.

In addition to the daily communication, each classroom writes and distributes a monthly newsletter. This newsletter has important notices in it such as special events which are going to occur during the month, any days the Center would be closed during the month, and the overall classroom schedule (theme) for the upcoming month.

In cases where a family needs communication in a language other than English, the appropriate (translated) materials will be provided to the family. If a translator is necessary, that will be provided as well.

For all classrooms: All classrooms will be as sensitive to the individual needs of the children in the room as much as possible. In certain classrooms, each teacher will be specifically in charge of a certain group of children for things such as their bi-annual evaluations and any other specific developmental issues relevant to the child. Some of our classrooms, however, work together on these things, so the group is treated as a whole. However, if you would prefer for a specific teacher to handle these more "major" things for your child, please either speak to the teacher yourself or talk to one of the Directors.

ASSESSMENT PLANS FOR CHILDREN:

Children's progress is assessed at least three times a year. For children with disabilities and for children under 15 months of age, their progress is assessed at least 4 times a year. Upon entry, teachers observe children using checklists or progress reports and document their observations. Any concerns observed are shared with the Director and then with parents.

In addition, two written progress reports are completed for each child, every six months. If the child is under 15 months a progress report is done every three months. Children are observed

during the classroom day by staff and observations are documented in anecdotal records or checklists. Teachers will also observe and identify children's interests and needs. Children may be asked to do individual tasks identified in the progress reports if the teacher has not observed these tasks previously. Teaching teams meet together to discuss each child individually and complete the written progress report.

Families are notified when the progress reports are being completed and invited to meet with their child's teacher to discuss the progress reports. Individual day and/or evening meetings are scheduled with teaching staff and families to meet and discuss the progress reports. Copies of the completed progress reports are given to each family. Strengths and goals are developed for each child. Families are invited to contribute to this area.

Children's progress reports are filed in their individual files and kept confidential. Information regarding a child's progress is only shared outside the program with written permission from the child's family.

Teachers use the information gathered during this assessment period in a variety of ways, such as:

- Using children's interests to identify curriculum themes;
- Plan curriculum and classroom environment to meet the needs of the children in the classroom;
- Adapt curriculum, teaching practices and classroom environment to meet the individual needs of each child;
- Set individual goals for the children;
- Identify areas of the curriculum that need improvement;
- Identify children who may need referrals for additional developmental screening at the public school or other community resources.

CLASSROOM PARTICIPATION:

Parents are encouraged to visit the Center throughout the year. You may want to share in a daily activity or plan a special project to do with the whole group. Although parents are free to drop in any time, if you would like to participate in an activity, please let your child's teacher know in advance.

PARENT CONFERENCES:

Scheduled conferences for the parents and teachers are of tremendous importance in setting appropriate goals, exploring the child's needs and discussing areas of concern and progress. The teachers strive to set these up at convenient times for parents to attend but if an alternative time is more convenient, we are willing to accommodate that. The teachers try to give parents specific ideas in regards to their development at home and at school. Teachers will schedule a minimum of four conferences for infants and two conferences for toddlers, and preschoolers. Others can be arranged as needed. If parents would like to discuss programmatic issues rather than child-focused issues, please arrange an appointment with the Director.

BOARD PARENTS:

Each year, a parent or parents will be asked to serve on our Board of Directors as a parent representative. These parents will serve as liaisons between the Board and the classroom. They will attend board meetings five to six times a year and help with various board events throughout the fiscal year. The busiest time for board enrollment is at the beginning of our fiscal year, which is on July 1st. According to the Board's By-Laws, it cannot be comprised of more than 50% parent representatives. As openings become available, the Director will ask parents if they are interested in serving on the Board. We try to have a parent representative from each age group in the Center.

SPECIAL EVENTS:

Parent/Board/Staff events are held throughout the year. They will be held in the mornings or evenings and may take the form of pancake breakfasts, potluck dinners, workshops, etc. These events are good times to meet other parents, speak with Board members, and chat with the staff on an informal basis. Parents are encouraged to make every effort to attend these gatherings.

EMAIL:

The day care communicates regularly through email. All newsletters and other correspondence are sent via email. Parents will be asked for their email address upon enrollment and are then responsible to inform the office of any changes. We do this for efficiency purposes as well as to strive to be more "green" by saving paper.

WEB SITE:

The day care center also has its own web site. melrosedaycarecenter.com. All sorts of things are available on the web site: a full copy of the parent handbook, our menu, event photos, child rearing tips, etc., etc.

PARENT BULLETIN BOARD:

The large bulletin board to the left when you enter the day care center from the playground will have information posted for parents. There is also a smaller bulletin board to the right as you enter the brown doors off the parking lot with parent information on it. Please take a minute to look at one of the boards each day.

PARENT "MAIL BOXES":

In an effort to become more environmentally friendly and to cut costs, the daycare is sending out all information to parents by email. If there are any notices or letters from the Director, or a teacher, they are emailed to parents. If parents do not have email or do not want information sent to them this way, they should come to the office to ask for a hard copy of all information that is sent out. Remind parents to check their emails daily because often the letters have requests for

information with deadlines. In addition, a hard copy of information will be attached to the parent board as you enter the daycare by the brown doors.

All parents have mailboxes in their own individual classrooms for any information that cannot be sent by email and for children's craft projects. Please ask your child's teacher where your specific mailbox is located. Please check your mailbox daily also. Staff members must receive authorization from the Director before disseminating any information to parents in their mailboxes.

FUNDRAISERS:

During the year, Melrose Day Care Center holds many fundraisers and participates in a lot of community events. In order to do this, we need help and support from parents. The proceeds from these fundraisers are typically used for "extras" and enrichment activities for the children, which are over and above our annual program budget.

HEALTH POLICIES

IF YOUR CHILD HAS AN EPI-PEN, EMERGENCY MEDICINE OR A CHRONIC MEDICAL CONDITION, WE WOULD NEED AN INDIVIDUAL HEALTH CARE PLAN FORM FILLED OUT.

With written permission from a child's health care practitioner, a parent may train staff in the implementation of their child's individual health care plan.

Your child's doctor must complete the Massachusetts School Health Record, including the lead screening, or provide us with a similar form of his/her own.

You must also fill out all enrollment forms prior to your child's first day at school.

Children must have had a complete physical within six months of the completion of the medical form. This form along with the other enrollment forms must be updated every year on or before your child's anniversary date.

For the sake of your child's comfort and the health of the other children, please keep your child home if any of the following conditions exists:

- fever
- diarrhea
- vomiting
- untreated infection, e.g. strep throat, ear infection
- infectious rashes
- contagious conditions, such as lice or chicken pox

If your child has an infection that requires antibiotics, s/he can return to the Center after they have been on the antibiotic for at least 24 hours and only if no fever is present.

If your child is sent home with a fever, s/he must be fever-free for at least 24 hours **without medicine** before s/he may return to school.

If your child has a communicable illness, e.g. lice, strep throat, chicken pox, etc., you must let his/her teachers know; they will inform the other parents and the Center's health care consultant.

If your child becomes sick while in our care, your child's teacher will call you to take your child home. If you cannot be reached, your delegated "emergency" person will be expected to pick up your child and provide care until you return. Please be sure that the people on your emergency list understand that responsibility. Your child will be placed in a quiet, cozy area in the Center and will be supervised until you or the emergency person arrives. If a parent is asked to pick up their child, they must arrive at the center to pick up their child within 1 **hour** of the time of the phone call.

Prescription medicine can be administered by staff **ONLY** with a note written by the child's doctor specifying dosage and restrictions. Medication must be in the original prescription container. Non-prescription medication may be administered by staff, but we also need a doctor's note specifying dosage and duration.

It is a requirement from the Department of Early Education and Care (EEC) that all children 12 months and older must have a lead screening done prior to enrollment in the Center and then **annually** after that.

Although we understand that it is difficult for a parent to miss work, in many cases it is not in the best interest of the sick child and/or the center community to have the child at Melrose Day Care Center. The MDCC health policies set up the basic criteria that MDCC follows regarding necessary treatment, and exclusion of MDCC care, for common conditions found in early childhood. In general, we ask a parent not to bring their child to MDCC if their condition is contagious, requires medical treatment, or if the child is obviously too uncomfortable functioning in group care. Also, if your child's condition requires a 1:1 ratio or if it interferes in any way with the adult/child ratio, we are unable to allow them to attend MDCC that day. For example, we cannot accommodate requests to keep a child inside for the day due to mild illness (cold) or due to weather. The only way this would be possible would be if part of the group happened to be staying in anyway.

The MDCC staff try to be reasonable when determining whether or not a child is sick; however, we do adhere strictly to the health policies, for the benefit of the sick child and the total group. If a parent is asked to pick up their child, they must arrive at the center to pick up their child within 1 **hour** of the time of the phone call. If a parent will not be at their usual number, they must leave the number where they can be reached in case their child becomes ill during the day. If your child appears to have symptoms of illness, as described in the policies listed below, please keep her/him home. When in doubt, a parent is welcome to call the center in the morning to ask for advice in judging the condition. Please try to call before 9:00 a.m. if you know your child

will not be coming to school that day, as this helps us to identify similar symptoms in other children and it also helps in program planning.

Notification of any highly contagious condition (chicken pox, etc.) is very important to us, and we do post notices of such illnesses to inform all parents.

For children who are enrolled in a public or private school outside of the Center, if the child was to get sick while at their public or private school, the school should call the parent directly, not the day care center. If we were to get a phone call from your child's other school during the day, informing us that your child was sick, we would inform the school that they must call the parent to notify them directly. We would provide them with the appropriate phone number if they needed it. We would then try to call the parent ourselves to inform them that their child's other school was trying to contact them because their child was sick. In these cases, the child would not be allowed to return to MDCC. They must be picked up by the parent at their other school and taken home.

For those situations where a parent may need substitute child care, Parent's in a Pinch (part of Care.com): 855-781-1303 provides listings of individuals willing to care for sick children:

DIARRHEA:

A child will be sent home if s/he has had 2 watery stools. If we do not have an explanation from your Doctor, and the diarrhea continues (one more time) on the day your child returns to MDCC, your child will need to go home. Children may return to the center once they have had a firm stool. However, if your child has one diarrhea the day before and then comes to day care the next day and has one more diarrhea, s/he will need to go home, regardless of whether or not they had a firmer stool at home the previous night.

Your child may return to the center with occasional diarrhea, due to antibiotics, teething, etc. only if we have written or verbal notification from your pediatrician that the diarrhea is not due to a contagious illness. The only exception to the requirement of a Doctor's note for diarrhea, which is being caused by an antibiotic, is in the case of Augmentin. Since diarrhea is such a common side effect of the antibiotic Augmentin, our health care consultant said that this can be the one exception. In other words, if your child is on Augmentin and is experiencing **NO** other symptoms other than the diarrhea, it would be **OK** for your child to attend day care **unless** there is a stomach bug in the center. In which case, the child would be sent home after 2 watery stools as the diarrhea policy states. Since our health care consultant has approved this, this is the one exception where a Doctor's note is **not** required if your child has diarrhea as a result of taking Augmentin.

If diarrhea is only caused by antibiotics, but the antibiotics are also causing distressful cramping, we will ask that your child be taken home if s/he is very uncomfortable.

VOMITING:

A child who vomits at MDCC must leave the center immediately, returning twenty-four hours after the vomiting has stopped if s/he is well enough to participate with the rest of their classroom. If your child vomits at home during the night or early morning, s/he cannot return to MDCC until the vomiting has stopped for twenty four hours. (Vomiting for a non-health related reason such as motion sickness is not considered an illness and would not exclude a child from MDCC.)

COLDS:

Normal colds may occur frequently in early childhood and children with very mild symptoms such as a runny nose or slight cough may be in the center. However, if your child is not well enough to participate with the rest of their classroom, then they will not be permitted to attend school that day. The center does not have the staffing to provide 1:1 ratios for children who are feeling sick. Please remember that a child must also be well enough to play outside to be at MDCC.

FEVER:

Parents will be called and asked to pick up a child who has a 101 degree temperature or higher. Although, often times we will still contact parents even if their child's temperature is under 101, just to let them know that their child has a slight fever. The child may return to MDCC within 24 hours **ONLY IF** the fever was under 101, **ALSO ONE OF THE PARENTS MUST BE REACHABLE BY PHONE AND BE ABLE TO ARRANGE PICK-UP** in case the teachers observe that the child is not well enough to be at **MDCC** after all. And fever-free means no evidence of a fever for 24 hours **WITHOUT** any type of medication. So giving a child Tylenol to reduce their fever and then bringing them back to school is not allowed. In these cases, typically the child's fever will spike as soon as the medication wears off and we need to call the parent again the very next day to pick their child up. This is unfair to the other children in the classroom and to the teachers because children who have fevers as high as 101 should not be in day care and they cause the other people around them to get sick. We are trying to control other children getting sick by prohibiting sick children from coming to day care.

MDCC typically cannot give fever-reducing medication to your child. In other words, if your child has a fever, you cannot send them in with Tylenol or some other over-the-counter medication to reduce their fever. If they have a fever of 101 or higher, they are not allowed to be in day care. However, if we had a doctor's note to administer Tylenol, we would give it to the child to make them comfortable while waiting for the parent to pick up.

If the fever was 101 or higher, the child must remain out of the center until at least 24 hours from the time the fever breaks (this is not necessarily 24 hours from the time the child leaves **MDCC**). An exception to this would be if the fever was caused by an ear infection for

which the child was now taking an antibiotic. If this was the case, we would need a note from the child's doctor, stating that their fever was due to an ear infection.

PLEASE NOTE: Often times certain immunizations cause fevers. If we have a note from your child's doctor stating that the fever is due to the immunization, we can allow the child to remain at day care.

The fever policy is based on mutual trust and respect for the judgment of teachers and parents. It is not designed to allow for care for mildly ill children, but to allow for flexibility to assess children's recuperation from fever producing illnesses on an individual basis. This is done for the benefit of the parent, but not to the detriment of the child, other children, or teachers. The policy will not work without total cooperation between teachers and parents.

RASHES:

Solid red, tender, warm areas that are spreading may be caused by infection. Many infections that affect the whole body are associated with rashes. Many rashes look alike; frequently, even the doctor cannot make a definite diagnosis. The best clues are provided by any other symptoms accompanying the rash and knowing what's going around. For ex., where did the rash begin on the body, was there a recent injury, medication, food?

Although most rashes are more troublesome than dangerous, there is a group of rashes associated with severe and life-threatening illness. These rashes look like little blood spots or bruises under the skin. Children may develop little blood spots around their faces and necks from crying hard or vomiting, but when this type of rash appears elsewhere on the body without being explained by injury, a health professional should be called **immediately**. A rash from spontaneous bleeding into the skin signals serious disturbances in the body's bleeding control systems. **Spontaneous blood-red or purple spots or bruises appearing without injury should be treated as a medical emergency. Also, a rash of hives or welts that appears quickly should be evaluated immediately by a health care professional.** Fortunately, these illnesses occur rarely.

If a rash or hives are present on a child and seem to be getting worse or if the child just doesn't seem to be feeling well (in conjunction with the rash), the parent will be called to pick up their child. The child must be seen by a doctor to determine the severity of the rash and whether or not it is infectious. The child may return to daycare when the rash is gone or with a note from the doctor stating that the rash is not infectious and that the child is fine to attend daycare.

PLEASE NOTE: If a fever, vomiting, diarrhea or other symptoms are present along with the rash, then those particular health policies would also apply.

FIFTH DISEASE:

Fifth Disease is a virus that most often affects children. It starts with a headache, body aches, sore throat and possibly a low grade fever. Then a rash will appear (bright red) on the cheeks and possibly a lacy rash elsewhere on the body.

By the time the rash appears, children are no longer contagious, thus do not need to be excluded from daycare unless other infectious symptoms are present.

Careful hand washing is the best protection against the spread of Fifth Disease.

IMPETIGO:

There are two types of impetigo: one caused by strep and the other by staph. A culture must be taken to determine which bacteria is causing the impetigo. If it is strep, as is usually the case, a child may return to MDCC 24 hours after medication is applied. If it is staph, the child must be out for 72 hours after application of the medication.

CONJUNCTIVITIS:

This is a highly contagious infection of the eye, characterized by tearing, a yellow/green discharge, and/or "pink eye". If it is suspected, we will call you and ask you to take your child and have her/him checked by a doctor. If the diagnosis is confirmed, your child must be on antibiotics for 24 hours before returning to MDCC, and then only if the yellow/green discharge is gone.

In cases where a child has a diagnosed (by your child's pediatrician) blocked tear duct, we will need a note from your child's pediatrician stating this. However, if conjunctivitis is running through the classroom **AND** your child's eyes are producing a yellowish/green discharge, then your child will need to go home and cannot return until they have been on the antibiotic for conjunctivitis for 24 hours **AND** their eyes have **completely** stopped producing the yellowish/greenish discharge.

Usually, the first symptom of a blocked tear duct is excessive tearing, ranging from a wet appearance of the eye to tears running down the cheek. Babies who have blocked tear ducts usually have symptoms within the first few days to the first few weeks after birth. If infection develops in the eye's drainage system for tears, inflammation that includes redness and swelling may develop around the eye or nose. Also, yellow/green mucus can build up in the corner of the eye, and the eyelids may stick together. In severe cases, infection can spread to the eyelids and the area around the eye. If there is yellow/green mucus from an infection, the child cannot be at MDCC until the yellow/green discharge is gone.

As in the case of diarrhea, if conjunctivitis is running rampant in a particular classroom, a doctor's note (stating that your child's "goopy" eyes are **NOT** contagious) is **NOT** permitted. We do this for the health of all children in the classroom. Because conjunctivitis is so contagious, it is very difficult for us to discriminate among the different children's "goopy" eyes. Thus if it is prevalent in the classroom, we **CANNOT** honor a doctor's note. Your child must go home and cannot return until they have been on the antibiotic for 24 hours **AND** when their eyes have stopped gooping.

STREP THROAT:

Strep can cause a variety of symptoms. You should have your child checked for strep if s/he has a fever, rash, and/or sore throat. If a child has strep throat, s/he must be on antibiotics for 24 hours before returning to MDCC.

COXSACKIE:

Hand, food, and mouth syndrome is a mild disease caused by a germ called coxsackievirus. Symptoms may include fever, sore throat, stomach pain and diarrhea, and a rash of tiny blisters on the palms of the hands, soles of the feet, and in the mouth. It is most common in the summer and fall, and the virus can be shed in the stool for many weeks.

If children are well enough to attend the program, there is no need to exclude them. Because the virus is contagious before symptoms begin, other children and staff have already been exposed.

CROUP:

Croup is caused by an inflammation of the larynx, usually following a cold. The major symptoms of croup are labored breathing and a harsh "barking" type of cough. A child with croup may not be brought to the center until the "barking" has stopped, which can take from a few days to 2 weeks in more severe cases.

CHICKEN POX:

Children who have chicken pox should not return to MDCC until all of the pox are dried up and scabbed over in order to prevent the spread of the disease. This usually means the children are out for 5 to 7 days.

EAR INFECTIONS:

Many ear infections are accompanied by a fever and in these cases we do follow the policy regarding fevers. Occasionally, there is no fever but it is often apparent that the child with an ear infection is very uncomfortable and out-of-sorts. In these cases, even though ear infections are not contagious, your child will either have to leave day care or will not be allowed to come to day care. It is important to trust the teacher's judgment on this matter.

If a child has to go on an antibiotic for an ear infection, they do not have to wait the 24-hour waiting period.

TEETHING:

Infants and toddlers present a special health problem due to teething. Teething is often accompanied by a slight fever, diarrhea, and general cold symptoms, none of which are contagious but do make your child feel unwell. We will try to ease your child through this time,

especially by following the methods that have been successful at home. If the day seems particularly stressful for your child because of teething, we may suggest that you pick him/her up early.

MONILIA/THRUSH:

These are yeast infections (candida/fungus) which appear as white spots or patches inside the mouth (thrush) or in the genital area (monilia). Once discovered, parents will be called to remove the child from the center so that the child may be taken to the doctor for appropriate antibiotics. A child with monilia may return to MDCC on the following morning, after receiving the antibiotic, since the infection will be covered by the child's clothes. However, since the infection is contagious, a child with thrush must be on the antibiotic for 24 hours before returning to MDCC, as it is impossible to control completely the transmission of an infection in the mouth.

LICE:

Head lice are tiny bugs, approximately 1/8th of an inch long and tan in color. They do not transmit disease, but they do bite and they do spread easily because they lay eggs (nits) and are able to be transmitted from a head onto something or someone else. The nits are grayish-white, oval, and tiny, and they adhere tenaciously to hair strands about 1/2 to 1 inch from the scalp. The noticeable symptom of lice is itching, and the child often constantly scratches the head. MDCC occasionally has lice epidemics; when it occurs, guidelines for the fairly simple treatment of the hair will be posted in the Center. If a parent would like a specific copy, they can request one from their child's teacher. If lice or lice eggs (nits) are found on a child's head, parents will be called to pick their child up immediately. If your child has lice or nits or is sent home with lice or nits, they cannot return to school until their head is free of all lice and nits. Even if the nits are dead, it is too difficult for us to determine whether or not some could be alive; so the child is not permitted to return to MDCC until their head is **completely free of any evidence of lice or nits.**

ANTIBIOTICS:

When a child is being treated with antibiotics, s/he must remain home for at least the first 24 hours of treatment. If a child is on the antibiotic for the first time, then the 24 hour waiting period always applies, except for in the case of an ear infection. Since ear infections are not contagious, the 24 hour antibiotic waiting period does not apply. However, keep in mind that under our specific ear infection policy, if the child is not feeling well enough to come to day care or seems very uncomfortable, they will not be allowed to attend day care regardless of the 24 hour waiting period. The other exception to the 24 hour waiting period is monilia. Again, if it is an antibiotic which the child has taken previously, and the child feels fine, then they are still allowed to attend day care.

Please remember that antibiotics are only effective when taken as per their prescribed dosage and duration. Keep us alert to any side effects your child may experience from the medication to prevent us from suspecting another illness. If the side effects are strong enough to cause the

child to feel unwell and too uncomfortable to be in group care, you will be asked to pick up your child.

If your child is on the antibiotic, Augmentin, and is experiencing NO other symptoms other than the diarrhea, it would be OK for your child to attend day care **unless** there is a stomach bug in the Center. In which case, the child would be sent home after 2 watery stools as the diarrhea policy states.

LEAD POISONING:

When you make appointments for your child to have their physical, please remember to also get a lead test. The law has changed and all children now need to be screened once between the ages of 9 and 12 months, and again at ages two and three. Many older homes in the area were painted with paint containing lead and it would be dangerous to the health of a child if s/he has consumed any chips or particles of this paint.

In addition, children who live in one of the cities and towns at high risk for childhood lead poisoning, as determined by the State Program and distributed to clinicians and the public, shall be screened at age four. The high risk communities are: Boston, Brockton, Cambridge, Chelsea, **Everett**, Fall River, Fitchburg, Haverhill, Holyoke, Lawrence, Lowell, Lynn, **Malden**, **Medford**, New Bedford, Pittsfield, Salem, Somerville, Springfield, and Worcester.

We can no longer accept doctor's notes that the child does not need to have a lead test. We need written proof that your child has had the lead test done.

MEDICATIONS:

If you have given your child any medication before coming to MDCC, please let your child's teacher know what time you gave your child the medication and how much medication was given.

The first dose of a medication **cannot** be administered at Melrose Day Care Center. This must be administered at home so the parent can monitor the child for any possible side effects or adverse reactions.

Any administrator or teaching staff who administers medication has specific annual training by a health professional on the practice of the 5 Rights of Medication Administration.

Prescription Medication: The Department of Early Education and Care will not allow staff to administer any **prescribed** medication to a child without a written request, or prescription from the physician. MDCC also requires that parents complete medication forms for prescriptive medicines. Prescription medications must come in their **original** containers, with the child's name and the appropriate dosage on the label. MDCC cannot administer outdated medication of any kind. Medication forms for parents to complete are available from your child's classroom teacher. Please return it promptly to your child's teacher following its completion. Medications

are stored in a locked container; make sure your child's name (first and last name) is clearly marked and take all unused meds home promptly or they will be thrown away.

Non-Prescription Medication: The Department of Early Education and Care will not allow staff to administer any **non-prescribed** medication to a child without a written request, or prescription from the physician. Some examples of non-prescribed medications are: Tylenol, Benadryl, Dimetapp, etc. MDCC also requires that parents complete medication forms for both prescriptive and non-prescriptive medicines. Non-prescriptive medications must also come in their **original** containers, with a Doctor's note specifying dosage amount and how often it should be administered. MDCC cannot administer outdated medication of any kind. Medication forms for parents to complete are available from your child's classroom teacher. Please return it promptly to your child's teacher following its completion. Medications are stored appropriately; make sure your child's name is clearly marked and take all unused meds home promptly or they will be thrown away. Anytime a staff member administers non-prescriptive medicine of any kind, they must **attempt** to call the parent prior to administering the medicine (even though we have a permission form from the parent stating it is OK to give the child the medicine). If the staff member has attempted to reach the parent and after a reasonable amount of time has not heard back, then they will administer the non-prescription medication as directed. A staff member will also give the parents written notification when non-prescription medication is administered. Since it is our policy to send children home with a fever of 101 or higher, we cannot give Tylenol to a child simply to bring down their fever. The only exception would be if there was a doctor's note saying that the fever was not due to a contagious illness. The note must state why the child did have a fever. Some acceptable reasons would be teething, an ear infection, a shot, etc.

Topical Non-Prescription Medication: The Department of Early Education and Care will not allow staff to administer any **topical** non-prescription medication to a child without a written request from parents. MDCC also requires that parents fill out a medical permission form for all topical non-prescription medications. Some examples of topical non-prescription medications would be: Balmex, sun lotion, Bacitracin, etc. Parents must bring the topical medication in with their child's name written on the **original** container and the teachers will put them in a designated spot in the room (not in the child's cubby). MDCC cannot administer outdated medication of any kind. Medication forms for parents to complete are available from your child's classroom teacher. Please return it promptly to your child's teacher following its completion. A staff member will also give the parents written notification when topical non-prescription medication is administered. Medications are stored appropriately; take all unused meds home promptly or they will be thrown away. The sunscreen/diaper creams would be administered as specified on the parent permission form. All medical forms are kept in a medical book in your child's classroom. Upon completion of the form, your child's teacher puts the form in your child's file.

PROCEDURES FOR MILDLY ILL CHILDREN:

If a child comes to the Center feeling ill, (suffering from fever, nausea, etc.), the child's teacher will attempt to contact the parent at his/her place of employment. Unfortunately, parents are not always able to leave work immediately. In these situations, the teacher will isolate the child in

the quiet area of the classroom or in the office under the Director's supervision and make him/her feel as comfortable as possible until the parent is able to arrive. The Teacher or Director will offer the child food (such as saltines or bread) and water. Also, if the child is feeling well enough, we will offer him/her a toy or a quiet activity. This activity must be one that can easily be sanitized, such as Legos or Fisher Price cars, which can also be run through the dishwasher.

Some children, who are mildly ill, are still able to attend day care. For example, if a child has a cough or a mild cold, this may be an acceptable reason for the child to remain in day care. Although, the severity of these symptoms and whether or not the child should be excluded from care is ultimately up to the child's teacher, Director, and/or day care's health care consultant. If your child does come to day care with mildly ill symptoms, it is expected that your child can participate fully in the typical day care routine. For example, if your child has a cold and comes to daycare, we cannot accommodate having your child stay indoors all day if the rest of the group is going outside.

HEALTH AND SAFETY POLICIES FOR PROTECTION FROM COLD, HEAT, SUN INJURY AND INSECT-BORNE DISEASES

Children will play outdoors daily during the fall, early winter and spring when the weather and air quality do not pose a significant health risk. Weather that poses a significant health risk shall include wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service. Air quality conditions that pose a significant health risk shall be identified by announcements from local health authorities or through ozone (smog) alerts. Children with respiratory health problems such as asthma shall not play outdoors when local health authorities announce that the air quality is approaching unhealthy levels. Insect-borne disease conditions that pose a significant health risk shall be identified by announcements from local health authorities. In cold weather, children's clothing shall be layered and dry.

Appropriate clothing should be worn: a hat, a scarf, sleeves that are snug at the wrist, mittens, coat and shoes. Staff will check children's extremities for maintenance of normal color and warmth at least every 15 minutes when children are outdoors in cold weather. Do not ignore shivering. It's an important first sign that the body is losing heat. Persistent shivering is a signal to return indoors. In hot weather, the staff will check each child for signs of heat exhaustion. These include but are not limited to: paleness, nausea, vomiting and fainting.

Inside guidelines for temperature are: All rooms occupied by children shall be maintained at not less than 65 degrees F at 0 degrees F outside and all rooms occupied by children shall be maintained at not more than the outside temperature when the outside temperature is above 80 degrees F.

When children are in the sun, sunscreen of SPF 15 or more is used to protect them from potential sunburns.

WATER PLAY POLICY:

No children should drink the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used (from the sink), and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table.

SAFE SLEEP FOR INFANTS **(EEC LICENSING POLICY STATEMENT)**

All of EEC's standards for the licensure of out-of-home care of children require programs to provide care to children in a way that "assures every child a fair and full opportunity to reach his full potential" (See 606 CMR 7.01; 102 CMR 3.00; and 102 CMR 5.00.) In order to reduce the risk of infant death in child care settings from Sudden Infant Death Syndrome, EEC has established the following policy regarding infant sleep practices.

- All programs serving infants must:
 - nap infants in an individual crib, portacrib, playpen or bassinet;
 - ensure that cribs have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas.
 - ensure that slats on cribs are no more than 2- 3/8 inches apart.
 - ensure that cribs, portacribs, playpens or bassinets used for sleeping infants under the age of 12 months do not contain pillows, comforters, stuffed animals or other soft, padded materials. [For family child care and large and small group and school age child care, see 606 CMR 7.11(13)(e); for residential care see 102 CMR 3.08(7)(b); for placement programs, see 102 CMR 5 10(4)(a)].
 - Beginning December 28, 2012, all cribs in licensed child care programs must comply with current CPSC crib standards. [See 606 CMR 7.14(1).] To demonstrate that a crib meets the current CPSC crib standards, one of the following must 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 June 28, 2011, 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 June 28, 2011 ;

- a Children’s Product Certificate (CPC) or 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. 1
- All educators, residential care staff and foster and adoptive parents caring for infants must be trained in the provisions of part 1, above, and to place children twelve months of age or younger on their backs for sleeping, unless the child’s health care professional orders otherwise in writing. Such training must include viewing of EEC’s training *Reducing the Risk of SIDS in Child Care*, available in multiple languages at <http://www.eec.state.ma.us/docs1/WorkforceDev/SIDS%20revised%20self-study.pps> [For family child care and group child care programs, See 606 CMR 7.09(15)(d) and 7.09(17)(a); for residential programs serving children and teen parents, See 102 CMR 3.04(7)(g); for agencies offering child placement and adoption services, See 102 CMR 5.10(13)]. Children who are younger than six months of age at the time of enrollment must be under direct visual supervision at all times, including while napping, during the first six weeks they are in care, [See 606 CMR 7.10(5)].
- Family child care, small and large group child care programs must provide information to families in writing prior to enrollment of their child regarding SIDS risk reduction practices, including the practice of sleeping infants on their backs. [See 606 CMR 7.08(6)(j)].
- Residential programs serving teen parents must provide information to those parents in writing regarding SIDS risk reduction practices, including the practice of sleeping infants on their backs. Parents should be provided an opportunity to review EEC’s *Reducing the Risk of SIDS in Child Care* at http://www.eec.state.ma.us/docs1/Workforce_Dev/SIDS%20revised%20self-study.pps, or safe sleep training. [See 102 CMR 3.07(1)].
- Large group child care programs must include in their written health care policy “a plan to ensure that all children twelve months of age or younger are placed on their backs for sleeping, unless the child’s health care professional orders otherwise in writing” [See 606 CMR 7.11(19)(a)9] .

1 While manufacturers, importers, and retailers are not required to supply CPCs or test reports to consumers, many will provide these documents upon request, or they post them on their websites. A CPC or test report indicating compliance with any of the following standards is acceptable for full size cribs: F1169-10, 10a, or 11. A CPC or test report indicating compliance with any of the following standards is acceptable for non-full-size cribs: F406-10 10a, 10b, 11, 11a, 11b, 12, or 12a. If a crib purchased after June 28, 2011 does not have a tracking label or registration form, contact CPSC’s Office of Compliance and Field Operations at jjrgl@cpsc.gov. Receipts alone are not an indicator of compliance and should only be used to support the documents identified above when determining compliance.

- In accordance with the recommendations of the American Academy of Pediatrics (October, 2011), programs must comply with the following:

- Always use a firm sleep surface. Car seats and other sitting devices are not allowed for routine sleep. Cribs and toddler beds must meet CPSC and ASTM safety standards
- Fluffy blankets, comforters, pillows and the like should not be placed in the crib with the baby. Sleepers and sleep sacks are good alternatives to blankets. However, if a blanket is used, the child's feet must be placed at the foot of the crib; the blanket must be tucked in along the sides and foot of the mattress, and the blanket must not come up higher than the infant's chest.
- Wedges, positioners and bumper pads should not be used.
- Never prop a bottle or let a baby fall asleep sucking on a bottle of milk. Propping the bottle increases the risk of choking and of ear infections. Falling asleep with milk pooled in the mouth leads to serious dental caries in developing teeth.²

- Do not rely on home monitors or commercial devices marketed to reduce the risk of SIDS.

- Supervised awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat head).

Note: Failure to comply with EEC's regulations and policies regarding Safe Sleep places infants at serious risk of injury or death. Therefore repeated non-compliance with Safe Sleep requirements may result in sanctions against or limitations on a program's license, up to and including a prohibition from caring for infants.

For additional information regarding Safe Sleep practices, see:

- <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/parent-and-family-support/health-and-safety/0>
- *Reducing the Risk of SIDS in Child Care* (training) at <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/workforce-and-professional-development/training-and-orientation-resources/>
- American Academy of Pediatrics at www.aap.org

² After feeding and before putting an infant to sleep, gently wipe any milk residue from her gums. A pacifier can be offered at sleep time instead of a bottle.

EMERGENCY PROCEDURES

MEDICAL:

MDCC staff are required to successfully complete a First Aid Course for infants and young children within the first 3 months of employment, and to update their certification every 3 years thereafter. A complete first aid kit is always available at the Center, and staff always bring a portable first aid kit with them on walks and fieldtrips. There is at least one staff person with current infant/child CPR certification on site at all times.

When a child is injured, the director or teacher in charge will determine whether the injury can wait for a parent/guardian to arrive or if the child needs immediate emergency medical treatment. When the director or teacher in charge deems that a child needs immediate emergency medical treatment, he/she will designate a staff person to call 911 and a staff person to contact the family. It is essential that we have current phone numbers to contact parents/guardians in emergency situations, as well as an alternate name and phone number of a person willing to accept responsibility for a child in the event that a parent/guardian cannot be reached. MDCC staff will not transport children to the hospital for emergency medical treatment. If emergency services arrive before the family, an MDCC staff person will remain with the child at all times, including during ambulance transport to the hospital, until the family arrives. The staff person will take the child's emergency file, which contains written familial consent for medical treatment, relevant insurance information, and medical history and individual health care plans, to the hospital and assume full responsibility for the child until family arrives. Emergency services will transport the child to the following nearest hospital:

Melrose/Wakefield Hospital – 781-979-3000.

The Director will report any injury that requires hospitalization overnight or emergency medical treatment to the Department of Early Education and Care immediately through LEAD.

SNOW DAYS AND CLOSINGS:

When there is inclement weather or a storm prediction, please go to the Melrose Day Care Center website for any notifications about closures or delays. Such notifications will be posted by 5:45am under the News tab. There will be no refund or compensation for closings that are beyond the control of the Center (for example: inclement weather, state of emergency, loss of power, heat, or water, etc.).

EMERGENCY PREPAREDNESS PLAN:

The Center practices evacuation drills monthly. The director(s) keep documentation of the drills, including the date, time, exit route, the number of children evacuated, and the effectiveness of the drill.

In the case of a security threat, fire, power outage, loss of heat or water supply, or any type of natural disaster where the Center is unable to operate as usual, the Center will close. The director(s) will make the final decision to close the Center for any reason, but may also seek advice or recommendation from local authorities such as the Melrose fire or police departments, mayor of Melrose, or the governor of Massachusetts, particularly concerning a natural disaster. MDCC is part of the city's Emergency Management plan, so the City of Melrose will call the Center in a case where an emergency evacuation was necessary.

In such cases, MDCC staff will email and call parents/guardians with details on the emergency closing procedure. It is essential that we have current phone numbers to contact parents/guardians in emergency situations, as well as an alternate name and phone number of a person willing to accept responsibility for a child in the event that a parent/guardian cannot be reached. Please note that in the event of a power outage or evacuation, staff will contact parents/guardians via cell phones.

In the case where it was necessary to remove the children from the building, the Center's emergency site is Teachable Moments, 561 Main Street, Melrose, 781-665-0131, on the corner of Main Street and Upham Street, in the First Baptist Church. The Center's secondary emergency site is the Melrose Family YMCA, 106 Main Street, Melrose, 781-665-8522. Staff would walk the children to the emergency site. If for some reason staff and children are unable to walk to the relocation site, the City Emergency Coordinator would transport us to the relocation site.

In the event that MDCC does need to relocate, the director(s) or teacher in charge would immediately notify the Center's emergency contact, Maureen Kearnan, EEC, and the fire department or other appropriate authority. Staff will use cell phones to call parents/guardians with details about the relocation. Staff will document when and by whom the children are pick-up from the temporary location, using the same documentation and identification procedures they would use at the Center.

The director(s) or teacher in charge will walk through the entire facility after evacuation to ensure that no child has been left behind. A teacher in each classroom will be responsible for all medication bags and attendance lists. Infants are evacuated in designated evacuation cribs. Extra staff will assist toddler groups as well as children who may need extra support during the evacuation. Primary and Secondary evacuation routes, including the Center's meeting location, are posted at every classroom's emergency exit doorway. The full evacuation procedure is posted in each classroom.

If a director is not on site, the teacher in charge would assume authority. The teacher in charge in the morning is embolden on the weekly schedule and is typically the teacher who opens the center at 6:15am. The teacher in charge in the afternoon is designated by the director(s).

There will be no refund or compensation for closings that are beyond the control of the Center (for example: inclement weather, state of emergency, loss of power, heat, or water, etc.).

SHELTERING IN PLACE:

MDCC will make every effort to relocate to an emergency site in an emergency situation. However, there may be times when the City Emergency Coordinator instructs us to temporarily shelter in place until the emergency passes or until the Emergency Coordinator can arrange transportation to an emergency site.

MDCC has an adequate supply of non-perishable food, diapers and wipes, blankets and extra clothing, and drinkable running water. There is also plenty of space and materials to engage children, make them comfortable, and allow them rest/sleep.

In the event the we need to move away from windows or move into a secured place, the church has a full basement with locking doors and no windows. All children and staff can fit into this space if necessary.

During loss of power, staff will have cell phones with them, using their cars to charge them if necessary. There are flashlights and batteries to aid light and bottled water for drinking and flushing toilets.

Melrose officials will be responsible for turning off electricity and/or water, as part of the Melrose Emergency Management Plan.

LOCK-DOWN PROCEDURES:

In the event of a potential threat from an intruder inside and outside the Center, the Center will enter a lock-down. The director(s) or teacher in charge will use the intercom or walk through the rooms to notify staff of an impending lock-down and when it has ended.

The staff and children will proceed to the basement of the church, which has a large area where all can gather behind locked doors and away from windows. There is also an MDCC storage room with supplies to keep the children safe and occupied during the lock-down. The teachers in each classroom are responsible for bringing children's medications as well as necessary supplies for their children, including formula, diapers, wipes, and extra clothes. The director(s) or teacher in charge will be responsible for bringing the first aid kit, a supply of water and food, and a cell phone and charger.

The teachers will take attendance as they vacate their rooms and upon entering the basement. The director(s) or teacher in charge will make sure all classrooms are vacated, all doors are locked, and that the police have been called. The director(s) and staff will contact the parents/guardians.

MISSING CHILD PROCEDURES:

In the case of a child missing at MDCC, the teacher will immediately notify the director(s). The teacher and director(s) will immediately begin searching for the child, first in the child's last

known location (inside or outside). The Melrose police, parents/guardians, and EEC will be notified when the director(s) determine that additional help is needed. The Center will make every effort to keep the rest of the Center running smoothly and routinely, however the director(s) or teacher in charge would instruct all classes to remain in their current locations until they are instructed to resume their normal classroom schedules.

In the case of a missing child during an off-site activity such as a field trip, the teacher in charge at the fieldtrip would notify the police immediately. The teacher would then notify an authority at the off-site activity, the Center, and the parents/guardians. The director(s) or teacher in charge at the Center will notify EEC. The field trip would end immediately, with the children and staff returning to MDCC as quickly as possible. The teacher in charge at the fieldtrip/off-site activity would stay behind to work with and await further instruction from the police.

TRANSPORTATION POLICY

The transportation coordinator for the Center is Janet Dotolo. The phone number would be: 781-662-6539 (daycare #). Janet, Amanda Riccardi or Bea Picano are the contact people during transportation. The number to contact them is the school number (781-662-6539).

REGARDING ALL TRANSPORTATION OF CHILDREN WHILE IN MDCC CARE:

All staff are required to review transportation plans of the children in their direct care upon enrollment and any time it changes thereafter. Children's emergency contact information, a first aid kit, and a seat belt cutter must be carried in the vehicle whenever children are present. In the event of a medical emergency during transportation, MDCC staff will call 911 immediately and follow instructions from the operator. MDCC staff will notify the Center as soon as possible. If the vehicle becomes disabled, MDCC staff will notify the Center immediately and follow instructions from the transportation coordinator. MDCC staff must report any moving violations or accidents that occur while children are being transported to the Center transportation coordinator immediately. MDCC will ensure that the number of children riding in the vehicle does not exceed the number of seats at any time and that all children will remain seated at all times during transport. At least one MDCC staff per vehicle transporting children must have a working cell phone available at all times during transport to make an emergency phone call if necessary. At all times while transporting children, sharp, heavy, or potentially dangerous objects, as well as adults' personal belonging, must be secured and out of reach of children. Daily transportation to and from MDCC: MDCC does not provide transportation for children to and from the Center. Daily transportation to and from the Center is each family's responsibility. The family/guardian assumes full responsibility of the child until signing the child in to the teacher's care and as soon as the family/guardian has signed the child out of the teacher's care.

FIELD TRIPS:

For most field trips, MDCC will contract with a school bus company (more than 16 passengers) to transport the children. MDCC will ensure that the bus company complies with all relevant

regulations prior to hiring the company. MDCC staff will make an effort to contract with a bus company that guarantees buses with seat belts. MDCC staff will not be responsible for installing children's car seats onto a school bus, but families are able to do so upon request. MDCC staff will supervise children at all times on the school bus. At least one MDCC staff person on the school bus will be certified in CPR and first aid and will take attendance before and after children board and vacate the bus. MDCC staff are responsible for the supervision of the children during transportation. MDCC staff (and parent chaperones, when applicable) will stagger seating so there is an adult nearby to assist and monitor children at all times. Staff and/or chaperones will assist children in buckling and remaining seated, sitting next to the child to ensure safety and appropriate behavior, if necessary. On occasion, MDCC staff may transport children on a fieldtrip in personal vehicles. In such cases, MDCC will ensure that the driver has a valid license, the vehicle is properly registered and inspected, and the vehicle is minimally insured according to EEC requirements. The family will be required to provide a proper car seat for Center staff to install in the vehicle used for transport.

In cases where a child would need to be taken for emergency treatment, the teacher in the room would call the parent and if the parent cannot be reached then the teacher would call the people on the emergency list. If no one can be contacted and it is determined that child needs urgent care, then 911 would be called. If 911 needed to be called, then a teacher qualified staff member would accompany the child in the ambulance. This staff person would take the child's emergency file, which has written familial consent forms regarding health insurance and medical emergencies, with them and would assume full responsibility for the child until the parent arrived at the hospital at which time the parent would take over full responsibility for their child.

CHILDREN WITH DISABILITIES:

The Center will work with families individually to accommodate special needs that affect transportation during fieldtrips. A child will never be denied participation in a fieldtrip due to a disability or special need. Whenever possible, children with disabilities will be transported in the same vehicle used to transport the other children.

MASSACHUSETTS CHILD PASSENGER SAFETY LAW

(For children under 12)

MGL Ch. 90, Sec. 7AA; Ch. 90, Sec. 13A

When riding in motor vehicles, infants and children must ride in a federally approved child passenger restraint:

- 1) They are at least 5 years old
AND
- 2) They weight over 40 pounds.
- 3) They are under the age of 8.
AND
- 4) They are less than 57 inches tall.

- Massachusetts Law requires children to ride in child safety seats until they are 5 years old and weigh 40 pounds.
- Infants under 20 pounds and one year old should ride in a rear-facing child safety seat.
- Children who weigh 20-40 pounds and who are one to four years of age should ride in a forward-facing child safety seat.
- Children between 40 and 80 pounds, and less than 4'9" tall, should ride in a booster seat. A booster seat helps the seat belt to fit correctly and safely and gives children more comfort and visibility.
- Children 12 years old and under should sit in the rear seat whenever possible to reduce their risk of death and serious injury.

Types of child passenger restraints: (read manufacturer's instructions for exact weight and height limits)

- **infant seat** – for children from birth to 20-22 pounds and approximately 1 year old
- **Infant/toddler seat** (convertible seat) – for children from birth to 40 pounds until they are at least 5 years old.
- **Booster seat** – recommended for children who are older than 5 years old weigh more than 40 pounds until the child is 8 years old or is taller than 4 feet 9 inches.
- **Safety belt** – for anyone over 8 years of age or is taller than 4 feet 9 inches.
- **Devices for children with special health care needs.**

All other children, who are 8 and older, and all adults must continue to wear a safety belt as required by the Massachusetts Safety Belt Law.

*For safety reasons, children using the vehicle safety belt should place the shoulder strap across the chest. It should rest comfortably across the shoulder and chest, not on the neck or throat. They should not place the shoulder belt under the arm or behind the back. The lap belt should fit securely, low and snug on hips. They should sit with their back and buttocks against the vehicle seat. Their knees should completely bend over the edge of the vehicle seat.

Read your vehicle's owner manual and the booster seat installation manual for instructions. A certified Child Passenger Safety technician can check your child safety seat or booster seat for safety and assure proper fit. These checkpoints are free but usually require an appointment. To find a technician near you, call the Car Safe Line at 1-800-CAR-SAFE (1-800-227-7233) at the MA Department of Public Health or visit mass.gov/childsafetyseats

This law applies to children riding in:

- *all types of privately owned vehicles,
- *vehicles for hire, including taxi cabs.

This law does not apply to:

- *children riding in school buses,
- *children riding in a vehicle made before July 1, 1966 that does not have safety belts,
- *children physically unable to use either a conventional car seat or a child restraint specifically designed for children with special needs. Inability to use a child restraint of either type must be certified in writing by a physician.

***The safest place for children, in any restraint system, is in the back seat.**

The two most widely used booster seats are a “high back” or a “backless booster seat. Both must be used with the vehicles lap/shoulder belt for proper positioning. No one booster seat is the “safest”. Choose the seat that best fits your child and your car. Check the label on the booster seat for height and weight limits and then make sure it is used properly.

Prices range from \$15 up to \$150. Price is not necessarily a factor in the safety of the booster seat.

For more information on where to get free or discounted booster seats call the Car Safe Line (See number above or visit the website above).

You are your child’s most powerful role model so always wear your safety belt—and make sure everyone else in the car is buckled up—front seat and back!

Fine: The driver will be fined \$25 for each unrestrained child. Exception: If a child rides unrestrained in a taxi cab, the taxi driver will not be fined.

Note: This is a primary enforcement law. A police officer may stop your car if one or more children are riding unrestrained. No other reason is needed.

For more information: Injury Prevention and Control Program, Massachusetts Department of Public Health, 250 Washington Street, 4th floor, Boston, MA 02108-4619. **Call toll free: 1-800-227-SAFE.**

Article published by Air Bag Safety Campaign, National Safety Council, 1019 19th Street, NW Suite 401, Washington DC 20036-5105

Buckle Everyone – Children in Back

Air Bags Work – They Save Lives

They do their job best when everyone is buckled and kids are properly restrained in the back seat.

Air Bags saved almost 500 lives in 1995 alone. However, the National Highway Traffic Safety Administration reports that tragically several children have been killed or injured by the force of a deploying air bag. In many cases, the children were riding in the front seat either in a rear-facing child safety seat or “out of position” – either unbuckled, or not wearing the shoulder portion of the safety belt.

An air bag is not a soft, billowy pillow. Rather, to work effectively, an air bag comes out of the dashboard at rates of up to 200 miles per hour – faster than a blink of an eye. Drivers can entirely eliminate any danger to children from a deploying air bag by placing kids properly restrained in the back seat. With or without an air bag, the back seat is the safest place for children to ride.

As the number of motor vehicles equipped with air bags increases, the risk to kids riding in the front seat will also increase. That is why we must all work to educate people now that air bags save lives and work best when everyone is buckled and kids are in back, properly buckled up.

Air Bag Safety Tips

Kids ride in back - Infants in rear-facing child safety seats should **NEVER** ride in the front seat of a vehicle with a passenger-side air bag. Children, typically ages 12 and under, should also ride buckled up in the back seat.

Child Safety Seats - Young children and infants always should ride in age and size appropriate child safety seats. The safety seat should be held properly in place by the vehicle’s safety belts and the child should be correctly buckled in the child safety seat. A child who has outgrown a convertible child safety seat will need to ride in a booster seat in order for the vehicle’s safety belt to fit properly.

Wear both lap AND shoulder belts - The shoulder strap should cross the collarbone and the lap belt should fit low and tight on the hips. The shoulder strap should never be slipped behind the back or under the arm – this is a dangerous habit, especially in cars with air bags.

Move the front seat back - Driver and front passenger seats should be moved as far back as possible, particularly for shorter statured people.

The Air Bag Safety Campaign is a public/private partnership of automobile manufacturers, insurance companies, occupant restraint manufacturers, government agencies, health professionals, and child health and safety organizations. The goal of the Campaign is to increase the proper use of safety belts and child safety seats and to inform the public about how to maximize the lifesaving capabilities of air bags and minimize the risks.

For more information in Massachusetts and to get information on where to get a free or discounted booster seats, call the Car Safe Line at 1-800 CAR SAFE (1-800-227-7233) or visit mass.gov/childsafetyseats.

The safest place in a vehicle for all children is the rear seat. Never place a rear-facing infant seat in the front seat of a vehicle with an activated passenger-side air bag.

5 lb	10 lb	20 lb Ages 5-15 mo*	30 lb	40 lb	50 lb	60 lb Age 8 y*	70 lb	80 lb
Infant-only seat, rear facing, never in front seat with passenger-side air bag. Car bed if medically indicated.								
Convertible safety seat, rear facing until child is at least 1 year of age and at least 20 lb, then forward facing to the maximum weight and height allowed by seat. [†]								
Combination seat with internal harness that transitions to a belt-positioning booster seat; forward facing only; weight varies.								
Forward facing seat with internal harness; weight varies.								
Integrated child seat: toddler seat with harness (20-40 lb) or some as belt-positioning booster seat with lap/shoulder belt (more than 35-40 lb), as long as child fits. [‡]								
Belt-positioning booster seat [§] with lap/shoulder belt as long as child fits. [‡]								

Weight limits on specific products vary, and this is indicated by dashed lines at ends of bars. Always read and follow manufacturer's and vehicle instructions. Use of safety belts varies with vehicle belt system and height of child. For additional information on the use of car beds, see the AAP policy statement "Safe Transportation of Premature and Low Birth Weight Infants." For more information, or to locate a local child passenger safety technician, visit www.nhtsa.dot.gov/people/injury/childps

* Usual age range for this weight; individual children's ages will vary widely.

† If car safety seat accommodates children rear facing to higher weights, for optimal protection, the child should remain rear facing to the maximum weight for the seat as long as the head is below the top of the seat back.³

‡ Very tall children may require a combination seat or belt-positioning booster seat before 40 lb.

§ Crash injury data for children in this age group indicate that child safety seats provide more protection than seat belts.⁸

The lap/shoulder belt fits when:

- Shoulder belt fits across mid chest and shoulder
- Lap belt low and snug across thighs
- Child can sit all the way back against vehicle seat and knees bend at edge of vehicle seat

Additional considerations:

- Lap/shoulder belt is more protective than a lap only belt. Restrained is safer than unrestrained.
- Lap/shoulder belts can be retrofitted in some vehicles.

Source: American Academy of Pediatrics, 2002

ORGANIZATIONAL HIERARCHY

There is a detailed organizational hierarchy posted on the main bulletin board along the wall as you enter the Center from the playground.

The Director, Janet Dotolo, is always in charge when she is in the building. In her absence, a lead teacher would take over. However, any staff person as long as they are at least teacher qualified is legally allowed to be in charge of the Center. If you call the center looking for the Director and she is gone, ask who is in charge. All staff are informed of who is in charge in her absence.

The Department of Early Education and Care is our licensing agency. Their phone number is: 617-988-6600 in Boston, or (978) 681-9684 in Lawrence. Our licenser's name is Tim Donohue.

2020 HOLIDAY CLOSURES

1/1/20	New Year's Day – Wednesday
2/14/20	Staff Development Day - Friday
2/17/20	President's Day – Monday
4/20/20	Patriot's Day – Monday
5/25/20	Memorial Day observed – Monday
7/3/20	Observe Independence Day - Friday
9/4/20	Staff Development Day - Friday
9/7/20	Labor Day – Monday
10/12/20	Columbus Day – Monday
11/26/20	Thanksgiving Day - Thursday
11/27/20	Day after Thanksgiving – Friday
12/24/20	Christmas Eve - Thursday
12/25/20	Christmas - Friday
12/31/20	New Year's Eve - Thursday

PLEASE NOTE: The Center is always closed for 2 Staff Development Days per year, one is typically the Friday before Labor Day and the other one is typically the Friday before President's Day. The staff are here for the Staff Development Days but we are closed to all families. The Center is always closed for Thanksgiving Day and the day after. It is also always closed for 2 to 3 days around Christmas time. These days vary depending on the day of the week in which Christmas falls.

If one of these holiday closures occurs on one of your child's days during the week, you are still expected to pay for that day. Unfortunately, we are unable to allow families to switch their days during a holiday week. This would be impossible for us to do for all families each time a holiday occurs.

2019-2020
MELROSE DAY CARE & PRESCHOOL
BOARD OF DIRECTORS

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Email for the Board: melrosedaycareboard@gmail.com.

PARENT INFORMATION, RIGHTS, AND RESPONSIBILITIES

Chapter 28, Section 10 of the General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating rules and regulations governing the operation of day care centers.

The licensee (day care center owner) is required to inform all parents of specific information about their rights and responsibilities at the time of admission of their child to the center. Section 7.04 of 102 CMR 7.00, the regulations which govern day care centers, contains more information.

PARENT'S RIGHTS:

Right to Visit: You have a right to make unannounced visits to your child's room while your child is present. However, please try to be sensitive to the other children in the classroom when "popping in" to visit your child. Many children, particularly infants and toddler, experience stranger anxiety when people they are unfamiliar with spend time in the classroom. If this were to become a problem in your child's classroom, we may ask that you try to come at a different time or take your child to a different part of the center until we can calm the children down. We find that if parents are willing to work with the teachers when issues like these arise, everyone, especially the children, will feel more comfortable.

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

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

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

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

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

Parent Grievance Procedure:

If a parent has a particular issue or grievance, which they would like to discuss, they should use the following procedure:

If the issue has to do with your child and your child's teacher, it is recommended that you first discuss the problem with one of your child's teachers. If, at that point, you are still unsatisfied, then discuss the issue with the Director (in the case of a classroom issue), and eventually a board member. If the issue is more of a whole center issue or has to do with billing, transitions, or a handbook policy, please discuss these issues with the Center Director. The Board of Directors of Melrose Day Care Center ultimately oversees the program and supervises the Directors. They approve all financial and policy changes for the whole center.

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

YOUR CHILD'S RECORDS:

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

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

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

1. If you are of the opinion that adding information is not sufficient to explain, clarify, or correct objectionable material in your child's record, you have the right to have a conference with the licensee to make your objections known;
2. The licensee shall, within one (1) week after the conference, give you a decision in writing stating the reason or reasons for the decision. If his/her decision is in your

favor, he/she shall immediately take steps as may be necessary to put the decision into effect.

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

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

RESPONSIBILITIES OF THE PROGRAM:

Providing Information To The Department of Early Education and Care: The licensee must make available to the Department of Early Education and Care any information required to be kept and maintained under these regulations and any other information reasonably related to the requirements of these regulations. This includes information in your child's records. Authorized employees of the Department of Early Education and Care are not to remove identifying case materials from the center premises and are required to maintain the confidentiality of individual records.

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

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

Availability of regulations: The center must have a copy of 606 CMR 7.01-7.14, Standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs, on the premises, available to any person upon request. If you have questions about any of the regulations, ask your center to show them to you.

Agency Responsible for Licensing the Program:

Department of Early Education and Care (EEC)
360 Merrimac Street, Building 9, 3rd Floor
Lawrence, MA 01843
978-681-9684

Licensors: Our licensors are Tim Donohue (978) 826-1324

Parents may contact EEC, at any time to obtain information regarding Melrose Day Care Center's regulatory compliance history.

MDCC Website: melrosecarecenter.com

MDCC Face book: If you have a Facebook account, go to [Melrosecarecenterandpreschool](https://www.facebook.com/melrosecarecenterandpreschool) and like us; if you don't have a Facebook account, put **Facebook.com/melrose day care center and preschool** into your search engine and then go down to **Melrose Day Care Center and Preschool | Facebook** and you can get a glimpse of our page, but would need a Facebook account to see the entire site

MDCC Parent Handbook: user name: mdcc; password – Snicker18