



Kiddosland
CHILD DEVELOPMENT CENTER

Health Care & Safety Policy

Health Care Policies

Evacuation/Emergency Contingency Plan

2017-2018

Kiddosland Child Development Center, Inc.

"Start children off on the way they should go, and even when they are old they will not turn from it."

(Proverbs 22:6)

Program Address: 725-727 Granite Street, Braintree, MA 02184

Phone: 781-971-5178

Fax: 781-971-5186

Email: admin@kiddosland.us

Website: <http://www.kiddosland.us/>

Administration: Amelia Lau, Administrative Director

781-971-5178/ amelia.lau@kiddosland.us

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SECTION 1: EMERGENCY TELEPHONE NUMBERS

(To be posted by all telephones)

All Emergencies: 9-1-1	
Health Care Consultant	Dr. Robert S. Baratz, MD, PhD, DDS 759 Granite Street, Braintree, MA 02184 781-848-1950
Braintree Fire Department	781-843-3600
Braintree Police Department	781-794-8600
Poison Control	800-222-1222
Brewster Ambulance	617-983-1000
Reporting Child Abuse and Neglect Department of Children and Families (DCF), Coastal Area Office	220 Forbes Road\Rear, Suite 117 Braintree, MA 02184 781-794-4400
Department of Early Education and Care (EEC), Metro Boston	1250 Hancock Street, Suite 604 North Quincy, MA 02169 617-472-2881
Braintree Public Health Department	781-794-8090 (Public Health Nurse)
Designated Adults	Henry Wang, Licensee: 617-833-7330 Amelia Lau, Admin. Director: 857-400-6892
Hospital Utilized for Emergencies	South Shore Hospital 55 Fogg Rd, South Weymouth, MA 02190 781-624-8000
Braintree Emergency Management Agency Department of Civil Defense	Director, Robert F. James Town Hall 1 JFK Memorial Drive (Rear) Braintree MA 02184 781-794-8188 Hours: 10:00 a.m. to 3:00 p.m.
Information to Give in an Emergency	<ul style="list-style-type: none"> ➤ Your Name ➤ The Nature for the Emergency ➤ The Center's Name ➤ The Center's Phone Number ➤ The Center's Address ➤ The Center's Location in the Building
<p>Kiddosland Child Development Center, Inc. 725-727 Granite Street, Braintree, MA 02184 Phone: 781-971-5178 / Fax: 781-971-5186 Email: admin@kiddosland.us Website: http://www.kiddosland.us/</p>	

SECTION 2: EMERGENCY EVACUATION PLAN

(Emergency Evacuation Plan will be posted in each classroom and at all exits)

Emergency evacuation drills are conducted once a month and at varying times of the program day as determined by the Administrative Director. All children and staff must practice evacuation drills in order to have adequate experience and to become familiar with each possibility of exiting the building using different routes. The Administrative Director will maintain documentation of the date, time, number of children & teachers, effectiveness, and exit route used of each drill in the Fire Drill Log, located in the Director's Office. This documentation will be maintained for five years.

The Center will maintain a daily attendance list that is current. Staffs are responsible for signing children in and out of the center by arrival and departure times. The attendance list will be kept near each classroom exit and be readily accessible in case of an emergency evacuation.

In the event of an emergency evacuation, Kiddosland staff will execute the following procedures.

1. During an emergency evacuation the Lead Teacher will be responsible for:
 - a. taking the daily attendance information (located near the classroom exit),
 - b. taking the first-aid backpack with the emergency contact information,
 - c. accounting for all of the children in the class,
 - d. leading the children out of the building with the second Teacher who must be at the end of the line checking for stragglers,
 - e. retaking the attendance of the class,
 - f. and accounting for all of the children in the class once they are safely out of the building.
2. The Administrative Director will be the last to leave the building and make a visual inspection of each classroom for children and close all the doors before exiting the building.
3. Once evacuated, all classes will meet at the rear of the building on the Kiddosland playground.
4. An assessment will be made if the children should be moved across the street to Braintree High School.
5. All teachers and staff will wait for the signal of the Administrative Director before reentering the building with the children.
6. The Lead Teachers must recheck attendance with the daily attendance sheet and account for the children before reentering the building and after arriving in the classroom.

Notification of Response by Fire Department

In the event of an incident on the premise (other than a false alarm) that results in a response by the fire department, the Administrative Director must notify the EEC by telephone within 24 hours of the incident. The Director, if requested by the EEC, must prepare and submit to the EEC a written report regarding the incident.

SECTION 3: PROCEDURES FOR EMERGENCIES AND ILLNESS

(Parents/Guardians must receive a copy of these procedures)

I. First Aid and Transportation to the Hospital

- i. In the case of an emergency or illness (such as a seizure, a serious fall or serious cut), the Lead Teacher in charge will begin administration of emergency first aid while the assistant teacher or second teacher takes other children to another area or room. Both staff members should respond in a calm and reasonable manner.
- ii. Other staff will be alerted to send for assistance, be it the Administrative Director, or another staff person in the Center.
- iii. The Lead Teacher will contact the parent/guardian to come and pick up the child or, if response time is a factor, to have the parent/guardian meet the child and accompanying staff at the emergency room of the hospital utilized in emergencies.
- iv. In the event a situation arises that is life threatening or the child cannot be comfortably restrained in a car, an ambulance will be called immediately. The parent/guardian will be called to meet the child and staff at the hospital. The teacher or other designated staff will go with the child in the ambulance. The child's file will be taken, including permission forms and pertinent insurance information.
- v. If the parent/guardian comes to pick up the child and needs assistance, if possible, the teacher or director may offer to drive to the hospital or to accompany the child.
- vi. When parents/guardians cannot be reached, those listed, as emergency contacts will be called as a further attempt to reach parents/guardians. In the event a parent/guardian cannot be reached immediately, a designated staff person will continue to attempt to reach parents/guardians. If necessary, the child will be transported to the hospital by two designated staff members (or by ambulance) and the child's whole file will be taken, including permission forms and pertinent insurance information.

Kiddosland will immediately report to the Department of Early Education and Care (EEC) any injury to, or illness of, any child which occurs during the hours while the child is enrolled in care and which requires hospitalization or emergency medical treatment.

II. Emergencies While on a Field Trip

- i. If an accident or acute illness occurs while on a field trip, the Lead Teacher will take charge of the emergency, assess the situation, and give first aid as needed. The method and urgency of transportation for the child to receive medical

treatment will be determined by the Lead Teacher based on the severity of the emergency or illness. If necessary, an ambulance will be called.

- ii. The Administrative Director, or the Licensee, will be contacted by the Lead Teacher as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.
- iii. As a preventive measure, prior to departure from the Center, the Administrative Director and/or Lead Teacher will determine appropriate guidelines to be followed during the field trip to insure continuity and safety of the children including:
 - a. A first-aid backpack will be taken in each vehicle on all field trips.
 - b. Emergency information, including contacts and telephone numbers, will be taken on all field trips.
 - c. On a field trip, staff must have a working cell phone available.
 - d. Lead Teachers must take the attendance with the daily attendance sheet and account for all of the children on a field trip at all times before and after getting on each vehicle as well as during all field trips.
 - e. The second Teacher who must be at the end of the line watching for stragglers.

III. Emergency Plan for Missing Child

i. Indoors:

1. The classroom teacher must immediately notify the Administrative Director of missing child.
2. The Administrative Director will promptly report the incident of missing child to the Licensee.
3. The Administrative Director alerts rest of the staff to search their classrooms for the missing child.
4. A search of the bathrooms, hallways, break room, and other places in the building is made by the Administrative Director.
5. A perimeter sweep will be conducted and all Kiddosland exits will be monitored by staff.
6. If the child is not located quickly, 911 must be called and details given.
7. If the missing child is found without calling 911, the child's parents/guardians will be notified at pick up time.
8. If 911 had to be called, the child's parents/guardians must be notified immediately (even if the child is found).
9. A plan will be established for the missing child to prevent further incidents by the both classroom teachers, the Administrative Director, and the parents/guardians of the missing child.

ii. Outdoor Playground Area or Neighborhood/Nature Walks

1. The Administrative Director must be notified immediately of missing child via cell phone or walkie talkie.
2. The Administrative Director will promptly report the incident of missing child to the Licensee.
3. The playground area or immediate location is to be searched by staff.
4. The Administrative Director is to search the Center indoor areas in case the child went in on their own without being noticed.
5. If after a quick search and the child is not located, 911 must be called and details of the emergency are to be given.
6. If the missing child is found without calling 911, the child's parents/guardians will be notified at pick up time.
7. If 911 had to be called, the child's parents/guardians must be notified immediately (even if the child is found).

iii. Off Site Field Trip

1. The Administrative Director must be notified immediately of missing child.
2. The Administrative Director will promptly report the incident of missing child to the Licensee.
3. The immediate area is to be searched by staff for the missing child while some teachers are watching the rest of the children.
4. A request for support at off site location if staffed.
5. If the child is not located quickly, 911 must be called and details of the emergency are to be given.
6. If the missing child is found without calling 911, the child's parents/guardians will be notified at pick up time.
7. If 911 had to be called, the child's parents/guardians must be notified immediately (even if the child is found).

IV. Other Emergencies

Power Outage, Heat Loss, or Water Loss

The Administrative Director will immediately report the power outage, heat loss, or water loss, such as disruption of supply or failure of pipes etc. to the Licensee and the Braintree Electric Light Department (BELD) or Town of Braintree Water & Sewer Department.

If there is a power outage, heat loss, or water loss for more than one hour and the issue cannot be fixed while Kiddosland is open, parents/guardians or the emergency contacts of the children (if the parents/guardians cannot be reached) will be immediately notified and advised to pick up their children.

The following should be considered when assessing continued operations during a loss or disruption of electrical power, heat loss, or water loss.

i. Power Outage

1. The circuit breakers or fuses at service panel will be checked.

2. Safe movement of children and staff to areas with natural light or emergency lighting.
3. Impact on children with special needs, such as signaling devices and other equipment.
4. Refrigeration of food materials and ability to prepare meals.
5. Operation of security smoke/fire detectors, sprinklers, ventilation, and telephone systems.
6. Impact on overall learning environment.
7. Safety and comfort of the children and staff.
8. Ensure that if an emergency generator is used that it is operated safely and that exhaust products are properly vented.

BELD

150 Potter Rd
Braintree, MA 02184

Phone: 781-348-2353

FAX: 781.348.1002

Help Desk Hours

Monday–Friday: 8 a.m.–8 p.m.

Saturday–Sunday: 8 a.m.–4 p.m.

Customer Service Hours

Monday, Tuesday, Wednesday and Friday

7:30 a.m.–4:30 p.m.

Thursday 7:30 a.m.–7 p.m.

ii. Heat Loss

1. If possible, move the children and staff to unaffected areas of the Center.
2. Use safe heating alternatives if possible to meet minimum required room temperatures.
3. Alternative heating sources, such as portable electric should be in good condition and operated in accordance to manufacturer's instructions, and fire code.
4. Check with local fire or building department for guidance.
5. Move the children and staff to pre-designated facility, such as Braintree High School and make notifications to parents/guardians.
6. Heat Loss Inspect heating plant and perform maintenance on a regular basis.

iii. Water Loss

1. Inspect water supply and equipment on a regular basis.

2. Make improvements as necessary to ensure adequate and reliable supply.
3. Determine feasibility of operating with alternative water sources, such as bottled water (toilet flushing, drinking and sanitation).
4. Identify sources to meet needs.
5. Alternative use of water for hand washing and sanitation.

Town of Braintree Water & Sewer Department

85 Quincy Avenue, Braintree, MA 02184

Office: 781-843-8097

Treatment Plant: 781-843-9205 (for emergencies)

iv. Inclement Weather

Inclement weather may be predicted over several days in advance in the case of winter storms or hurricanes or within a few hours or less for the storms. Listening to weather forecasts and storm watch or warnings is critical to being prepared.

In the event of an inclement weather or other emergencies, such as a hurricane/storm, state of emergency, etc, Kiddosland will be closed when the Braintree Public Schools are closed in order to keep the safety of our children and staff. However, if Braintree Public Schools are closed more than two days in a row, Kiddosland will open depending on the road conditions.

The guidelines and policies of inclement weather/other emergencies are as follows:

- All parents/guardians and employees may check out the Center's website <http://www.kiddosland.us/>, or local public medias, such as radio, television, etc. for the updates;
- All parents/guardians and employees shall be notified for the unexpected closures of the Center for the inclement weather/other emergencies by the Administration of Kiddosland before 6:00 a.m. or earlier.
- All parents/guardians should be contacted to pick up their children by the classroom teachers whenever any disruption of water, heat, electricity, or other utility more than one hour due to the inclement weather.

v. Fire Safety & Prevention

1. In case of a fire, under which conditions staff should attempt to control a fire using extinguishers if possible.
2. Check with fire officials to remain current on fire safety, such as regular inspection of fire extinguishers, detectors and alternate heating sources.
3. Do not overload electrical outlets or extension cords.
4. Use UL-rated portable outlets or extension cords with built-in circuit breakers.
5. Inspect heating plants.
6. Conduct periodic fire safety training.
7. Conduct fire drills at least once a month and instruct children and staff on their roles in a fire emergency in accordance with the EEC regulations.
8. Follow the emergency evacuation plans whenever practice fire/storm drills or in an emergency evacuation.
9. All staff shall be familiar the designated emergency assembly area(s) outside of the Center where children and staff should go to when in a fire, evacuation routes, and the fire suppression equipment locations.
10. Ensure emergency information pertaining to all children in care is readily available should an evacuation be needed. (All children's emergency information and contact information is located in each classroom's first-aid backpack.)
11. Please refer to "Hazardous Materials" for preventative procedure for handling and storage of flammable materials.

vi. Hazardous Materials

Hazardous materials are substances that are flammable, combustible, explosive, toxic, noxious, corrosive, oxidizable, an irritant or radioactive. A hazardous materials accident could occur at the Center, such as a natural gas leak and spilling of a solvent.

The following procedures for hazardous materials are as below:

1. Identify hazardous materials in the Center.
2. Identify facilities in the area that use hazardous materials, including materials transported on roadways near the Center.
3. The Administrative Director will immediately notify the Braintree Fire Department if a hazardous materials accident occurs, and all staff will follow the safety directions.
4. Be prepared to isolate the immediate area, evacuate, or shelter-in-place when an incident occurs.

5. Shelter-in-place involves seal windows, doorways, shutting off air intake systems to provide protection from airborne hazardous materials. This could be directed in the event of suspicious mail or a hazardous materials spill near the Center.

vii. Bomb Threat, suspicious article or threatening call or message

Calls of a threatening nature should be recorded as accurately as possible and recorded to the police. Depending on the nature of the call, immediate action should be taken to protect lives and property, including evacuation. A threat to personal safety should never be discounted as a hoax. The following procedures are as below:

1. Record threatening message carefully with attention to details
2. Record telephone number if caller ID is operational
3. Notify police immediately
4. Take prudent response actions with safety in mind
5. Evacuate to the designated assembly area when needed
6. Do not attempt to move a suspicious article, package, or letter
7. Report suspicious articles or communications to the Licensee, the Administrative Director, and the authorities

viii. Shelter-In-Place

Shelter-in-place may be ordered to provide emergency protection in the event of a hazardous materials accident or other airborne threat requiring the public to remain indoors. Teachers and the Administrative Director will stay with the children until instructed otherwise by emergency officials. When it is safe, parents/guardians or the child's emergency contacts will be immediately notified and advised to pick up their children.

- If evacuation is warranted, the Administrative Director and/or teachers will contact parents/guardians or the child's emergency contacts will be immediately notified and advised to pick up their children. Cellular phones will be used if there is a loss of power/phone service.
- The approved emergency shelter, Braintree High School would be contacted (781.848.4000) if it is further recommended. The children and staff shall walk to the Braintree High School, 128 Town Street, Braintree, MA 02184 or be arranged transportation, if possible. Cellular phones will be used if there is a loss of power/phone service. Upon arrival at the emergency shelter, parents/guardians or the child's emergency contacts will be notified and advised to pick up their children.

SECTION 4: PLAN FOR INJURY PREVENTION

1. To prevent injury and to ensure a safe environment, the staff member who opens each classroom is responsible upon arrival each day for monitoring the environment and for the removal of any hazards. Any needed repairs or unsafe conditions should be reported to the Administrative Director.
2. The Administrative Director will monitor the outdoor playground and remove any hazards prior to any children using the space.
3. No smoking is allowed on the premises.
4. Toxic substances, sharp objects, matches, and other hazardous objects will be stored out of the reach of children.
5. A first-aid backpack and emergency contacts and telephone numbers for the children will be taken on all field trips.
6. An injury report for any incident which requires first aid or emergency care will be maintained in the child's file. The injury report includes the name of the child, date, time and location of accident or injury, description of injury and how it occurred, name(s) of witnesses, name(s) of person(s) who administered first aid and first aid required. Staff should use the Accident/Injury Report Form to record the above information. Staff should submit the completed form to the Administrative Director for review.
7. Once the Administrative Director has reviewed the Accident/Injury Report form and has signed it, it should be given to the parent. The parent should be allowed to review it, sign it, and then be given a copy.
8. The staff member should then log the report in the Central Log of Injuries and then file the report in the Child's file.
9. Only staff who have a current First Aid will be allowed to administer first aid no matter how minor the injury.

SECTION 5: ASSESSING INJURIES TO CHILDREN IN CARE

When a child is injured, Kiddosland staff will be fully assess the child's injury and make sure all staffs are following the first aid procedures. When an injury occurs, the teachers will ask the child questions and observe to make sure the child is okay. The teachers will monitor the child throughout the day and continue to assess the child's injury to make sure what was first observed and treated is still the appropriate course of action.

NOTE: Anytime when Kiddosland staff members believe the child's life may be at risk, or it is believed that there is a risk of permanent injury, the child will be sent to seek immediate medical treatment.

The following proper first aid protocols and procedures must be followed when a child needs first aid.

I. Procedures to Follow in Urgent Emergency Medical Situations:

1. Administer First Aid and CPR as deemed necessary based on the nature of the injury.
2. Call emergency medical services 911 if necessary.
3. After EMS or emergency medical services have been contacted, call the child's parents/legal guardians.
4. Call the child's parent(s)/legal guardian(s) and provide them immediate, full, and accurate verbal notification regarding an injury with written notification to the parents/guardians within 48 hours.
5. Complete an EEC injury report that includes all of EEC's required information, which include all pertinent information and any attachments.
6. Obtain all information regarding the injury from staff members before they leave for the day.
7. Submit required documentation to EEC within five business days.
8. Take child's medical information and emergency consents to doctors' office or emergency room for medical personnel.
9. Make sure the child's medical information is current and accessible to staff. (All children's medical information is located in each classroom's first-aid backpack.)
10. Regularly review program's health care and safety policies with staff.
11. Maintain, and review monthly, a record of all unusual or serious incidents including but not limited to emergencies, accidents, behavioral incidents and property destruction.

II. What You Should Do

1. Emergency Medical Services (EMS) in our area is South Shore Hospital, 55 Fogg Rd, South Weymouth, MA 02190, 781-624-8000.
2. All Kiddosland staff shall be on the recognition of an emergency and the Kiddosland's health care and safety policies.
3. All staff shall know the phone number for each child's parents/guardians and primary health care provider, which in each classroom's first-aid backpack.
4. Parents/guardians shall share specific plans and specific health care needs of children with direct care staff.
5. Develop plans for children with special needs with their family and health care provider.

After first aid is administered and the child is calm, the Administrative Director or a teacher should survey the scene and gather additional information as follows:

1. What was the child doing?
2. Was any equipment involved?
3. Was another child involved?
4. Were any hazards involved?
5. Were there any witnesses?
6. What did the witnesses see?

III. Procedures to Follow in General (Mild) Situations:

1. Complete an EEC injury report.
2. Provide timely, full, and accurate verbal and written notification to parent/guardian regarding injury as soon as possible and no more than 24 hours.
3. Program staff must share all pertinent information with the Administrative Director and any teacher taking over care.
4. Sharing the child's status with the parent/guardian at pick up time.
5. Make sure all children's medical information is complete.
6. All children's medical information is accessible to staff and is located in each classroom's first-aid backpack.
7. Do not perform first aid or CPR without having completed current training.
8. Regularly review program's health care policy with staff.

IV. Reporting Injuries to EEC

The following must be immediately reported to EEC by telephone as below:

1. The death of any child which occurs while such child is in care, or resulting from an injury or event that occurred while the child was in care;
2. Any injury to any child which occurs during the hours while such child is in care and which requires hospitalization or emergency medical treatment.

This policy is provided to clarify the notification process of reporting a serious injury to EEC involving a child at a program or during program related activities.

1. Any injury that requires **overnight hospitalization** must be immediately reported to EEC by speaking directly to the Program's Licensor. An injury report form and the required documentation must then be submitted to EEC within five business days.
2. Any injury that requires **emergency medical treatment** must be reported to EEC by submitting an Injury Report Form and the required documentation to EEC within five business days.

The following are exceptions and do not need to be reported:

- Injury where medical attention is sought as a precaution and requires no treatment. Tests used to establish a diagnosis (such as x-rays) are not considered treatment.
- Seizures
- Bee stings that do not necessitate a 911 call
- Nursemaid's elbow
- Injuries treated with surgical glue, Durabond or Steri-strips
- Contusions (bruising)
- Sprains

EEC will conduct a review of all injury reports that are required to be submitted. If more information or clarification is needed, the EEC licensor may contact the program by telephone or conduct a site visit to ask questions, review files, conduct interviews or inspect equipment. Once the review is completed a report documenting the review, it will be determined no non-compliances, the program's injury report will be maintained in the program file with no further action by EEC or identifying any non-compliances that a report will be sent to the Center.

SECTION 6: PLAN FOR MANAGING INFECTIOUS DISEASE

I. Infectious Disease and School Exclusion

Kiddosland staff will take extra special precautions when children who are ill, are diagnosed at the Center and when children who are mildly ill remain at the Center. Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the Center if it is determined that any of the following exist:

- i. the illness prevents the child from participating in the program activities or from resting comfortably;
- ii. the illness results in greater care need that the staff can provide without compromising the health and safety of the other children;
- iii. the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious illness;
- iv. having diarrhea two or more times in the previous 24 hours at home or once at the center;
- v. vomiting two or more times in the previous 24 hours at home or once at the center;
- vi. mouth sores, unless the physician states that the child is non-infectious;
- vii. rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease;
- viii. purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment;
- ix. tuberculosis, until the child is non-infectious;
- x. impetigo, until 24 hours after treatment has started or all the sores are covered;
- xi. head lice, free of all nits or scabies and free of all mites;
- xii. strep infection, until 24 hours after treatment and the child has been without fever for 24 hours;
- xiii. many types of hepatitis are caused by viruses. The symptoms are so alike that blood tests are needed to tell them apart. In the U.S. the most common types of hepatitis are A, B, and C. Types B and C are spread through blood and other body fluids. Type A, is spread through contaminated food and water or stool (feces). Fact sheets are available from the state Department of Public health. www.state.ma.us/dph
- xiv. chicken pox, until last blister has healed over.

II. Policies and Procedures for Infectious Disease

- i. A child who has been excluded from the Center may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no serious health risk to him or her or to the other children. Nevertheless, Kiddosland may make the final decision concerning the inclusion or exclusion of the child.
- ii. If a child has already been admitted to the Center and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc.), he/she will be offered their mat, cot, or other comfortable spot in which to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interests of the child that he/she be taken home, his/her parent/guardian will be contacted immediately and asked to pick the child up as soon as possible.
- iii. When a communicable disease has been introduced into the Center, parents/guardians will be notified immediately, and in writing by the Administrative Director. Whenever possible, information regarding the communicable disease shall be made available to parents/guardians. Administrative Director shall consult the Child Care Health Manual for such information. DPH must be contacted when there is a reportable communicable disease in the program.
- iv. The program requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health's recommended schedule. No child shall be required, under 102 CMR 7.00 to have any such immunization if his parent(s) object, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contradicted. This must be maintained in the child's file.
- v. No child will be admitted into the program without the required documentation for immunizations. **(Childhood Lead screening must be done on all children; it is not considered an immunization).**
- vi. The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded from attending when a vaccine preventable disease is introduced into the program. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is 1-888 658-2850.

SECTION 7: PLAN FOR INFECTION CONTROL

Infection Control Policies and Procedures

I. Hand Washing

The Administrative Director shall ensure that staff and children wash their hands with liquid soap and running water using friction. Hands shall be dried with individual or disposable towels. Staff and children shall wash their hands minimally at the following times:

- Entering into the classroom, which includes at drop-off, after playing on the playground, after going on a neighborhood/nature walk, or other outdoor activities;
- Before and after water activity;
- Before eating or handling food;
- After toileting;
- After coming into contact with bodily fluids and discharges (including sneezes, coughing);
- After handling center animals or their equipment;
- Whenever hands are visibly soiled;
- Before and after administration of medication (for staff only);
- After performing cleaning tasks, handling trash or using cleaning products (for staff only).

II. Cleaning, Sanitizing and Disinfecting

In accordance with Department of Public Health (DPH) recommendations, cleaning, sanitizing and disinfecting must be completed as follows:

1. Cleaning alone is sufficient for some surfaces. Cleaning means to physically remove dirt, debris and sticky film from a surface by scrubbing, washing, wiping and rinsing. Cleaning is done with regular (not antibacterial) soap or detergent and water. Towels, washcloths, sheets, pillowcases and other coverings, and machine washable fabric toys must be cleaned and dried before use by another child, and at least weekly. Wash cloths used for multiple purposes should be cleaned and dried after every use. These items do not need to be sanitized or disinfected.
2. Sanitizing or disinfecting must follow cleaning as required. Cleaning first allows the sanitizing or disinfecting product to come in contact with the surface.
3. Sanitizing (after cleaning) is the proper treatment for most equipment and surfaces in the program. Sanitizing surfaces destroys enough germs to reduce the risk of becoming ill from contact with those surfaces.
4. Disinfecting (after cleaning) is the proper treatment for surfaces or equipment where safe contact requires a more powerful response to germs. Disinfecting is

the proper treatment for equipment and surfaces that are involved with toileting and Special Precautions.

5. Special Precautions treatment requires that surfaces or equipment exposed to blood or vomit spills be disinfected (with the standard disinfectant solution) while wearing gloves.
6. Sponges must not be used for sanitizing or disinfecting.
7. Surfaces and equipment must air dry after sanitizing or disinfecting. Do not wipe dry unless it is a product instruction.
8. Small items requiring sanitizing (such as pacifiers) may be dipped in a container for that purpose filled with sanitizing solution and allowed to air dry, or may be washed and dried in dishwasher.
9. All sanitizing and disinfecting solutions must be labeled properly to identify the contents; kept out of the reach of children; and stored separately from food items. Do not store sanitizing and disinfecting solutions in beverage containers.

III. Frequency of Sanitizing and Disinfecting

The Administrative Director or Lead Teacher shall ensure that the specific equipment, items or surfaces are washed with soap and water and disinfected with a fresh, standard bleach solution (1/4 teaspoon per 1 qt.) using the following schedule:

- i. The following item must be cleaned and sanitized daily, before and after each use:**

Cleaned and Sanitized:

- All surfaces used for eating

- ii. The following items, equipment and surfaces must be cleaned and sanitized or disinfected after each use:**

Cleaned and Sanitized:

- Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair;
- Thermometers
- Toys mouthed by children
- Bottles, eating & drinking utensils and dishes, and preparation utensils
- Mops, cloths, or other cleaning equipment when not used for cleaning body fluids.
- Water tables and water play equipment.

Cleaned and Disinfected:

- Toilet training chairs which have first been emptied into a toilet
- Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair
- Diapering surfaces

- Mops, cloths, or other cleaning equipment used for cleaning body fluids (using Standard Precautions)

iii. The following items, equipment and surfaces must be cleaned and sanitized or disinfected at least daily:

Cleaned and Sanitized:

- Sinks and sink faucets (except when used following toileting activities)
- Drinking fountains
- Play tables
- Smooth surfaced, non-porous floors. (All spills or accidents must be cleaned up immediately.)

Cleaned and Disinfected:

- Toilets and toilet seats
- Containers, including lids, used to hold soiled diapers
- Sinks and sink faucets used after toileting activities
- Water tables and water play equipment
- Mop used for cleaning
- Cloth washcloths and towels

iv. The following items, equipment and surfaces be must be cleaned and sanitized at least weekly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child.

- Cots, mats or other approved sleeping equipment
- Sheets, blankets or other coverings
- Machine washable fabric toys

IV. Sanitizing and Disinfecting Solutions

i. Sanitizing and Disinfecting with Bleach and Water

Programs using a self-made bleach solution must follow the guidelines in this policy in determining the appropriate concentration of bleach for each use. The recommendations below are for commercial bleach products with an 8.25% bleach concentration only. If you are using a different bleach concentration, different dilutions are required. The dilutions for bleach concentrations other than 8.25% are available in the Safe Cleaning and Products Fact Sheet on the EEC Website.

All bleach and water dilutions must be freshly mixed every 24 hours.

The recommended SANITIZING dilution for 8.25% bleach is:

- 2 teaspoons bleach to 1 Gallon cool water
- 1 teaspoon bleach to 1/2 Gallon cool water
- 1/2 teaspoon bleach to 1 Quart cool water
- 1/4 teaspoon bleach to 1 Pint cool water

The recommended DISINFECTING dilution for 8.25% bleach is:

- 1/2 cup bleach to 1 Gallon cool water

- 1/4 cup bleach to 1/2 Gallon cool water
- 2 Tablespoons bleach to 1 Quart cool water
- 1 Tablespoon bleach to 1 Pint cool water

Bleach solutions should be prepared daily to ensure their ability to safely sanitize or disinfect. When preparing sanitizing or disinfecting dilutions always *add bleach to water*. (This helps to avoid bleach splashes caused by adding water to bleach.) Use either the sanitizing or the disinfecting dilution as specified above.

V. Application of Sanitizing/Disinfecting Solutions

Sanitizing and Disinfecting solutions without bleach must be applied in accordance with manufacturer's recommendations.

Sanitizing and Disinfecting solutions with bleach:

- Apply the bleach dilution after cleaning the surface
- It is recommended that bleach solutions be applied with a disposable cloth rinsed in the solution and discarded after each use, or with a non-disposable cloth that is laundered in hot water and dried after each use. Paper towels also may be used. For all methods of applying bleach solutions, surfaces should be visibly wet. Surfaces should be allowed to air dry.
- If using a spray bottle, adjust the setting to produce a heavy spray or stream instead of a fine mist when possible. The fine mist could contain particles of strong chemicals which can cause asthma or allergy like symptoms.
- Allow for the contact time specified on the label of the bleach product.
- Apply when children are not present in the area and allow for fresh air ventilation when possible until bleach solution has dried.

VI. Other Infection Control Procedures

- i. All staff should wear non-latex gloves when they come into contact with blood or body fluids. Specifically, gloves should be worn during diapering, toileting, when administering first aid for a cut, bleeding wound, or a bloody nose, or when feeding an infant breast milk.
- ii. Gloves should never be reused and should be changed between children being handled.
- iii. Proper disposal of infectious materials is required. Any disposable materials that contain liquid, semi-liquid, or dry, caked blood will need to be disposed of in the secured trash receptacle located in the cleaning closet and marked "Biohazardous waste." The bags should be removed and securely tied each time the receptacle is emptied.
- iv. Cloth items that come into contact with blood or bodily fluids will be double bagged and sent home.
- v. Each staff member will be trained in the above Infection Control Procedures upon employment and before working with the children and then annually.

SECTION 8: PLAN FOR MILDLY ILL CHILDREN WHILE IN CARE

Children who are mildly ill may remain in the Center if they are not contagious (refer to Section 6: Plan for Managing Infectious Disease) and they can participate in the daily program including outside time. Symptoms which require exclusion from the rest of the class are fever, chicken pox, lice, impetigo, measles, mumps, rubella, vomiting, skin rash, diarrhea, scabies, Pertussis, conjunctivitis, strep throat, tuberculosis, ringworm, excessive coughing, discharge from eyes, pinworm, meningitis, fifth disease, sores that are oozing, and mucosal secretions that are green in color indicating infection.

Even though mildly ill children may attend to school, parents/guardians are required to pick up their children within ONE HOUR of notification if their children exhibit any of following symptoms:

- If a child has a temperature of under 100°F but does not feel well, the parents/guardians will be consulted to agree on a course of action.
- If a child has a temperature of over 100°F. The child will be sent home from the school and remain home until fever free for 24 hours before returning to the school (without any fever reducer).
- A child with impetigo must stay home and can return to the school with a doctor's note after being on antibiotics for 24 hours.
- A child with the symptoms of conjunctivitis. The child can return to the school with a doctor's note after having two dosages of eye ointment and all the discharge from the eye is cleared up.
- A child with 2 bouts of diarrheas in one hour will be sent home from the school. The child can return to the school with a doctor's note when normal activities are back for 24 hours.
- A child with vomiting symptoms will be removed from the classroom and sent to the Director's Office. The child will be sent home from the school and remain home until vomit free for 24 hours before returning to the school with a doctor's note.
- A child with strep-throat must stay home and be on antibiotics for 24 hours before returning to the school with a doctor's note.
- A child may attend the school with the symptoms of ear infection if a note from the pediatrician is provided. If a child becomes sick at school with complaints of an ear infection, the parent/guardian would be called and consulted on next steps (if fever free).
- A child with the symptoms of scarlet fever, hand, food and mouth must stay home and may return to the school with a note from the pediatrician stating that the child is not contagious and may participate in all the activities.
- A child with the symptoms of chicken pox must stay home. The child may return to the school with a note from the pediatrician stating that the child is no longer contagious and is able to participate in all daily activities and all lesions are crusted over.
- A child with head lice must stay home and may return to the school with a doctor's note when lice and nits free.

- Persistent of cough or wheezing.
- Appearance of unknown illness or complaint.
- Any other untreated contagious disease.
- Any unknown rash with increased pain/swelling/redness around the rash/red streaks leading from the rash/pus draining from the rash/a fever
- Symptom or behavior that requires one-to-one care.

If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the following procedures are as below:

1. The child who becomes ill while at school will be made as comfortable as possible, and isolated from the other children.
2. The child will be cared for in the Director's office by the Administrative Director or a qualified teacher until a parent/guardian or emergency contact arrives to pick up the child. If necessary, a cot, pillow, blanket, books and other quiet play materials will be offered to the child.
3. The Administrative Director or the Lead Teacher/Teacher will contact the child's parents/guardians.
4. The parents/guardians will be asked to pick up the child. If the parents/guardians cannot be reached, the emergency contact persons will be called and notified of the child's condition and may request them to pick up the child.
5. The Lead Teacher/Teacher will fill out the Notification of Symptoms/Suspected Illness Form for the parents/guardians to sign when picking up the child.
6. All the child's belongings must be taken home and washed.
7. Any toys, blankets, mats or other materials used by an ill child will be cleaned and disinfected before being used by other children.
8. The child's toothbrush in the Center will be replaced a new one by the classroom teachers.

If the child has been sick, parents/guardians shall honor the following timetables for your child's return to school:

1. Your child has been symptom-free of vomiting or diarrhea for 24 hours and can tolerate a typical diet.
2. Children should be fever-free without fever-reducing medication for 24 hours before returning to school.
3. For ear infections, pneumonia, strep throat and conjunctivitis, your child can return to school 24 hours after medication has been started, as long as there is no fever.

*** Please note that if a child has been evaluated by a medical source and is said to be of no serious health risk to others, that child shall be admitted back to school with written notification by the physician.**

SECTION 9: PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH NEEDS

1. During intake, parents will be asked to record any known medical conditions with or without medications on the face sheet. The face sheet will be updated yearly and as needed.
2. All allergies or other important medical condition information will be posted in each classroom, on the refrigerators, and on the snack storage cabinet.
3. Allergies list will be updated as necessary - new children enroll, unknown allergies become known.
4. All staff and substitutes will be kept informed by the Administrative Director so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.
5. For a child with specific food allergies, the cook will inform the classroom staff of substitutions for snacks and lunches when completing weekly snack and lunch menus.
6. The names of children with medical conditions that may be life threatening (ie - bee stings) will be posted in conspicuous locations with specific instructions if an occurrence were to happen. The Administrative Director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.
7. Kiddosland Child Development Center will allow parents, with written permission of their child's health care practitioner, to train staff in implementation of their child's individual health care plan.
8. Upon enrollment parents/guardians must submit a medical history form and document any special health care needs or allergies that their child might have.
9. During the orientation, staff will be required to review all documentation regarding the special health care needs of all children at the school.
10. Kiddosland will provide any additional training a staff member feels necessary to ensure that at all times; children are kept safe in relation to their health needs.
11. We ensure that all appropriate specific measures will be taken to ensure that the health requirements of children with special needs are met, when children with special needs are enrolled.

Child with Specific Health Care Needs

1. If an enrolled child has specific health care needs such as chronic medical condition or severe allergies, parents/guardians are required to provide an Individual Health Care Plan (IHCP) with or without medication.
2. The IHCP should include clear description on the specific health care needs and health services the child should receive at our program.
3. The IHCP should be signed by a licensed health care practitioner and it should include and Emergency Response Plan. This plan should be discussed with all staff members.
4. The IHCP should be reviewed and updated whenever the child's medical condition changes.

5. Individual EpiPen or inhaler must be stored in a child's individual storage area. It must be labeled properly with parental consent and authorization of the physician.

SECTION 10: PLAN FOR ADMINISTRATION OF MEDICATION

I. Prescription Medication

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

II. Non-prescription Medication

- i. Non-prescription medication will be given only with written consent of the child's physician. The Center will accept a signed statement from the physician listing the medication(s), the dosage and criteria for its administration. This statement will be valid for one year from the date that it was signed.
- ii. Along with the written consent of the physician, the Center will also need written parental authorization. The parent must fill out the Authorization for Medication Form, which allows the Center to administer the nonprescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.
- iii. The Center will make every attempt to contact the parent prior to be child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

III. Topical Ointments and Sprays

- i. Topical ointments and sprays such as petroleum jelly, sunscreen, etc. will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.
- ii. When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Center will follow its written procedure for nonprescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form signed by the parent.

- iii. Bug sprays will not be applied in the Center. Parents/guardians may apply bug spray to your child(ren) at home when needed before coming to the Center.

IV. All Medications

- i. The first dosage must be administered by the parent/guardian at home in case of an allergic reaction.
- ii. All medications must be given to the teacher directly by the parent/guardian.
- iii. All medications will be stored in the Director's Office, out of the reach of children (or in the refrigerator if refrigeration is necessary). All medications that are considered controlled substances must be locked and kept out of reach of children. Rescue medications will travel with child wherever the child goes, indoor and outdoor.
- iv. The Administrative Director will be responsible for the administration of medication. In her absence, the Lead Teacher will be responsible.
- v. The Center will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time and date of each administration, the dosage, and the name of the staff person administering the medication. This completed record will become part of the child's file.
- vi. All unused medication will be returned to the parent/guardian.

SECTION 11: TOOTH BRUSHING POLICY

According to the EEC regulation 606 CMR 7.11 (11)(d), "Educators must assist children in brushing their teeth whenever they are in care for more than four hours or whenever they consume a meal while in care."

Background and Regulatory Intent:

This regulation is intended to increase awareness of the importance of good oral health practices for the Commonwealth's children. National research indicates that dental caries (tooth decay) is the most chronic childhood disease, five times more common than asthma. If untreated, dental caries results in cavities, pain, infection and, in some instances, devastating consequences for a child's overall health, including sickness and mortality. Primary (baby) teeth have a much thinner layer of enamel compared to adult teeth. Therefore, young children are more at-risk for tooth decay, which usually progresses more quickly than it does in adult teeth. Untreated dental caries can inhibit learning, speech, and eating, leading to problems in school and poor nutrition. U.S. children lose more than 51 million school hours due to dental-related illness, according to a 2000 report of the Surgeon General.

The Catalyst Institute's 2008 study on the oral health of Massachusetts' children found that more than one-in-four kindergarten children had evidence of dental decay, with nearly half of those children having untreated dental decay. The proportion of children from low-income families with untreated decay was at least double that of comparable groups.

Dental caries and oral disease are almost entirely preventable. According to the Centers for Disease Control and Prevention (CDC), "When done routinely and properly, tooth brushing can reduce the amount of plaque which contains the bacteria associated with gum disease and tooth decay."

Application of this requirement to all EEC licensed programs:

- Children attend for more than four hours per day.
- Children have a meal (not a snack) while in care, regardless of the length of time the children are in care.
- Children eat more than one meal must assist children with tooth brushing only once during the program day.
- Tooth brushing need not follow a meal; it can be scheduled at any time that best fits the program's curriculum.
- This regulation does not apply to licensed school age programs when children are in care only before and/or after school. It does, however, apply during school vacation weeks and the summer months if children attend for more than four hours per day or have at least one meal during the program day.

- Kiddosland will provide tooth brushes and toothpaste for the children
- Children are strongly encouraged to brush their teeth and teachers will assist them in doing so.
- Children must not be forced to brush their teeth.
- Parental choice regarding this requirement: This regulation creates an opportunity to provide families with resources and information about the importance of good oral health. It is also an opportunity to educate young children regarding good dental hygiene practices. However, EEC supports and respects parental choice.
- Individual parents/guardians who do not want their child (ren) to brush their teeth while in care must make a request for non-participation in writing, which is in the Enrollment Packet. This request must be maintained in their child's record.
- Like other information in a child's record, this request to opt out of tooth brushing must be updated annually as required by 606 CMR 7.04(9).
- Kiddosland will inform parents/guardians of this non-participation option and give them an opportunity to decide whether their child should brush teeth while in care.
- Kiddosland will not require, compel, or solicit parents' decision not to have their child participate in tooth brushing because of the program's reluctance to implement this requirement.
- Kiddosland will be prepared to assist children with tooth brushing as required by this regulation.

SECTION 12: PROCEDURES FOR USING AND MAINTAINING FIRST AID EQUIPMENT

Location of First-Aid Backpack

Each classroom will have a first-aid backpack. Its location will be marked by a red cross. The first-aid backpacks are stored out of the reach of children but easily accessible in case of emergency.

Portable first-aid backpack used on field trips will include:

- first aid supplies
- children's emergency contacts and telephone numbers

Who Maintains The First Aid Kit?

The first aid kit is kept supplied by the Administrative Director. First aid backpacks will be inspected monthly but supplies will be replaced as needed. Staff should report missing items to the Administrative Director.

Staff certified in first aid and in accordance with recommended procedures will use all first aid supplies and/or equipment.

All staff must be first aid certified within six (6) months of employment. One staff member certified in CPR must be on the premises during all hours of operation.

Contents of First-Aid Backpack

First Aid Supplies

- Band-Aids
- Disposable Non-Latex Gloves
- Gauze Pads
- Gauze Roller Bandage
- Adhesive Tape
- Instant Cold Pack
- Tweezers
- Thermometer
- Compress
- Scissors
- Zip Lock Bag
- Biohazard Bag
- Clean and Fresh Bottled Water
- Tissue Box
- Emergency Blankets
- CPR mouth guards

Children's Emergency Information

- First Aid And Emergency Medical Care Consent Form
- Emergency Contacts and Telephone Numbers
- Child Release Authorization Form

SECTION 13: PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

I. Mandated Reporting

Under the Massachusetts guidelines of Mandated Reporting, all staff members of Kiddosland are mandated by Law C119, Section 51A to report all incidents of suspected abuse and/or neglect of children under the age of 18 to the Department of Children and Families (DCF) through 51A Report. On the basis of the Massachusetts General Laws to Protect Children Section 51A-F, the staff will never be discriminated or retaliated against for making a report of suspected abuse.

All staff of Kiddosland must report the following to the Administrative Director immediately, which include, but not limited to:

- Any indication of or warning signs concerning abuse and/or neglect involving a child and inappropriate behavior of a staff member;
- Any instances of staff violating the Code of Conduct and Child Protection Policy;
- Any suspicions or concerns are uncertainty as to whether or not to report.

II. Procedure of Reporting

1. Any child who is threatened with any form of child abuse, such as physical abuse, emotional abuse, sexual abuse, and/or neglect if suspected, this must be immediately reported to the Administrative Director.
2. After you have reported the incident to the Administrative Director, both you and the Director will report the abuse and neglect to the Massachusetts Department of Children and Families (DCF).
3. The Licensee and the Administrative Director in consultation with DCF may jointly decide if, when, and/or how the parents/guardians should be advised that the Kiddosland Child Development Center has filed a 51A report.
4. A written 51A report must be submitted within 48 hours after the suspected abuse or neglect has been verbally reported to DCF. Please note that under the Law, Chapter 119 sections 51A-E, a failure of required reporting about the suspected child abuse and neglect, any mandated reporter may be fined up to \$5000 and/or 2½ years in jail.
5. If any staff of Kiddosland involve the alleged abuse, the staff will be promptly be suspended from work and will remain suspended until a full investigation is completed. Reinstatement of the staff will occur only after all allegations have been cleared to the satisfaction of the Administrative Director of Kiddosland.
6. The Department of Early Education and Care (EEC) will be immediately notified about the reporting of the 51A report involving a staff member.
7. Parents/guardians will be immediately notified of any allegations of abuse or neglect involving their children while in care and custody of Kiddosland Child Development Center.

III. DCF Coastal Area Office Directory

Hours: 9:00 a.m.-5:00 p.m.: 220 Forbes Road\Rear, Suite 117, Braintree, MA 02184
Phone: 781-794-4400; Fax: 781-794-4507 and 781-794-4510
After 5:00 p.m. or weekends/holidays: Child-at-Risk Hotline: 1-800-792-5200
Website: www.mass.gov/dcf

SECTION 14: CHILD GUIDANCE POLICIES

Guidelines for Child Abuse Prevention

All staff members of Kiddosland Child Development Center are required to use positive guidance strategies at all times. All staff members are NOT allowed to use any of the following as behavior management for children, but not limited to:

- a) Spanking or other corporal punishment of children;
- b) Subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment including any type of physical hitting inflicted in any manner upon the body, shaking, threats, or derogatory remarks;
- c) Depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence;
- d) Disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet, or using any other unusual or excessive practices for toileting;
- e) Confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision; and
- f) Excessive time-out. Time-out may not exceed one minute for each year of the child's age and must take place within an educator's view.

*** Please note:**

1. Using discipline or child guidance techniques that require the use of any physical restraint is NOT allowed at all times.
2. Each incident must be documented with an incident report and promptly reported to the Administrative Director as well as notifying the parents/guardians. All documentation of incidents is required to maintain confidentiality.

Child Guidance Policies

When a child's behavior is atypical of his/her developmental age or a child's destructive behavior persists, which becomes a concern of teachers, the behavior will be observed, recorded, and reviewed for the assessment process before a referral is recommended. A meeting will be scheduled with the child's family to discuss the concerns and referral with the Administrative Director and the appropriate staff. A child guidance plan will be set with the goal of assisting the child to develop pro-social behavior and maximize the child's development and growth while protecting the other individuals in the program. External referrals may be recommended in terms of providing the least restrictive learning environment for the child and the referrals are kept confidential.

Basic Techniques for Child Guidance

Routine child guidance practices should include but are not limited to the following:

- Having a sound understanding about the principles of child growth and development;
- Preparing a stimulating and educational environment with a varied curriculum and plenty of age appropriate play materials;

- Creating consistent routines and planning ways to have smooth transitions, enabling children's waiting times to be productive;
- Modeling appropriate behaviors and positive attitudes;
- Learning about the child and family history;
- Understanding how individual children respond to different cues, and understanding that no single technique will work for all situations;
- Being clear about rules and being consistent in applying them;
- Providing opportunities for children to learn guidelines for acceptable behavior;
- Resolving problems as they occur and reminding children of the rules when a problem erupts, (when appropriate children should play a role in resolving their problems);
- Recognizing children's feelings when discussing their unacceptable behavior with them, (separation of one's disapproval of the behavior from the care and respect for the child);
- Reducing opportunities for problem behaviors before they begin by focusing children away from potential problems and expending efforts towards redirection;
- Helping children learn about natural consequences because appropriate natural consequences appeal to their sense of logic, "When I do this; this is what happens";
- Teaching children coping mechanisms such as, "Taking a break," and, "Picking another activity";
- Helping children "brainstorm" to solve problems and make choices because it helps promote self-esteem and teaches problem solving skills;
- Knowing when to respond to inappropriate behavior and noticing appropriate behavior; and,
- Creating an individual action plan for a child that identifies the child's challenging behaviors and includes ideas for how the teacher and the child's parents can work to resolve them.

Effective Ways Teachers May Respond Include:

- Separate the child from the environment, but have the child remain within the staff's immediate and direct supervision until the child is able to regain self-control and re-join the group;
- Have the teacher place him/herself in close proximity to the child until the child is able to regain self-control when the child cannot be removed from the environment. In this instance, the teacher must also remove anything within the child's immediate reach that is a potential danger to the child or others.
- If necessary, the teacher may use another adult to support and assist in calming the child until the child is able to regain self-control.
- Talk calmly to the child; this is always appropriate.

SECTION 15: PLAN FOR REFERRAL SERVICES

At Kiddosland Child Development Center, we are committed to ensure the safety and well-being of all children in our program. It is our goal to provide a safe and nurturing learning environment for all children enrolled in our program. Although Kiddosland strives to meet the needs of each child in our care, there are circumstances where a child cannot function safely in our Center. If any aggressive behavior causes a significant risk or harm to the safety of the child or other children and/or staff, Kiddosland may follow the procedures for referral services.

Referral Policy & Procedure:

Whenever staff or administration have a concern regarding a child’s social, mental, health, education, medical services not limited to vision, hearing, and dental.

- Staff must inform the program owner and director of their concerns.
- Staff and administration will observe a record behavior and other pertinent information regarding their concern.
- A meeting with parent/guardian will be held. At the meeting, a reason for the meeting, a summary of observations and any efforts made to accommodate the child will be given to parent/guardian in writing.
- Program will assist parent in making a referral.
- A list of referrals is as follows:

A List of Community Supports/Referrals

Education	
Braintree Public School - Braintree Special Services Department	General Telephone - 781-848-4000 Jeffrey Rubin, Special Education Director, x7620 Michael Bochman, Assistant Director of Special Services 6-12, x7621 Dr. Jessie-Sue Milo, Assistant Director of Special Services PreK-5, x7623
Community Care For Kids	1509 Hancock St, Quincy, MA 02169 617) 471-6473
Department of Developmental Services	65 Sprague St #5, Hyde Park, MA 02136 617-363-2900
Early Intervention Program	574 Main St, South Weymouth, MA 02190 781-331-2533
Puzzle Pieces, LLC	1266 Furnace Brook Pkwy #308, Quincy, MA 02169 617-433-7699
Step One Early Intervention	16 Moon Island Rd, Quincy, MA 02171 617-774-1040
Health	
South Shore Health Care	Dr. Robert S. Baratz, MD, PhD, DDS 759 Granite Street, Braintree, MA 02184 781-848-1950
Braintree Public Health Nurse	781-794-8094

Braintree Public School - Nursing Services Department	Director of School Nursing Services, Laurie Melchionda, MEd, BSN, RN 781-848-4000 X7840 or lmelchionda@braintreema.gov
Children's Medical Security Plan	1-800-841-2900
MassHealth	45 Spruce St, Chelsea, MA 02150 781-485-2500
Massachusetts Dental Society	2 Willow St, Fayville, MA 01745 800-342-8747
Montillo Dental Associates of Braintree	420 Washington St # 101, Braintree, MA 02184 781-848-2422
Women, Infants and Children (WIC) Nutrition Program	145 South Street, Boston, MA 02111 617-521-6777
Miscellaneous	
Braintree Community Food Pantry	594 Washington St, Braintree, MA 02184 781-277-1609
Parental Stress Line	1-800-632-8188
Social Services Department	541 Main St #201, South Weymouth, MA 02190 781-682-0800
South Shore Mental Health	859 Willard St, Quincy, MA 02169 617-847-1083 or 800-528-4890
Supplemental Nutrition Assistance Program (SNAP)	1-800-221-5689

- The program cannot assist or implement a referral for any child without written parental/guardian's permission.
- Parental/guardian's consent written documentation pertaining to the referral and the documenting meeting will be maintained in child's file.