

# **PARENT HANDBOOK**

*April 2025*

## **PHILOSOPHY OF LEARNING**

At the StoryTree Children's Center we provide a safe, warm, happy, and supportive environment for your child. We are open year round and have flexible scheduling to try to meet the needs of your family.

StoryTree is licensed by the Department of Early Education and Care and accredited by The National Association for the Education of Young Children.

We follow the Creative Curriculum Developmental Continuum for all children as well as the Department of Education guidelines. The Creative Curriculum addresses the four areas of development-social/emotional, physical, cognitive and language. These are introduced through materials and activities which are both child centered and teacher directed. Activities are planned which emphasize the process rather than the product, fostering a sense of accomplishment and pride.

Based on the theory that children learn through play, classroom routines encourage active involvement, meaningful experimentation and reinforcement through repetition. Schedules are designed to offer opportunities for children to participate in a variety of creative activities, such as art, music, literature, dramatic play and science, encouraging exploration, experimentation and discovery.

Each child develops at his/her own pace. They learn naturally and need encouragement and creative stimulation to fit their interest.

We provide at least 60 minutes of physical activity outside daily, weather permitting.

## **CHARACTERISTICS OF CHILDREN SERVED**

The StoryTree provides full daycare for males and females between the ages of six weeks to eight years regardless of race, religion, cultural heritage, political beliefs, sexual orientation, disabilities, national origin, or marital status. A child's toilet training status is not an eligibility requirement for enrollment. We assure that all Department of Early Education and Care rules and regulations are met.

## **ENROLLMENT PROCEDURES**

Following a phone inquiry, parents are invited to visit the school to discuss enrollment procedures. Upon arrival they are taken on a brief tour of the classrooms and grounds. The child is given some time to observe their group and is encouraged to participate. Then the parents and the child, if unwilling to be left in the group, are invited to sit down and discuss school policies and ask any questions they may have. The family's and child's needs and interests will be discussed. Educators will request that parents share with them information about other therapeutic, educational, social and supportive services received by the child to support transitions and coordinate services. If mutually agreed that the child will benefit from our program, they are given the various forms to be completed, and a registration fee is accepted as a deposit. For children younger than school age, educators must discuss each child's developmental history with his or her parents at the time of enrollment. The developmental history must be updated annually and maintained in the children's record.

Parents are welcome to visit the program unannounced at any time while their child is present; and input from and communication with parents is encouraged.

## TUITION RATES

updated: 04/02/25

**Tuition is due on the Friday before your scheduled week.**

### **Full Time (over four hours, but less than nine)**

### **Part Time (four hours)**

#### **Preschool and School Age:**

Five days	\$ 290.00	\$ 190.00
Four days	\$ 255.00	\$ 175.00
Three days	\$ 220.00	\$ 160.00
Two days	\$ 190.00	\$ 140.00
One day	\$ 90.00	\$ 70.00

(There will be an extra \$15.00 charge for an additional half day)

#### **Toddler (15 months – 2.9 years):**

Five days	\$ 345.00	\$ 200.00
Four days	\$ 300.00	\$ 190.00
Three days	\$ 255.00	\$ 180.00
Two days	\$ 215.00	\$ 165.00

#### **Infant (6 weeks - 15 months):**

Five days	\$ 365.00
Four days	\$ 320.00
Three days	\$ 270.00
Two days	\$ 245.00

### **Annual Registration Fee**

A non-refundable fee of \$35.00 must be paid upon registering for enrollment (\$60.00 per family).

### **Late Payments**

A cumulative service charge of \$5.00 per day will be added to the weekly tuition. Failure to meet payment by the following Friday will result in termination of services.

### **Late Pick – Up**

A charge of \$10.00 per fifteen minutes after hours of operation will be required upon picking up your child.

### **Hours of Operation**

The StoryTree is open Monday through Friday, 7:00 a.m. – 5:00 p.m., 52 weeks per year. Except in the case of the following holidays which we will be closed:

New Year's Day	Independence Day	Professional Development Days
Martin Luther King Day	Labor Day	
Presidents Day	Columbus Day	
Patriots Day	Veterans Day	
Memorial Day	Thanksgiving Day	
Juneteenth	Day after Thanksgiving	
	Holiday Break (including Christmas Day)	

(If a holiday falls on a Saturday or a Sunday, we will observe it on Friday or Monday)

## **PAYMENT POLICIES**

**Payment Process:** All payments are due on Friday prior to care provided. Cash, checks, or money orders are acceptable. Checks or money orders should be made payable to the StoryTree.

**Delinquent Payment:** Checks returned for insufficient funds will result in a \$30.00 charge. If three checks are returned for insufficient funds, all future payments must be made by either cash or money order.

**Contracted Days:** Your tuition fee is subject to the days you are contracted for upon enrollment, regardless of attendance. Any permanent changes must be made two weeks in advance with the Director's approval.

**Late Fees:** In the event that a child is left in the care of a staff person after closing, there will be a late pick-up fee of \$10.00 per 15 minutes paid at that time to the staff person. If a child is not picked up by 7:00 p.m. and staff is unable to reach a parent or emergency contact, The Department of Social Services and the local Police Department will be notified.

**Additional Hours:** Each additional hour over the allotted 9 hours will be charged at \$5.00 for each hour.

## **ARRIVAL AND PICK UP PROCEDURES**

**Arrival:** Upon arriving to the center each day, you must accompany your child into the center and be sure a staff person has acknowledged his/her arrival.

**Pick Up:** Children must be picked up by a parent or authorized person by the scheduled departure time. Your child will not be allowed to leave the center with any person whose name does not appear on the authorization form. A photo I.D. will be required for identification if the authorized person is not recognized by the Director or teacher. Parents are asked to phone the school if your child will be kept home from school for the day. If your child has an illness that may be contagious, please inform the center so that we may inform other parents.

## TOILET TRAINING POLICY & PROCEDURES

When you feel your child is ready for toilet training, we ask that you begin teaching at home. StoryTree is happy to partner with you to create a consistent environment for toilet training success. Daily communication between you and StoryTree is very important, therefore please talk with your child's teachers before sending them in underwear. Below are guidelines we have set up to ensure a successful, supportive, and healthy environment:

- Talk to us anytime you want, even if you are just starting to think about it. We can provide information and ideas before you start. It's critical to your child's success if you have a plan. We're here to support your child! Let Lisa know when you want to talk about a plan, or to get started.
- We can begin toilet training at StoryTree once you have had success with toilet training at home for at least two full days, usually over the weekend, and your child shows signs of being ready (see Toilet/Potty Training Checklist) that include your child being able to make it to the toilet when being brought every two hours and they tell you that they need to go at least 70% of the time. If they aren't even telling you when they have to go, then they aren't quite ready yet.
- Your child needs to be able to easily undress themselves so they can use the bathroom. Dress for success! Loose fitting pants/shorts with an elastic waist are best. Try to avoid tight clothing, pants/shorts with snaps or buttons, onesies, overalls, dresses, and rompers. We also suggest plastic types of shoes because they can be easily cleaned (i.e. Crocs).
- Bring at least 3 complete changes of clothes (including extra shirts, pants, underwear, socks, and shoes).
- If using pull-ups or training pants, they must have Velcro sides.

Please keep in mind that the high activity level here at the Center may distract your child from responding to the urge to use the potty more so than at home. Staff will never put a child on the potty unless the child is willing, and no child will ever be punished or humiliated for soiling his/her clothing.

Please note: underwear will not be allowed if your child is still having frequent accidents. Health policies advise that urine and feces are contained in a diaper or pull-up to keep sanitary conditions in the classroom. Per regulations set by the Center for Disease Control, staff cannot wash out soiled clothing. They are required to put soiled clothing in a plastic bag for you to take home and wash.

# Toilet/Potty Training Checklist

Is your child ready to be toilet trained? *Check those that apply to your child.*

- \_\_\_\_\_ Follows simple directions
- \_\_\_\_\_ Remains dry for at least 2 hours at a time during the day
- \_\_\_\_\_ Regular and predictable bowel movements  
(some may have bowel movements every day and some may have them less frequently)
- \_\_\_\_\_ Dry after nap
- \_\_\_\_\_ Walks to and from the bathroom, pulls down own pants and pulls them up again
- \_\_\_\_\_ Seems uncomfortable with soiled or wet diapers
- \_\_\_\_\_ Seems interested in the toilet
- \_\_\_\_\_ Has asked to wear grown-up underwear

- If the child has most of the skills marked, you can assume the child is ready to start toilet training. Toilet training may be best accomplished by starting at home first and then at childcare.
- If the child does not have most of the skills marked, then wait a few weeks or months and refer to the checklist again. Toilet training is much easier if the child is truly ready to master this skill.

**Please share some information about your child's and family's preferences in this process:**

1. What words or gestures does your family use for:  
Body parts? \_\_\_\_\_  
Urine? \_\_\_\_\_  
Bowel movements? \_\_\_\_\_
2. What strategies have been tried at home? (Example: reading books, trying on big kid underwear, sitting on potty) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Does your child have a special need or circumstance that needs to be taken into consideration? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PROGRESS REPORTS**

StoryTree educators will prepare progress reports for each child in the program. Conferences will be offered to discuss the content of the report and a copy will be given to the parent and a copy will be kept in the child's file. For infants and children with identified special needs the reports will be completed every 3 months. For toddlers and preschoolers, the reports will be prepared at least every 6 months. The reports will be based on observations and documentation of the child's progress. The report will address the developmental domains of Cognitive, Social/Emotional, Language and Gross motor areas.

## **WRITTEN PLAN FOR REFERRAL SERVICES**

StoryTree will use the following procedures for referring parents to appropriate social, mental health, educational, and medical services, including but not limited to dental check-up, vision or hearing screening for their child, should the program staff feel that an assessment for such additional services would benefit the child.

## **REFERRAL PROCESS**

Whenever any staff member or parent/guardian is concerned about a child's development or behaviors, they should report it to the classroom Lead Teacher who will review this with the director. The Lead Teacher will conduct an observation for any additional documentation and support or to suggest alternative strategies for working with the child. A meeting will be set up with the Lead Teacher, Director and parents to discuss information or observations including the reason for recommending a referral for additional services. A brief written summary of observations related to the referral and efforts made to accommodate the needs will be discussed. Documentation will be maintained in the child's record and copies given to the parents upon request.

The StoryTree will maintain a listing of current referral resource agencies available and will assist the parent/guardian in the referral process. The name and address of the contact person (within the family's school district) will be given to the family. If the child is 2 years and 9 months or older the Director will assist the family by giving written notice to the appropriate administrator of special education. If the child is younger than 2 years and 9 months the Director will help the family by giving written notice to the DPH Early Intervention program.

## **FOLLOW UP**

The Director with parental written permission will contact the service provider who evaluated the child for consultation and assistance in meeting the child's needs at the center. If it is determined that the child is not in need of services, the parents and staff will review the child's progress in 3-month intervals to determine if another referral is necessary.

## EMERGENCY SITUATIONS

Emergency situations will be addressed in the fastest and safest possible way. These situations will be addressed immediately on an as needed basis. The center's main concern will be the health and safety of the children and staff. During snowstorms the school will remain open provided staff can make it safely to school. To make sure we are open, please call the center or check our Facebook page. If you know your child will not be coming in, please call and let us know.

- In case of fire we will call all parents as quickly as possible.
- In case of natural disaster we will close.
- In the case of loss of power we will call TMLP to check on the situation and the expected time without power. If there is an issue of feeding and heat we will call all parents to pick up children.
- If we lose heat and the temperature goes below 65 we will close.
- In the case of no water we will call the water department to get an expected time. Backup water jugs will be used until the water is restored.

If there is a need for evacuation of StoryTree we will walk next door to 7 Poole Street and follow instructions from the Emergency Management Agency. Emergency contacts will be brought with us. The director will check all bathrooms and classrooms before we leave the building and a headcount will be down to make sure all children are accounted for. All emergency information will be taken and parents will be notified as quickly as possible about the emergency situation, the location of their child, and the need to pick up their child. A notice will also be posted on the center's main door.

The 4 youngest children will be placed in the stroller by the door, the older 5 children will hold the teachers hands and walk next door. The evacuation crib will be used if we have more infants than toddlers

DEEC will be notified of all emergency situations, closings, evacuations, and/or relocation of children as soon as possible.

- o The educator must hold practice evacuation drills with all groups of children and all educators from each floor level of the approved space at least monthly. Drills must be held during different times of the program day, and must use alternative exits. The educator must document the date, time, exit route used, number of children evacuated and effectiveness of each drill.

In the event a classroom teacher notices the attendance count is incorrect, and/or a child is missing from the group:

1. The teacher immediately puts CODE YELLOW into effect. All staff are immediately notified.
2. The teacher from the classroom will immediately start looking for the missing child.
3. All other staff will assist in looking for the missing child.
4. As soon as the child is located, the teacher announces CODE CLEAR.

If the child is not located:

1. The director will immediately notify the child's parents/guardians.
2. After a thorough search of the center/surrounding area, and after determining the child was not picked up by a family member or emergency contact person, the local police will be notified. Pertinent information will be given to the police.
3. The staff involved will fill out an incident report. The authorities will take control of the situation and the Director will notify the appropriate agencies.



## **TERMINATION AND SUSPENSION PROCEDURES**

Our goal is to provide a safe and enriching environment for all children in our care and to support the individual needs of their families. But because children and families are not all alike in their requirements, there are occasionally children for whom The Story Tree does not provide the ideal situation.

The procedure described in the “Written Referral Plan” will be followed. If applicable, a meeting will then be set up with the parents where they will be informed in writing of the center’s decision, including the reasons for termination or suspension. The center will also offer consultation and provide the parents with a list of more appropriate programs in the community. If applicable, the process of termination suspension will be handled for the child in a way consistent with their particular ability to understand.

The Story Tree Children’s Center reserves the right to terminate/suspend for but is not limited to:

- Nonpayment of tuition
- Not submitting current paperwork
- Not following procedures and policies as stated in the Parent Handbook
- If parents/visitors do not treat children or staff in a respectful/professional way
- If parents/visitors do anything to hurt children or staff
- Continuous inappropriate behavior
- If the health and safety of the child, or that of the other children or staff cannot be assured through positive guidance and behavior management techniques, and reasonable classroom accommodations. The program will inform families and meet together to discuss strategies that might be incorporated at home and/or school. Modification of the classroom environment and/or behavior modification techniques will be developed and implemented. If these modifications are not able to ensure the safety of all children and staff, another meeting will be held with the family to begin the referral process. (The center with parent permission will pursue supportive services to the program, including consultation and educator training)

If StoryTree chooses to suspend or terminate a child for any reason, we will provide written documentation to the parents of the specific reason(s) for the proposed suspension or termination of the child and the circumstances under which the child may return, if any.

## **WITHDRAWAL**

A two-week written notice is required for withdrawal of your child for any reason. You may choose to pay the 2 weeks and not bring your child. This allows us ample time to fill your child's slot.

## **PERSONAL BELONGINGS**

A complete set of clothing suited to the season, needs to be kept at the center for your child. These clothes should be clearly labeled. Soiled clothing should be replaced the next day. We do go outside every day; please dress your child accordingly. All children will need a blanket for rest time, which should go home weekly to be laundered.

## **CHILD GUIDANCE**

The Story Tree Children's Center is committed to providing quality childcare in a safe and loving environment. An area of importance is discipline and its effect on the children in our care. These are the following guidelines we use:

1. Limitations will be set which are developmentally appropriate.
2. Be consistent.
3. Act with confidence, fairness, and patience in disciplining.
4. Praise and encourage good behavior, recognizing that you serve as a role model for appropriate actions.
5. State suggestions or directions in a positive form. Give a child a choice only if you intend to accept it.
6. Focus on the child's actions rather than personality. Make the child feel worthwhile and respected.
7. Use a kind, firm voice when disciplining. Use words and a tone of voice that will help the child feel confident and reassured.
8. Consequences for misbehavior will be immediate, and of short duration and be related to the act.
9. Consequences are appropriate only for repeated misbehavior. Acceptable consequences are removing the child from one play area to another, limiting play privileges and using a thinking time.
10. This time provides the child with an opportunity to think about appropriate behavior. It should last no longer than one minute per year of age.
11. Consequences will not be associated with food, naps, or bathroom procedures.
12. Be sure that the entire staff is consistent regarding supervision and behavior management techniques.
13. Maintain discipline guidelines set forth by the Individual State Licensing Authorities.

The following practices are strictly prohibited:

- 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.
- Depriving children of outdoor time, meals or snacks; force feeding children or otherwise making them eat against their will, or in any way using food as a consequence.
- Disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or to remain on the toilet or using any other unusual or excessive practices for toileting.

- Confining a child to a swing, highchair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision.

We believe that children need guidance. They need help developing skills to make wise decisions for themselves. Children need limits, directions, and rules to abide by. Discipline and guidance shall be consistent and geared to the developmental levels of the children. We will intervene quickly when children are physically aggressive with one another and helping them develop more positive strategies for resolving conflict. We will use environmental modifications, activity modifications, adult or peer support, and other teaching strategies to encourage appropriate behavior and prevent challenging behaviors. School policies will be discussed with the children throughout the year and they will be asked to help create classroom rules. The following will take place if inappropriate behavior is witnessed:

1. The child is approached calmly and drawn aside.
2. The inappropriate behavior is briefly explained.
3. The child is made aware of the consequences of the behavior.
4. The teacher will suggest a positive alternative for the inappropriate behavior
5. The child is redirected to another activity.
6. The child is welcomed back to the activity with a smile.

## **THE INFANT PROGRAM**

At the StoryTree knowing that the first three years of life are very important, we are committed to providing a safe and nurturing environment while adding elements to help develop your baby's physical, emotional and social development. Activities such as singing and dancing with your infant as well as reading and cuddling are planned for the day.

Our Staff is sensitive to the needs of each infant and takes great care to accommodate each child's schedule.

### **THINGS TO BRING TO THE CENTER FOR YOUR INFANT:**

- ☐ Disposable Diapers
- ☐ Wipes
- ☐ Prepared bottles (NO glass)
- ☐ Spoon
- ☐ Bibs and burp cloths
- ☐ Pacifiers
- ☐ Baby food
- ☐ Bowl
- ☐ Ointment
- ☐ 2 or 3 changes of clothes
- ☐ Blanket (we will provide the crib sheet)

**\*\*\*Please label all items with your child's name and re-label when necessary.\*\*\***

Please check your child's daily sheet to see which supplies are needed.

## OUR INFANT DAILY SCHEDULE

All feeding, diapering and napping are given on demand or according to parental request. Diapering schedules is every two hours from the time of arrival and as needed in between.

- **Back to Sleep/SIDS 7.11(13)(e) –**
  - place **infants on their backs** for sleeping, unless the child's health care professional orders otherwise in writing;
  - 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 material

## THE TODDLER PROGRAM

### WHEN YOUR INFANT BECOMES A TODDLER

Your child may enter the toddler room when he/she turns 15 months. A toddler is a child between 15 months and 2 years and 9 months. As your child turns 15 months, they will visit the toddler room on and off throughout the day to help them adjust to their new surroundings. In the toddler room all the children eat lunch together and then nap from about 11:30 until 1:30. You should pack everything your child needs for lunch (including a bib) toddlers sleep on mats. You will continue to receive a daily report please check to see if supplies are needed.

Our toddler program is designed to provide your child with a warm and happy environment, which stimulates learning both socially and emotionally.

We provide our toddlers with the opportunity to explore creative outlets such as painting, singing, and dancing, reading stories and experimenting with sand and water activities. We also include many activities to encourage the development of both gross and fine motor development. Our main objectives are to develop your child's self-esteem.

Our Toddler program has been designed so that the children have the security of knowing routines and sequence of activities which is important at this age. Activities such as snack, play, lunch and rest time occur daily at approximately the same time.

### THINGS TO BRING FOR YOUR TODDLER:

- ☐ Disposable Diapers
- ☐ Wipes
- ☐ Ointment
- ☐ 2 or 3 complete changes of clothing
- ☐ Lunch
- ☐ Water cup
- ☐ Sheet and blanket for rest time

**\*\*\*Please label all items with your child's name and re-label when necessary\*\*\***

At this developmental stage, toddlers rely heavily on non-verbal communication-hugging, waving, pointing, and also pushing and biting. What's happening is completely normal and your child will overcome these practices as his/her language develops and they begin to communicate verbally.

It is not uncommon for children of this age to have many bumps, scrapes and bruises. Young toddlers are still quite unsteady on their feet. As they physically mature, they begin to master their coordination.

## **THE PRESCHOOL PROGRAM**

We take a hands-on approach to learning. We have tried to create an environment, which encourages children to be independent with the support of caring adults. The program is designed to:

- Build self-esteem
- Develop vocabulary
- Increase interest in books, numbers, people, and cultures
- Improve coordination
- Introduce new ideas
- Develop individual and self-help skills

The room is set up with different interest areas for open-ended play. Areas of interest include housekeeping, library, discovery, block, manipulatives, music and listening.

There are to be **NO TOYS** brought from home. Your child may bring a doll or stuffed animal for rest.

Transition to Kindergarten: During the spring, we will begin talking to parents and children about the steps involved in transitioning to Kindergarten. Parents are given information about what is expected as well as information on upcoming Kindergarten events in the surrounding towns. Staff will remind parents of the documentation that is also needed to register their child (original birth certificate, up-to-date immunization records from the pediatrician) Families will be provided with a final developmental report in June that may be shared with the Kindergarten. Please let us know if you have any other questions in regards to the transition.

## **SURVEILLANCE POLICY**

For safety purposes, every classroom, as well as the playground and parking lot, is equipped with surveillance cameras. The classrooms are recorded digitally. Due to confidentiality, only administrative staff members have access to the security system. By being enrolled at StoryTree Children's Center you consent to being video and audio recorded.

## NUTRITION POLICY

Providing a child with three nutritionally balanced meals, clean drinking water and two or three “good” snacks, plenty of fresh air, rest and love are essential for proper growth. We do not provide lunches or snacks. We do have refrigerators and microwaves to cool and heat lunches and snacks. Here are some suggestions for lunches: (Try to pack a main item and include fresh fruit, vegetable each day) sandwiches – tuna, cheese, peanut butter and jelly, pizza, soups, macaroni and cheese. Please do not send fun fruits or raisins (these tend to stick to children’s teeth and cause tooth decay. Please do not send anything that a child may choke on, cut things into small pieces. No whole grapes (they should always be cut) or popcorn for toddlers.

All educators receive basic training in the USDA nutrition requirements and in food choking hazards.

## HEALTH CARE POLICY

### Emergency Numbers:

- **Fire:** 911 (Non-emergency business line: 508-821-1452)
- **Police:** 911 (Non-emergency business line: 508-824-7522)
- **Ambulance:** 911
- **Poison Control:** 1-800-222-1222
- **Morton Hospital:** 1-508-828-7000
- **Child-at-Risk:** 1-800-792-5200
- **Taunton DCF:** 1-508-821-7000
- **StoryTree Children’s Center:** 508-828-1788  
25 Marsh Drive, Taunton

A Health Care Consultant is available for our use to confer with over issues of the health of the children at this center. Our Health Care Consultant is Kianna Tavares. Her phone number is 714-504-4847.

Section 7.07 (16) Requires written health care policy statement provided to each parent. Emergency telephone numbers are posted on every telephone. The telephone is located in the office with the above emergency numbers and address.

### SECTION 7.07 (16) (b) PROCEDURES FOR EMERGENCIES AND ILLNESS

The first step will be to properly assess the injury by a staff member trained in current first aid. Children will be transported via ambulance. A staff member will accompany the child to the hospital along with the child’s medical record and emergency release medical form. The director will contact the parents. The responsible person will stay with the child until the parents arrive.

If the parents cannot be contacted, then the director will contact emergency contacts and make continual attempts to locate the parents. The child’s physician shall also be contacted. If the child becomes ill while in the care of the center, parents will be contacted. The child is then separated in a supervised area from the other children and kept as comfortable as possible until an emergency contact person arrives.

An accident report must be filled out within 24 hours. Filed in the child's individual record and parents receive a copy. Note in central injury log. DEEC will be notified if any child is hospitalized or taken by an emergency rescue service.

#### **SECTION 7.079 (16) (c) PROCEDURES FOR USING AND MAINTAINING EQUIPMENT**

The first aid kits and manuals are kept in the staff room. First aid kits are maintained by the director. Equipment and supplies are checked on a monthly basis. Contents are the health care policy, adhesive tape, Band-Aids, compress, gauze pads, roller bandage, latex gloves, cold pack, scissors and tweezers. A thermometer is kept in the emergency card file box .

First aid equipment is used in accordance with specific injuries at the center. First aid/CPR will be administered by staff members who have completed training. All staff members are required to complete First Aid and one person on site at all times must be trained in CPR..

All injuries must be recorded and entered into a central log, which is reviewed by the center director weekly. The original record is kept in the child's file and a copy is sent home.

#### **SECTION 7.07(16) (d) PLAN FOR EVACUATION IN EMERGENCY**

In the event of an emergency, everyone must leave the building immediately by group. Be sure you have counted the children. Proceed to designated area and recount the children in attendance.

Daily attendance records are maintained by the teacher in charge and kept accessible to the nearest emergency exit. The 4 youngest children will be placed in the stroller by the door, the older 5 children will hold the teachers hands and walk next door. The evacuation crib will be used if we have more infants than toddlers. One staff member is immediately assigned to the infant class to assist with evacuation. Three infants to a crib. All proceed to designated outside area.

The director is responsible for assuring that evacuation drills are practiced on a bi-monthly basis.

Documentation is maintained in a central log stating time, date and effectiveness of each drill.

Evacuation procedures are posted in each classroom for easy reference.

STAY CALM

#### **SECTION 7.07(18) (e) (f) (h) INJURY PREVENTION PLAN**

A daily check by the director assures removal and/or repair of hazards.

A central injury log is kept in the office.

In the event of any injury, the staff member in charge must fill out an injury report form within 24 hours. File in the child's folder, give a copy to parents and enter it in the central log. Parents are informed immediately of any injury, which requires emergency care.

There will be no smoking allowed in the building.

All toxic or hazardous substances are disposed of immediately or kept out of reach of children.

#### **SECTION 7.07(16) (f) PLAN FOR MANAGING INFECTIOUS DISEASE 7.07 (19)**

Parents will be required to notify the center in the event of their child's infectious disease. Other parents will be informed through posted notification.

Symptoms of excessive diarrhea, vomiting, a high temperature (over 100), or any communicable disease shall warrant the child to be excluded from the other children and the center. (For a specific detailed description of infectious diseases refer to the Health in Day Care guide.) The instructions listed in the guide are the guidelines that this center adheres to. The Health in Day Care lists when children should be excluded from other children and the center. It also provides guidelines as to when the child may return to the center.

Children who exhibit symptoms of an infectious disease are brought to the director's office and made as comfortable as possible until parents or emergency contacts arrive. Children may return to the

center when free of symptoms of vomiting, diarrhea and fever. When a communicable disease is diagnosed, we will again use the Health in Day Care Guide as a basis of determining when a child may return to the center. If deemed necessary a doctor's note may be required.

#### **SECTION 7.07(19) CONFIDENTIALITY OF MEDICAL RECORDS**

Medical records of all children are considered confidential information. With parental consent, records containing HIV status may be shared by the director, with the primary caregivers who need to know in order to protect the child against other infections. This information does not require release of a child's HIV antibody status, unless parental consent is given.

With consent of the parent or guardian, the physician will provide information regarding the child's HIV status.

Notifying parents of other children and other caregivers about the presence of a known or suspected HIV infected child is unnecessary and prohibited.

#### **SECTION 7.07 (16) (g) PLAN FOR INFECTION CONTROL 7.07(20)**

Strict hand washing must be practiced by the children and staff including but not limited to the following items:

- Upon arrival at the center
- Before eating or handling food
- After toileting or diapering or assisting children in the bathroom
- After contact with body fluids and discharges
- After cleaning areas with bodily fluids
- After handling pets or their equipment
- After returning from outdoor play
- After cleaning

Hands should be washed with running water and soap using friction for 15-20 seconds and dried with disposable towels so the clean hands are not dirtied.

Procedure for handwashing reminders are posted at every sink.

Disposable gloves are used to clean up all blood spills and bodily fluids. The affected area will be disinfected. The gloves used will be thrown away in a lined covered trash container. Bloody clothing will be sent home in a sealed bag with the child's name on the bag. The bag will be given to the parent at the end of the day.

Commonly used surfaces and toys are washed with a standard bleach solution (one part bleach to 5 parts water). Solution is made daily and kept in spray bottles out of reach of children. Bleach Solution Technical Assistance Sheet is posted in the bathroom.

The following equipment, items or surfaces (including floors and walls) are washed with soap and water and disinfected as needed to maintain a sanitary environment.



These items, equipment and surfaces must be washed and disinfected after each use:

- Toilet training chairs
- Sinks and faucets used for handwashing after the sink is used for rinsing a toilet
- Training chair
- Diapering surfaces
- Toys that have been mouthed
- Mops used for cleaning body fluids
- Thermometers

The following items are to be monitored for cleanliness and washed and disinfected at least daily:

- Toilets and seats
- Containers, including lids holding diapers
- Drinking fountains
- Water tables and equipment
- Play tables
- Smooth surfaces non-porous floors
- Mops used for cleaning

The following items should be washed and disinfected at least monthly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:

- Cribs, cots, mats or other sleeping equipment
- Sheets, blankets or other coverings
- Machine washable toys

The disinfectant solution shall be a self-made bleach solution. The household bleach used to prepare a self-made solution shall have a 5.25% available chlorine as hypochlorite. A self-made solution shall be labeled and stored in either a spray bottle or a bottle that is sealed with a cap and the solution must be prepared daily or tested daily in accordance with the Department of Public Health's guidelines. All such disinfectants shall be stored in a secure place and out of the reach of children.

#### **SECTION 7.07 (16) (h) PLAN FOR MEETING THE INDIVIDUAL NEEDS OF MILDLY ILL CHILDREN IN CARE 7.07 (19); 7.07 (21)**

If child appears to be mildly ill and shows no sign of an emergency, he/she will be taken to the office, encouraged to rest, and symptoms observed. Parents or emergency contact will be notified of symptoms. Based on the illness and symptoms, a decision will be made if the center will care for the child. The child will be kept as comfortable as possible meeting his or her individual requirements for food, drink or rest and appropriate indoor play activities (we do not care for mildly ill children at this center for long term).

We will call and ask the parent to pick up their child if one or more of the following symptoms appear:

- Fever of 101 degrees or higher
- Vomiting
- Diarrhea
- Discharge from the nose that is discolored
- Any unusual rash

## **SECTION 7.07 (16) (i); 7.07 (22) PLAN FOR ADMINISTERING MEDICATION**

Any staff authorized to administer medication will require an annual evaluation.

Any child requiring medication will have an authorized form signed by the parent, which specifies medication name, reference number, dosage and time to be administered.

Any child requiring topical, non-prescription medications, including but not limited to creams, ointments, powder, sunblock, calamine lotion, etc., will have a signed permission slip, also dated by the parent and it must include the name and time to be administered. Such topical medications must be labeled with the child's name. It is necessary to have a physician statement for these types of medicines. (Such authorization shall be valid for 1 year unless earlier revoked. All prescription medications will be stored in appropriate containers out of the reach of children. Unused medications will be returned to the parent for disposal. The director or teacher in the classroom will be responsible for administering medication. Once the medication has been administered, required information will be immediately logged on the permission slip. Upon completion of the medication the written record is filed in the child's file. Every attempt will be made to contact the parents before non-prescription medicine (such as Tylenol) is administered to the child that has not already preauthorized for the day, but does have a physician's note on file.

StoryTree will allow parents, with the written permission of their child's health care practitioner, to train staff in implementation of their child's individual health care plan;

StoryTree will ensure that all appropriate specific measures will be taken to ensure that the health requirements of children with disabilities are met, when children with disabilities are enrolled;

## **SECTION 7.07 (16) (j) PLAN FOR MEETING SPECIFIC HEALTH CARE NEEDS**

Allergies are identified by the parent on the enrollment form. These are relayed to the staff and all allergies are posted on the refrigerators in the classrooms. Known allergies are to be avoided.

## **SECTION 7.07 (16) (k) PROCEDURES FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE OR NEGLECT TO THE DEPARTMENT OF CHILDREN AND FAMILIES**

Child at Risk Hotline 1(800)792-5200

Indicators of child neglect include: lack of supervision, lack of adequate clothing and personal hygiene, lack of medical and dental care, and lack of adequate shelter and nutrition. Indicators of physical abuse include: bruises or welts, burns, cuts, tears or scrapes, head injuries, bone injuries, injuries to the stomach area and behavioral changes.

Indicators of sexual abuse include: difficulty in walking or sitting, torn, stained or bloody underclothing, complaints of pain, itching or swelling in the genital area, pain when urinating, bruises or bleeding, vaginal discharge or infection, venereal disease and behavior change. All observations must be documented in a log book, and a copy kept on child's file. All staff members are informed that daycare workers are mandated reporters. Teachers' concerns are brought to the attention of the director. The parent will be informed that the staff and director are mandated reporters and must report all warranted concerns to the Department of Children and Families. A report will be filed with the department immediately, without notification to the parent if the staff and the director feel that the child is at risk. A written report will then be filed with the department within 24 hours. From that point DCF will follow up. All referrals will be filed in the child's file. When a written outcome is received from the department, that too will be placed in the child's file. The Department of Early Education and Care must be notified immediately upon learning that a 51a has been filed. The center will cooperate with any investigations. In the event that the center receives an allegation of abuse/neglect, the following procedures will be followed:

1. The accused employee will be placed on a five day leave without pay while the incident is being investigated. Employee will remain on leave without pay after that until the incident is investigated.
2. Upon completion of the investigation, the employee will be reinstated, be placed on suspension without pay indefinitely or be terminated.

## **SECTION 7.07 (25) PERSONAL HYGIENE**

Each child's face will be washed after each meal and after coming in from outside. We have however, mirrors near the bathrooms so the children may try to wash their own faces. The teachers will assist when needed. Each child at the center is required to have one spare set of clothing at all times. We do have extra clothing available for emergencies. Children's clothing should be labeled so that a child's clothing will not be given to the wrong child. If a child soils his/her clothing, the soiled clothing will be placed in a sealed bag and labeled with the child's name and given to the parent at the end of the day.

### **Diapering and Toileting**

The diaper changing surface must be covered by a disposable cover that is changed after each child has been diapered and that is disposed of in a closed container.

The diaper changing surface must be washed and disinfected after each child has been diapered.

The diapering areas are separate from facilities and areas used for food preparation.

A supply of clean, dry diapers adequate to meet the needs of the children is maintained by the families.

A common changing table is not used for any other purpose.

The changing surface is smooth, intact, impervious to water and easily cleaned.

Each child's diaper is changed on a regular basis throughout the day and when wet or soiled.

The changing surface is protected with a covering that is of adequate size to prevent the child from coming in contact with the changing surface.

Educators wash their hands with liquid soap and running water using friction and dry their hands with disposable towels after diapering a child.

Educators keep at least one hand on the child at all times when the child is being changed on an elevated surface.

Each child is washed and dried with individual washing materials during each diaper change. After changing, the child's hands must be washed with liquid soap and water and dried with disposable towels.

Soiled diapers are placed in a closed container that is lined with a leak-proof lining and are removed from the program daily.

### **• Back to Sleep/SIDS 7.11(13)(e) –**

- place **infants on their backs** for sleeping, unless the child's health care professional orders otherwise in writing;
- 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 material

## **NUTRITION POLICY**

Providing a child with three nutritionally balanced meals, clean drinking water and two or three “good” snacks, plenty of fresh air, rest and love are essential for proper growth. We do not provide lunches or snacks. We do have refrigerators and microwaves to cool and heat lunches and snacks. Here are some suggestions for lunches: (Try to pack a main item and include fresh fruit, vegetable each day) sandwiches – tuna, cheese, peanut butter and jelly, pizza, soups, macaroni and cheese. Please do not send fun fruits or raisins (these tend to stick to children’s teeth and cause tooth decay. Please do not send anything that a child may choke on, cut things into small pieces. No whole grapes ( they should always be cut) or popcorn for toddlers.

All educators receive basic training in the USDA nutrition requirements and in food choking hazards.

## **ILLNESS EXCLUSION POLICY**

Mildly ill children will be excluded from the program if:

- The child’s disease is highly communicable
- Fever in excess of 100 degrees
- Vomiting
- Diarrhea
- Unusual rash
- The child is too sick to participate comfortably in the program
- The child has unusual lethargy, irritability or persistent crying, difficulty breathing or other signs of possible severe illness

Prescription medication will be administered provided a medication form has been filled out and signed by the parent and the medication is in its original container. Any over the counter medication must be accompanied by a note from the child’s physician giving proper dosage and times to be administered. If your child is sent home ill, they will be required to remain out of the center for a 24 hour grace period, unless you have a note from your child’s physician stating it’s alright for them to be in the center.

There are only a few illnesses that require exclusion of sick children to ensure protection of the other children and staff:

- |                  |                          |
|------------------|--------------------------|
| • Chicken pox    | • Mumps                  |
| • Conjunctivitis | • Pertussis              |
| • Diarrhea       | • Pin worm               |
| • Head lice      | • Rash of unknown origin |
| • Hepatitis A    | • Ring worm              |
| • Impetigo       | • Rubella                |
| • Measles        | • Scabies                |
| • Mouth sores    | • Strep throat           |

If your child has been diagnosed with any of these illnesses, the centers directors must be informed immediately. The exclusion time varies with each illness. It is required that a doctor’s note be submitted before the child may come back to the center.

## MEDICATIONS

Prescription medication (including topicals) can only be administered with written instructions from the physician and parent authorization. All medication must be in original container with the label on it. Non-prescription medication may be administered with a note from a physician stating all the necessary information (this note is valid for one year).

NEVER leave medication in your child's bag or lunch box. Please give it to a teacher and fill out the appropriate paperwork.

- **Medication Administration 7.11(2) –**

- All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent, unless noted in section (l), below.
- Unless otherwise specified in a child's individual health care plan, the educator must store all medications out of the reach of children and under proper conditions for sanitation, preservation, security and safety during the time the children are in care and during the transportation of children.
- Those medications found in United States Drug Enforcement Administration (DEA) Schedules II-V must be kept in a secured and locked place at all times when not being accessed by an authorized individual.
- Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38° F and 42 ° F.
  - Notwithstanding the provisions of 606 CMR 7.11(2) (e), above, emergency medications such as epinephrine auto-injectors must be immediately available for use as needed.
  - Each licensee shall have a written policy on medication disposal.
  - When possible, all unused, discontinued or outdated prescription medications shall be returned to the parent and such return shall be documented in the child's record. When return to the parent is not possible or practical, such prescription medications must be destroyed and the destruction recorded by a manager or supervisor in accordance with policies of the licensee and the Department of Public Health, Drug Control Program.
  - No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.
  - Each time a medication is administered, the educator must document in the child's record the name of the medication, the dosage, the time and the method of administration, and who administered the medication, except as noted in (k) below.
  - The educator must inform the child's parent(s) at the end of each day whenever a topical medication is applied to a diaper rash.
  - All medications must be administered in accordance with the consent and documentation requirements specified (see chart 7.11(2)(l))

Regulation Number and Type of Medication	Written Parental Consent Required	Health Care Practitioner	Logging Required
7.11(2)(l)1 All Prescription	Yes	Authorization Required Yes. Must be in original container with original label containing the name of the child affixed.	Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.
7.11(2)(l)2 Oral Non-Prescription	Yes, renewed weekly with dosage, times, days and purpose	Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.
7.11(2)(l)3 Unanticipated Non-Prescription for Mild Symptoms (e.g., acetaminophen, ibuprofen, antihistamines)	Yes, renewed annually	Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature

#### Prevention of abuse and neglect

- Any form of abuse or neglect of children while in care is strictly prohibited
- The Licensee and all educators must operate the program in ways that protect children from abuse or neglect.
- Educators are responsible for abuse and neglect if:
  - the educator admits to causing the abuse or neglect, or
  - the educator is convicted of the abuse or neglect in a criminal proceeding, or
  - the Department of Early Education and Care determines, based upon its own investigation or an investigation conducted by the Department of Children and Families subsequent to a report filed under M.G.L. c. 119, §§ 51A and 51B, that there is reasonable cause to believe that the educator or any other person caused the abuse or neglect while children were in care.
    - Every educator is a mandated reporter under M.G.L. c. 119, § 51A and must make a report to the Department of Children and Families whenever he/she has reasonable cause to believe a child in the program is suffering from serious physical or emotional injury resulting from abuse inflicted upon the child, including but not limited to sexual abuse, or from neglect, including but not limited to malnutrition, no matter where the abuse or neglect may have occurred and by whom it was inflicted

- The licensee must notify the Department of Early Education and Care immediately after filing or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the program or during a program-related activity.
- The licensee must notify the Department of Early Education and Care immediately upon learning that a report has been filed naming an educator or person regularly on the child care premises (including household members in family child care) an alleged perpetrator of abuse or neglect of any child.
- The licensee must ensure that any educator accused of the abuse or neglect of a child in a report to the Department of Children and Families, filed pursuant to M.G.L. c. 119, § 51A does not work directly with children until the Department of Children and Families investigation is completed and for such further time as the Department of Early Education and Care requires.

Licensing Agency:  
**Department of Early Education and Care**  
100 Myles Standish Boulevard, Suite 100  
Taunton, MA 02780  
508-828-5025

You may contact them with questions about the center's compliance history.

Lisa Adams  
Director

Lindsay Adams  
Assistant Director