Health Care Policy

Health Care Consultant

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In any emergency
always call
911

Emergency Telephone Numbers

Fire Department: 508-358-4747
Police Department: 508-358-4721
Poison Control: **1-800-682-9211**
DCF/Child Abuse: 1-617-988-6600
Public Health Dept: 508-358-3617
Department of EEC: 508-798-5180
Celebration International Church: 508-653-6864

Designated Adult for first and last hour contact: Gina Ceruti 774-245-8093

Nearest Emergency Medical Facilities

Name: Framingham Union (Metro West Medical Center)
Address: 115 Lincoln Street, Framingham, MA
Telephone Number: 508-383-1000

Information to Give in an Emergency

Your Name: _____
The Nature of the Emergency: _____
The Name of the Center: **Celebration Child Care**
The Center's Telephone Number: **508-653-7285**
The Center's Address: **6 Loker Street, Wayland, MA**
The Center's Location in the Building: **Rt 30 Side/lower level - Door E**

Emergency Evacuation

Emergency Evacuation Plans will be posted at all exits

During an emergency, the teachers of each class will be responsible for taking the attendance information, first-aid bags, and leading the children out of the building to the designated areas. Assistant teachers and other staff will assist in the evacuation and check for stragglers.

Infants and non-mobile toddlers will be placed in the evacuation crib (located inside of the infant room by the sleeping area) and/or carried by staff.

The Director will make a visual inspection of each classroom before exiting the building.
Once outside, all attendance sheets will be checked for accuracy and children will be counted to ensure that they are all accounted for.

All classrooms, once evacuated, will go to their designated area (Preschool classrooms - out to grassy area by preschool playground. Infants and Toddlers - out to median by Veritas parking and wait for the go ahead from the Director before reentering the building.

The Center will maintain a daily attendance record that is current. Teachers are responsible for signing children in and out of the center by arrival and departure times. Attendance lists are kept in each classroom on brightwheel on phones and iPads and are readily accessible in case of an emergency evacuation. Each classroom is responsible for the attendance list and for accounting for all the children in the class once they are safely out of the building.

Emergency evacuation drills are conducted every month at different times of the program day as determined by the Program Director.

Children and staff should practice using different evacuation routes so that children and staff will be familiar with them.

The Program Director will maintain documentation of the date, time, and effectiveness of each drill in the Fire Drill Log portion of the Central Log. This documentation will be maintained for five years.

Procedures for Emergencies and Illnesses

First Aid and Transportation to the Hospital

1. In the case of an emergency or illness (such as a seizure, a serious fall or serious cut), the Director or 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. All teachers should respond in a calm and reasonable manner.

2. Other staff members will be alerted to send for assistance, be it the Director, other teachers, or the secretary or pastors of Celebration International Church, Inc.

3. One of the supervisory staff (director or director qualified teacher) will contact the parent to come and pick-up child or, if response time is a factor, to have the parent meet the child and accompanying staff at the emergency room of the hospital utilized in emergencies.

4. If 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 will be called to meet the child and the staff at the hospital. The teacher or other designated staff will go with the child in the ambulance. The child's whole file will be taken, including permissions forms.

5. If the emergency is non-life threatening and the child is transported to the hospital by the Center, one of the staff will drive and another staff will be accompanying the child for the comfort. The child will be properly restrained in a car seat and in a seat belt. The child **will not** be carried on the staff member's lap.

6. If the parent comes to pick up the child and needs assistance, the teacher or Program Director may offer to drive to the hospital or to accompany the child.

7. When parents cannot be reached, those listed as emergency contacts will be called as a further attempt to reach parents. In the event a parent cannot be reached immediately, a designated staff person will continue to attempt to reach parents. If necessary, the child will be transported to the hospital by ambulance and the child's whole file will be taken, including permissions forms.

The program will immediately report to the Department of Early Education and Care 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.

PLAN FOR INJURY PREVENTION

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 repair or unsafe conditions should be reported to the Program Director.

The Program Director will monitor the outdoor playground and remove any hazards prior to any children using the space.

No smoking is allowed on the premises.

Toxic substances, sharp objects, matches and other hazardous objects will be stored out of the reach of children.

A first aid kit and emergency contacts and telephone numbers for the children will be taken on all field trips.

An injury report for any incident which requires first aid and emergency care will be maintained in the child's file. The injury report includes the name of the child, date, time and location of the 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 Injury/Illness Report Form to record the above information. Staff should submit the completed form to the Program Director for review.

Once the Program Director has reviewed the Injury/Illness Report Form and has signed it, it should be shown to the parent. The parent should be allowed to review it, sign it and then be given a copy.

The staff member should then log the report in the Central Log of Injuries and then file the report in the Child's file.

Only staff whom have a current First Aid certification will be allowed to administer first aid no matter how minor the injury.

ASSESSING INJURIES TO CHILDREN IN CARE

According to the National Safety Council, injuries are the **#1** health and safety problem for children in child care settings.

When a child is injured, child care providers need to fully assess the child's injury and make sure they are following their first aid procedures. In addition to following proper first aid protocols, the Office recommends these additional procedures be followed when a child needs first aid. When an injury occurs, ask the child questions and observe to make sure the child is okay. Monitor the child throughout the day. 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 you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.

After first aid is administered and the child is calm, the administrator or a teacher should survey the scene and gather additional information.

- What was the child doing?
- What equipment was involved?
- Was another child involved?
- Were any hazards involved?
- Were there any witnesses? What did they see?

Procedures that must be followed:

- Complete an injury report.
- Provide **timely, full** and **accurate** verbal notification to parent/guardian regarding injury.
- Do not perform first aid or CPR without having completed current training.
- Regularly review program's health care policy with staff.
- Program staff must share all pertinent information with Program Director and any teacher taking over care in that class and share the child's status with the parent/guardian at pick up time.
- Make sure the location of the child's medical information is complete and accessible to staff.

PROCEDURES TO FOLLOW IN URGENT EMERGENCY MEDICAL SITUATIONS**:**

1. Administer First Aid and CPR to the child as deemed necessary based on the nature of the emergency.
2. Call emergency medical services right away: **911**
3. After EMS or emergency medical services have been contacted, call the child's legal guardian.
4. Take child's medical information and emergency consents to doctor's office or emergency room.

What You Should Do

1. Know how to access Emergency Medical Services (EMS) in your area.
2. Educate Staff on the recognition of an emergency and the center's health care policy.
3. Know the phone number for each child's guardian and primary health care provider.
4. 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.

PLAN FOR MANAGING INFECTIOUS DISEASE

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:

- The illness prevents the child from participating in the program activities or resting comfortably;
- The illness results in greater care need than the child care staff can provided without compromising the health and safety of the other children;
- The child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing or other signs of serious illness;
- Diarrhea;
- Vomiting two or more times in the previous 24 hours at home or once at the Center;
- Mouth sores, unless the physician states that the child is non-infectious;
- Rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease;

- Purulent conjunctivitis (defined as pink or red conductive with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment;
- Tuberculosis, until the child in non-infectious;
- Impetigo, until 24 hours after treatment has started or all the sores are covered;
- Head lice, free of all nits or scabies and free of all mites;
- Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours;
- 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
- Chicken pox, until last blister has healed over.

A child who has been excluded from child care 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, the child care center may make the final decision concerning the inclusion or exclusion of the child.

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 or another 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 interest of the child that he/she be taken home, his/her parent will be contacted immediately and asked to pick the child up as soon as possible.

When a communicable disease has been introduced into the Center, parents will be notified immediately, and in writing by the Program Director. Whenever possible, information regarding the communicable disease shall be made available to parents. The Program Director shall consult the Child Care Health Manual for such information. DPH must be contacted when there is a reportable communicable disease in your program.
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/her 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.
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).** 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.

PLAN FOR INFECTION CONTROL

The Program 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:

1. Before eating or handling food;
2. After toileting;
3. After coming in contact with bodily fluids and discharges;
4. After handling center animals or their equipment;
5. After cleaning.

The Program Director or Lead Teacher shall ensure that the specific equipment, items surfaces are washed with soap and water and disinfected with a cleaning solution of Oxivir Five 16 (disinfecting) and Purell Food Safe Sanitizer (Sanitizing) using the following schedule:

1. After each use:
   a. Sinks and faucets used for hand washing after the sink is used for rinsing a toilet training chair
   b. Toys mouthed by children
   c. Mops used for cleaning bodily fluids
   d. Thermometers
   e. Wading Pools, Water Tables

2. At least daily:
   a. toilets and toilet seats
   b. sinks and sink faucets
   c. drinking fountains
   d. water table and water play equipment
   e. play tables
   f. smooth surfaced non-porous floors
   g. mop used for cleaning

3. At least monthly or more frequently as needed to maintain cleanliness, when wet or soiled and before use by another child:
   a. cots, mats or other approved sleeping equipment
   b. sheets, blankets or other coverings
   c. machine washable fabric toys

All staff should wear gloves when they come into contact with blood or bodily fluids. Specifically, gloves should be worn when administering first aid for a cut, bleeding wound, or a bloody nose. Using gloves is suggested for use during diapering, toileting, and when feeding breast milk

Gloves should never be reused and should be changed between children being handled.

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 janitor's closet and marked "Bio-hazardous waste." The bags should be removed and securely tied each time the receptacle is emptied.

Cloth items that come into contact with blood or bodily fluids will be double bagged and sent home.

Each staff member will be trained in the above Infection Control Procedures upon employment and before working with the children and then annually.

PROCEDURES FOR USING AND MAINTAINING FIRST AID EQUIPMENT

Location of first aid kit – Each classroom will have a first aid kit. Its location will be marked by a red cross on the front of the container. The first aid kits are stored out of the reach of children but easily accessible in case of emergency.

Portable first aid kits used outside will include: first aid supplies, children's emergency contacts and telephone numbers and a cell phone.

Maintenance of the first aid kit– The first aid kit is kept supplied by the Program Director. First aid kits will be inspected monthly but supplies will be replaced as needed. Staff should report missing items to the Program Director.

Staff certified in first aid and in accordance with recommended procedures may 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 kit

=Band-Aids	=Scissors Tweezers	=Compress	=Instant Cold Pack
=Gauze Pads	=Gauze Roller	=Bandage	=Thermometer
=Adhesive Tape	=CPR mask	=Disposable non-latex gloves	

MEDICINE ADMINISTRATION POLICIES

Prescription Medication

A. 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.

B. 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. ***The center will not administer the first dose, which must be done at home.***

C. The parent must fill out the Authorization For Medication Form before the medication can be administered.

Non-prescription Medication

A. 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. The statement will be valid for one year from the date that it was signed.

B. 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 non-prescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.

Topical Ointments and Sprays

- Topical ointments and sprays such as petroleum jelly and diaper cream are valid for three months, whereas sunscreen and bug spray are valid for one year. These types of ointments will be administered to the child with written parental permission.
- In order to apply non-prescription topical medication we must have a signed statement from the parent listing the specific topical non-prescription medications to be administered and the criteria for administration (valid for 1 yr. from the date it was signed.)
- Any topical medication applied to open wounds also requires doctor or health care practitioner to authorized administration. The medicine must be in the original container and have the child's name affixed to it. In addition, the staff will log administration of the medicine with the name of the child, date, time and signature of the staff applying it. The doctor/health care practitioner's authorization needs to be renewed every year if the child still needs the medicine.

- Any non-prescription medication will be discarded when it expires with a note to you stating it needs to be replaced.

Individual Health Care Plan

- Any child with an allergy or medical condition must have an individual health care plan (IHCP) from the doctor explaining the condition, what symptoms to look for and what treatment and the potential consequences to the child's health if the treatment is not administered.
- The plan also needs to authorize parent or CCC's health care consultant to train the staff on the child's medical condition. **This needs to be signed by the doctor.**
- In addition, we will provide parents with a form to fill out and sign giving the Center permission for information exchange. That way, if we have any questions, we can ask the doctor directly.

All Medications

1. The first dosage must be administered by the parent at home in case of an allergic reaction.

2. All medications must be given to the teacher directly by the parent.

3. All medications will be stored out of reach of children in the Director's office. All medications that are considered controlled substances must be locked up and kept out of reach of children.

4. 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 a part of the child's file.

5. All unused medication will be returned to the parent.

PLAN FOR MILDLY ILL CHILDREN

Children who are mildly ill may remain in school if they are not contagious (refer to Plan for Infectious Disease) and they can participate in the daily program including outside time.

If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Program Director will contact the child's parent(s). The parent(s) will be asked to pick up the child. The child will be cared for in a quiet area, a classroom or in the Center's office by a teacher qualified staff member or by the Program Director until the parent(s) arrive to take the child home.

Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH NEEDS

During intake, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly.

All allergies or other important medical information will be posted in each classroom, inside a cabinet that is labeled outside to indicate where to find the allergy list. The allergies list will be updated as necessary – new children enroll, unknown allergies become known etc.

All staff and substitutes will be kept informed by the Program Director so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.

There will be substitutions made for snack for a child with specific food allergies.

The names of children with allergies that may be life threatening (i.e. bee stings) will be posted in conspicuous locations with specific instructions if an occurrence were to happen. The Program Director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

All staff members are mandated reporters according to Massachusetts General Law C119, Section 51A. This means that if a staff member has a reasonable suspicion of abuse or neglect of a child he/she must file a report with the Department of Social Services. See attached information for definitions, reporting procedures, etc.

The following procedure will be followed:

- A staff member who suspects abuse or neglect must document her observations including the child's name, date, time, child's injuries, child's behavior and any other pertinent information. The staff member will discuss this information with the Program Director.

- The Program Director or the staff member with the assistance of the Program Director will make a verbal report to DCF, to be followed by a required written report 51A within 48 hours.

- If a staff member feels that an incident should be reported to DCF and the Program Director disagrees, the staff member may report to DCF directly.

- All concerns of suspected abuse and neglect that are reported to DCF will be communicated to the parents by the Program Director unless such a report is contra-indicated.

Procedure for Identifying and Reporting Child Abuse/Neglect while in the care of the Center

It is the Center's commitment to protect all children in care from abuse and neglect. The following are procedures for reporting suspected while abuse/neglect while the child is in the Center's care.

Any report of suspected abuse or neglect of a child will be immediately reported to the Department of Children and Families and the Department of Early Education and Care.
A meeting will be held with the staff member in question to inform him/her of the filed report.

The Department of Children and Families- Children at Risk Hotline 1-800-792-5200

The Department of Early Education and Care telephone number is 508-798-5180

The staff member in question will be immediately suspended from the program with pay pending the outcome of the DCF and EEC investigations.

If the report is screened out by DCF, the Program Director has the option of having the staff member remain on suspension pending the EEC investigation or allowing the staff member to be employed in a capacity that does not allow them to be in the classrooms or around the children. i.e: office duty, etc... An employee may not return to work without clearance from EEC.
If the allegations of abuse and neglect are substantiated, it will be the decision of the Program Director in conjunction with EEC that will decide whether or not the staff member will be reinstated.

The Program Director and staff will cooperate fully with all investigations.

Child Guidance Policy

- Children help establish classroom rules
- Teachers model appropriate behavior
- Teachers use gentle reminders and positive reinforcement for appropriate behavior
- Teachers redirect child
- Teachers use observing and recording of the behavior
- Physical removal of a child to a personal space if the child becomes a threat to self or others
- Parent communication is used to assess the cause of the behavior and together, the teacher and parent will implement a plan of correction.

At CCC we strive to treat all children with love and respect and work with the parents and the children when there is difficulty with self-control in the student. We endeavor to help children reach goals of self-control, coping with problems, and developing self-sufficiency and independence. By helping children learn to identify and express their feelings, gain self-esteem, and learn conflict resolution with their peers, we confront behavior management from a positive approach. Teaching children social skills, respect for diversity, and positive behaviors is a key part of the curriculum at CCC. We believe in positive reinforcement, clear guidelines and developmentally appropriate expectations in all areas of their growth. We model the appropriate behavior with the other teachers as well as the children and work closely with you and your family to achieve positive results. Of course, all forms of corporal punishment are strictly forbidden at CCC. Food is never withheld from children at snack or mealtime as a form of punishment or consequences, nor is a child ever forced to eat. Toilet training and toileting practices are with respect to children. They are never treated negatively for wetting or soiling, and are changed immediately. Likewise, any form of rough treatment, such as shaking, humiliation, or derogatory remarks, are strictly prohibited. Children are never spoken about in front of them, as if they aren't there. Respect is the key word at CCC! In the event that a child's behavior does get extreme, we will take all measures possible to help the child gain control of their behavior. The teachers and director will meet with parent to help devise a plan to help the child manage his or her own actions, and we will closely monitor and report back to the parent on the progress. If a child's behavior poses a danger to their own safety or someone else's or is extremely and continuously disruptive , the parent will be called and asked to take the child home for the day. Before this happens, all efforts will be made to give the child the opportunity to gain self-control and safe actions. Children will never be sent home as a punishment.

In order to avoid the suspension and or termination of a student, the following criteria will be adhered to:

1. *Should a student become abusive in any physical or verbal capacity, the student's parent(s) will be contacted. In the meantime, incident reports will be completed by all personnel involved. Parent will be notified of incident report and requested to sign off.*
2. *Teachers will meet to discuss the surrounding circumstances pertaining to the incident(s). Director will be present.*
3. *Teacher will devise a plan of action, including referrals, to help student cope with frustrations and prevent continued unacceptable behavior, in the hopes of developing success for the student.*
4. *A plan will be put in place and teachers will monitor and document the effect of the plan for the child. Parent will be notified daily as to how the plan is working. Parent is expected to work with the teachers and child to keep continuity between school and home. If at the end of two weeks, the child is not responsive to the plan, documentation will be reviewed, and the director along with teachers and parent will try to amend the plan to incorporate new strategies. Parents will be made aware that this is now a probation period. Also, at this point if they have declined to take advantage of CCC's referrals, they are in jeopardy of termination.*
5. *After an additional two weeks of the plan, should the child's behavior not make noticeable improvement, a meeting will be called to address the issues with parents and teachers. In addition, should the child be continuing to become out of control emotionally or physically, causing undue stress or trauma to other students, or staff members, the child will be released from CCC's care.*
6. *Teachers will explain to student in an age appropriate manner, (without causing any shame or embarrassment) as to why they are being asked to leave.*