

**Commonwealth Children's Center
Health Care Policy Adhering to the
Department of Early Education and Care Regulations**

Emergency Phone Numbers

Fire/Police/Ambulance 8+911

Poison Control 8+1-800-222-1222

Alert Control Center in case of an emergency as well: 8+617-727-1000

MA General Hospital Pediatric Emergency 617-726-2000

HealthCare Consultant – **Dr. Elliot Suarez**
133 Brookline Avenue
Boston, MA 02215
phone: 617-421-8888
fax: 617-421-8733

Evacuation Procedures:

In the event of an emergency at CCC, the CCC Director or her designee will contact the Suffolk University Police dispatch at **617-573-8333** and notify Suffolk University that CCC will be proceeding to **20 Somerset Street**.

Contact persons:

Lt. Kenneth Walsh	617-573-8795 (office)	857-208-3074 (cell)
Lt. Ramon Nunez	617-570-4881 (office)	857-214-0168 (cell)

8 Ashburton Place
Boston, MA 02108

617-742-7854 (fax)
617-573-8333 (dispatch)

If this building is inaccessible or otherwise unavailable, the University Police will direct the CCC Director or her designee to an alternate location whenever reasonably possible.

In the event there is a natural disaster, security threat, utility failure, or for any reason that prevents CCC from having children at the 1 Ashburton Place site, CCC will proceed to the following:

Evacuation Route:

- 1) CCC proceeds out the front of the McCormack building down the ramp located on the left side of the McCormack building and turns left towards Somerset Street.
- 2) Proceed to 20 Somerset Street, the Suffolk University Building to the left of 1 Ashburton Place **walking to the rear of the building to the ramp adjacent to the cafeteria.**

- 3) If for any reason this space is unavailable due to capacity or accessibility issues, the Suffolk University Police will endeavor to locate a suitable alternative at another nearby University operated building.
- 4) Once the children have reached the lobby at Suffolk University, parents will be notified of the evacuation via text message from RainedOut or by their child's teachers.
- 5) If the Center is not re-opened, children will be released to authorized emergency release contacts noted in writing on the emergency contact cards, if a parent is not able to pick up.
- 6) In the event of a natural disaster in which it is not safe to leave the building (for example, a hurricane or tornado), the center will congregate near the first floor elevators in order to be away from the glass windows and other potential hazards.

Evacuation routes for each classroom will be posted by each classroom door and will be followed in case of fire drill or other necessary emergency evacuation. All staff in the classroom will familiarize themselves with the evacuation routes on their first day of work. In the case of a fire drill, the teachers will evacuate to the right front lobby of the building. Blossoms I and Sprouts will exit through the main door and proceed left in front of the first bank of elevators (closest to CCC) then to the right side of the lobby or outside as determined by the nature of the evacuation. Blossoms will exit through the side door and cross over the first bank of elevators (closest to CCC) and proceed to the right side of the lobby or out of the building. The Seedlings and Buds rooms will exit through the back door and straight through the security area to the right side of the lobby or outside as determined by the nature of the evacuation.

Staff will ensure that they have accounted for all the children in their care by checking their attendance sheets as well as having up to date emergency cards for all children including pictures of each child. All attendance sheets must reflect the current number of children. Each class must have their evacuation backpack. Each classroom is responsible for maintaining all supplies in their emergency and first aid backpacks as noted on the **First Aid and Evacuation Inventory checklist**. The Executive Director and/or the Assistant Director will stay behind to make a sweep of all of the classrooms and common areas, including the staff room and restrooms. If children are outside playing when the emergency is triggered, the Executive Director and/or Assistant Director will sweep the playground as well. The designated Person in Charge will conduct these same duties in the absence of the Executive Director and Assistant Director if they are not needed to escort children.

Seedlings Room Evacuation

The Executive Director, Assistant Director, or designated Person in Charge will assist in the Seedlings room evacuation. The eight infants will be placed in the two labeled infant evacuation cribs.

Sprouts Room Evacuation

The Executive Director, Assistant Director, or designated Person in Charge will assist in the Sprouts room evacuation. Children who are not yet walking or cannot walk for long distances will be placed in the labeled evacuation crib.

Log of Drills

The Director will be responsible for the planning, implementation and documentation of fire drills every month as to the effectiveness of evacuation, date and time if there has not been a drill planned by the building superintendent. The drills will be held at different times of the day. In addition, once a year, a second exit fire drill will be practiced by all staff and children.

Injury Prevention Plan

It is the responsibility of all staff to continuously inspect the classrooms, hallways, and bathrooms for broken equipment or safety hazards. The staff should then report this to the administration who will notify building maintenance. If a child is hurt, first aid should be administered by any staff member who is certified in first aid. If any first aid is administered, including application of ice, the staff member who is present at the time of the incident will fill out an accident report after the child has been attended to. A copy of the accident report will be filed in the central accident loose-leaf binder located in the office, as well as a copy presented to parents and a copy of the report placed in the child's file. A log will be entered in the loose-leaf. The log will be monitored by the Director for signs of unusual or frequent accidents.

The teachers will track inappropriate behaviors (e.g., biting, hitting, spitting, etc.) using an Incident Report/Record. If the behavior persists, or is particularly disturbing, the teachers will fill out and file an Incident Action Plan, making sure it is as detailed as possible.

Emergency Procedures

In cases of emergency, one teacher will attend to the child, while another teacher calls 911, then the control center 617-727-1000 and then the parents. EEC will be notified if there was treatment or hospitalization needed as set forth in the INSTRUCTIONS FOR SUBMITTING THE REQUIRED GCC/SACC ILLNESS/INJURY REPORT FORM. If parents do not arrive at the scene on time, the Director or designated Director will ride in the ambulance to Massachusetts General Hospital. If possible, the child's file will be taken to the hospital. If parents cannot be reached, the emergency numbers listed on the medical emergency form in the child's file will be used until someone is reached. We will continue to try to reach the parents. In an emergency, where a child may require medical attention but not an ambulance, the above procedures will be followed except that the parents or guardians will be asked to make a determination in conjunction with their pediatrician about where the child will go to receive treatment. The child will be transported to the pediatrician/hospital by the parents. Depending on the severity of the situation, a teacher or an administrator may accompany the parents.

Emergencies that occur while staff and children are outside the center will be handled in the same manner. If a child needs immediate medical care, an ambulance will be called. A staff person will call the center to inform an administrator that there is a problem. The administrator will then contact parents. Please see the **outside the center policy** (attached) for other details.

First Aid Kits

First Aid kits are located in each classroom. There is signage in all classrooms as to the location of the kits. It is the responsibility of each classroom team to maintain the first aid kit by means of the **First Aid Kit Inventory Checklist**.

Managing Infectious Diseases

Staff at the center will take every precaution to minimize the spread of infection among the children at the center by practicing infection control procedures. **A child should not come to school:**

- Within 24 hours of a fever over 100.0
- If she/he has had diarrhea in a 24 hour period
- Within 24 hours of vomiting
- With a sore throat or throat infection
- Severe cough
- Difficulty breathing
- With an undiagnosed or contagious rash
- With red, infected eye
- With a severe cold
- **Any time a child cannot fully participate in classroom and/or outdoor activities.**

If you suspect that your child is ill or contagious, please do not jeopardize the health of others by sending him/her to school. As stated in the Parent Handbook:

Infectious Illnesses:

Rashes - Skin rashes may have a variety of causes and can appear on any part of the body and face. Any child with an undiagnosed rash cannot attend the Center.

Sore Throat/Strep - The symptoms of this are usually: a fever, swollen neck glands, and a red, very sore throat. Your child can return to the Center after being on an antibiotic for at least twenty-four (24) hours.

A.I.D.S./H.I.V. - Commonwealth Children's Center follows the Massachusetts medical policy for children with A.I.D.S./H.I.V. This will be researched and disclosed on a case by case basis.

Managing COVID-19

Parents (on behalf of their child) and staff are now required to complete a daily online screening form (before leaving home) to attest they (and other members of their household) do not have COVID-19-related symptoms nor have they been exposed to someone who has tested positive for COVID-19. If a child or staff member has any of the following COVID-19 symptoms, they will be immediately isolated and excluded from CCC.

COVID-19 Symptoms

Fever 100.0 (feeling feverish, chills)

Cough

Sore throat

Difficulty breathing

Gastrointestinal symptoms (diarrhea, nausea, vomiting)

New loss of smell/taste

New muscle aches

Symptoms that in combination with one of the above symptoms are cause for immediate isolation and exclusion from CCC.

Runny nose

Congestion

Fatigue

Headache

COVID-19 Response Plan

If a child develops a fever of 100:0 or other COVID-19 related symptoms, they will be removed from the classroom immediately to Susan's office which is the designated space for sick children and adults.

Teachers will inform the parents to pick up their child immediately. The child will remain in the office with a First Aid and CPR certified staff member with the door closed. The child (if age 2+) and the staff member will wear PPEs. Susan or Maria will call the other parents who have a child in that room so that they may pick up their child and begin the monitoring process.

When the parent arrives, the child will be escorted through the main entrance. The office area and the main entrance area will be closed for use for the next two days. A work order will be placed for that area to be disinfected. The same procedure will take place for a staff member who develops a fever or any other COVID-19 related symptoms if they are not physically well enough to leave the premises on their own.

If a child or staff member appears to have severe symptoms (extreme difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, severe persistent dizziness or lightheadedness, new confusion or inability to rouse someone, or new seizures or seizures that won't stop) **911 emergency services will be called immediately and will be informed that the child or staff member is suspected to have COVID-19.** The Boston Public Health Commission will be called (617-534-5050, and our EEC licensor, Marynely Sanchez will be notified as well (617-979-8614).

[As stated in the Massachusetts Department of Early Education and Care's COVID-19 Child Care Playbook: Implementing the Minimum Requirements for Health and Safety \(updated December 14, 2020\):](#)

1. If an individual is identified as a close contact of a COVID-19 positive individual, they must quarantine until they are released by a public health authority (either the Local Board of Health or the Community Tracing Collaborative). In general, a close contact will need to quarantine for:
 - a. 7 days if the individual gets a negative test result on or after day 5, experiences NO symptoms, and continues to monitor for symptoms through day 14.

- b. 10 days if the individual experiences NO symptoms and continues to monitor for symptoms through day 14.
- c. 14 days if the individual experiences ANY symptoms during the 14 days.

If contact is ongoing (e.g. a household member is positive), then all household members should stay home in self-quarantine until the infected individual is no longer considered infectious per Department of Public Health guidance. Secondary contacts (contacts of contacts, e.g. household members of close contacts) do not have to quarantine unless/until the primary contact tests positive.

2. If an individual tests positive for COVID-19, they may return to care or work when they have been released from isolation by a public health authority (either the Local Board of Health or the Community Tracing Collaborative). Return will typically be 10 days after symptom onset if the symptoms are improving AND the individual has been fever-free without fever reducing medication for at least 24 hours, or 10 days from test date if the individual is asymptomatic.

3. If an individual is symptomatic, they should be tested for COVID-19 using a PCR test.

- a. If a symptomatic individual does not get tested, they may return after 10 days in self-isolation AND their symptoms are improving AND they have been fever-free without fever reducing medication for at least 24 hours.
- b. If a symptomatic individual tests negative for COVID-19, they may return to care or work when symptoms begin to improve AND they have been fever-free without fever reducing medication for at least 24 hours.

Close contact is defined as within 6 feet of an individual who has tested positive for COVID-19 for more than 10 minutes while that person was symptomatic, starting 48 hours before their symptoms began until their isolation period ends.

If a child or staff member has been exposed to COVID-19, regardless of whether the individual has symptoms or not, the child or staff member must not be permitted to enter the program space.

Reporting COVID-19 Cases:

If a staff member, child or member of their household tests positive for COVID-19, we will complete the online COVID-19 Positive Reporting Form found on CCC's LEAD account through EEC which would then alert the Department of Public Health (DPH). CCC will follow guidance from DPH at that time.

If there are multiple positive COVID-19 cases occurring after the initial report has been filed on LEAD, we would then report all of the additional cases as well.

If a staff member or child is identified as a contact of someone who is NOT their household member, we will complete an incident report on CCC's LEAD account through EEC.

If an individual becomes symptomatic while at CCC, we will file an incident report on LEAD as with any other infectious disease.

COVID-19-like Symptoms

A child who has COVID-19-like symptoms should see a clinician who may order a test.

A positive COVID-19 test will require coordination with the Department of Public Health to determine the necessary isolation period before the child may return to care.

If the clinician determines that the child does not have an illness compatible with COVID-19 or other infectious disease that would require isolation, the child may return to care. Protocols for children returning to care should be in line with provider policies, in consultation with families.

COVID-19 Contact Person

Staff may contact the state's designated child care epidemiologist, Dr. Katherine Hsu. Dr. Hsu can be reached at Katherine.Hsu@massmail.state.ma.us or 617-983-6948.

COVID-19 Tracking

As now required by EEC, CCC has prepared an internal spreadsheet to track absenteeism in children and staff due to illness.

***Allergies* - If your child has some type of allergy, no matter how mild, please let the Center know as soon as possible.**

Colds & Coughs - If your child has a fever and/or a congested productive cough, please keep your child at home until s/he feels better and symptoms are gone.

Conjunctivitis - This illness is extremely contagious and can spread within the Center very quickly, if not caught on time. The symptoms are often red, scratchy, watery eyes and a yellowish discharge coming out

of the eye. A child can return to the Center twenty four (24) hours after the first application of the antibiotic.

Chicken Pox/Mumps/Measles - These are all very contagious illnesses. If you think that your child was exposed outside of the Center, let us know so that we can watch for signs. Please do not return your child(ren) to the Center with these illnesses unless they are past the contagious stage and are feeling okay.

Ear Infections - If your child suffers from ear infections or has a tube in his/her ear, please let the Center know. If your child does come down with an ear infection, please keep your child at home until s/he is feeling better and is able to return to the Center.

Influenza - The symptoms are: listlessness, rubbing eyes, poor appetite, trouble sleeping, fever, aches and upper respiratory congestion. Children with influenza should not be brought into the Center because it is a highly contagious illness.

Head Lice - A child with head lice may return to the Center when free of all nits or scabies and free of all mites. Children with head lice should not be brought into the Center because it is highly contagious. The child 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 risk to the other children. Nevertheless, the Center may make the final decision concerning the inclusion or exclusion of the child.

Infectious Disease Notification

In general, parents will be notified in writing if there are two or more confirmed cases of an infectious disease in the Center. Exceptions will be made in those cases where one diagnosed case might warrant notification or when notification is prohibited. The administration will use sample letters from the Department of Public Health and Child Care Book as a guide when notifying parents. The Center will ask a parent who calls in sick for their child if there is a possibility that the child could have a case of the disease in question. We will request that parents notify their pediatrician of the child's sickness and may ask for a note from the pediatrician before the child returns to the Center.

Pediatric Health Care Consultant

The Director and Staff at the Center consult regularly with our health care consultant regarding general issues and issues pertaining to specific children at the Center. Such consultations will be handled with the strictest confidence. The health care consultant is a pediatrician.

Medication

CCC strictly adheres to the Department of Early Education and Care's regulations dictating the administration of medication in child care centers. Staff can administer only doctor prescribed medication with a prescription label bearing the child's name, and cannot administer the first dose of any medication. Parents must fill out a medical form to authorize staff to administer such medication. A written record of all medication administered to a child will be kept and stored in the child's file. All medication must be handed directly to a staff person. Medication will NEVER be left in the child's cubby. Most medications are kept in a locked cabinet in the classroom. Medications that need to be refrigerated are kept in a locked fridge in the front office. Emergency medications are readily available to teachers and

are kept in the First Aid backpack, inaccessible to children. After the course of medication has ended, staff will return any unused medication to the parent. Tylenol will only be administered to children by a designated staff member if there is a prescription from the doctor. Parents may come to the Center and administer non-prescription medication to their child themselves if necessary. Aspirin, cough drops, throat lozenges, vitamins and non-prescription cough syrup may not be administered to the children by the staff unless prescribed by a physician. They will NOT be left in children's cubbies. Parents who wish to have their child receive medication of this kind have the option of dropping by themselves during the day. The Center may ask to contact your pediatrician for prolonged prescriptions, if we observe adverse effects from medication, or to consult on a potentially dangerous condition. Topical preparations (such as diaper cream or sunscreen) can be administered to children as deemed necessary by staff as long as written parental permission is given. Educators receive Medication Administration Training, which includes that each staff person must wash his or her hands before and after administering medication. Training also includes the “5 Rights of Medication:” right child, right medication, right time, right dose, and right route/method.

Individual Health Care Plans (IHCPs)

Any child with a chronic health condition and/or who receives medication on an ongoing or as needed basis (for example asthma, seizures, allergies, etc.), must have an Individual Health Care Plan. The plan, which is signed by both parent and doctor and renewed annually, must include the condition, its symptoms, medical treatment that may be necessary while the child is in care, potential side effects of treatment, and potential consequences to the child’s health if treatment is not administered. When a child has an IHCP, the parents help train the staff in its implementation.

Physical Exams

It is mandatory that your child have a complete physical exam and up-to-date immunizations (including Varicella) before starting school or within one month of admittance. Pursuant to the Department of Public Health and EEC regulations, all children, regardless of risk, shall be screened for lead poisoning at least once between the ages of nine and twelve months and annually thereafter until the age of 48 months. CCC requires a written statement signed by a physician stating that the child has been screened for lead poisoning and had a complete physical (including immunizations), or a letter written by the child’s parents stating that they object to such examinations on the grounds that it conflicts with their religious beliefs. This information needs to be updated annually while the child is enrolled at the Center.

Infant Bottles/Care of Breast Milk

Infant formula bottles will be left at room temperature for no longer than one hour. Any remaining formula will be disposed of.

NAEYC Guidelines for Breast Milk Care 5.B.09:

- Breast Milk is in ready-to-feed sanitary containers.
- Labeled with the infant’s full name and the date that the milk was expressed.
- Stored in a refrigerator for no longer than 48 hours (or no longer than 24 hours if the breast milk was previously frozen) or in a freezer at 0 F for no longer than 3 months.
- Staff must gently mix, not shake the milk before feeding to preserve special infection fighting and nutritional components in breast milk.

- Breast Milk and formula is left out for no longer than 1 hour before it is discarded.

Back to Sleep: To reduce the risk of Sudden Infant Death Syndrome (SIDS), all infants are put to sleep on their backs in cribs. They may wear a sleep sack. No toys, blankets, or stuffed animals are placed in infants' cribs. Infants older than 3 months will not be swaddled.

Food Safety

All food with expired dates must be discarded. All fruits and vegetables must be washed thoroughly prior to eating or serving to children. Never use plastic or polystyrene containers, plates, bags, or wraps when microwaving children's food or beverages.

Toothbrushing

Teachers 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. Children use individual toothbrushes labeled with their name and stored in a safe and sanitary manner open to the air without touching each other.

Identifying and Reporting Suspected Abuse or Neglect

According to the Massachusetts law and Department of Social Services regulations, abuse and neglect are defined as:

Abuse – The non-accident commission of any act by a caretaker which causes or creates a substantial risk of harm or threat of harm to a child's well-being.

Neglect – Failure by a caretaker, either deliberately or through negligence; to take actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision or other essential care.

Sexual Abuse- Exploitation of a child for the sexual pleasure of the adult (i.e., rape, incest, fondling of private areas, exhibitionism, photographing for pornography)

All administrators and staff at this center are mandated by law to report abuse or neglect to the **Department of Children and Families at 617-748-2000**. Any staff person who suspects the abuse or neglect of a child in their care should immediately report her/his suspicions to the director and should document all evidence that they collect (from observations, discussions with the child or guardian, etc.) to be used in the report. The director and staff member will then report the abuse to DCF by telephone and will follow up with a written report to DCF within 48 hours as well as a phone call and a report to EEC. The director will inform the parent or guardian of the report of abuse except in cases where the director feels that harm could come to the child as a result of this knowledge. The director will also notify the executive committee of the board of directors that a report has been filed, although confidentiality will be maintained. Staff should be aware of the indicators of abuse and neglect and the information needed to report abuse to DCF found on the following pages.

Any staff member suspected of abuse or neglect will be suspended with pay during the investigation. The investigation should last no longer than five days. Staff who report suspicions of child abuse or neglect at CCC are immune from discharge retaliation or other disciplinary action for that reason alone unless it has been proven that the reporting was malicious. Any staff

member found to have left a child unsupervised for any period of time will be considered to having neglected the child. This will be grounds for immediate termination.

Making a Report of Child Abuse or Neglect

When you telephone a DCF Protection Screening Unit to make a report of possible child abuse or neglect, you will be asked to give, to the fullest extent possible, the following information:

1. The name(s), address, present whereabouts, date of birth or estimated age, and sex of the reported child and of any other children in the household.
2. The names, addresses, and telephone numbers of the child's parents or other persons responsible for the child's care.
3. The principal language spoken by the child and the child's caretaker.
4. Your name, address, telephone number, profession, and relationship to the child.
5. The full nature and extent of the child's injuries, abuse, or neglect.
6. Any indication of prior injuries, abuse, or neglect.
7. An assessment of the risk of further harm to the child, and if a risk exists, whether it is imminent.
8. If the above information was given to you by a third party, the identity of that person, unless anonymity is requested.
9. The circumstances under which you first became aware of the child's alleged injuries, abuse, or neglect.
10. The action taken, if any, to treat, shelter, or assist the child.

Remember, mandated reporters must follow up a verbal report with a written report within 48 hours.

The Center will cooperate fully with DCF as mandated by EEC.

Infection Control Procedures

Hand washing is the first line of defense against the spread of infection. *Strict hand washing procedures must be practiced by staff and children at the following times:*

- Upon arrival for the day
- After going to the restroom
- After diapering or using toilet
- After coming in contact with body fluids or discharges (e.g., blowing or wiping a nose, coughing on hand, or touching any mucus, blood, or vomit)
- Before eating or handling food
- Before and after playing in water or sand that is shared by two or more people
- After handling the caged animals or their equipment
- When moving from one group to another (e.g., visiting)

In addition, adults must wash their hands:

- Before and after feeding a child
- Before and after administering medication
- After assisting child with toileting
- After performing cleaning tasks, handling trash or using cleaning products

Staff will remind parents and other visitors to wash their hands while in the classroom for any length of time.

Hands will be washed with soap and running water, rubbing hands vigorously for at least 20 seconds including back of hands, wrists, between fingers under and around jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).

Staff will use disinfectant made according to the instructions on the bottle. Disinfectant will be made daily in spray bottles to be kept in each classroom. Spray bottles will be clearly marked and will be kept on a high shelf out of reach of children.

The following equipment will be sanitized after each use:

- Diapering surfaces
- Any toy that has been mouthed
- Bibs
- Thermometers
- Classroom tables
- Water tables
- Outdoor pools
- Water and milk pitchers
- Sinks and sink faucets
- Toilet seats and floors (by building janitorial staff)
- Containers, including lids that hold soiled diapers (by building janitorial staff)

The following equipment will be sanitized weekly or when wet, soiled or before use by another child:

- Cots/rest mats/ crib mattresses
- Sheets and blankets
- Fabric toys
- Dress-up clothes

Teachers clean surfaces with soap and water solution, then sanitize by spraying them with an appropriate bleach and water solution and wait 2 minutes before wiping it.

Carpets are cleaned monthly in the Seedlings room and every three months in all the other rooms.

Used gloves are thrown away after each use.

Bloody/soiled clothing items sealed in a plastic container.

All cleaning supplies stored in a locked cabinet. Bleach may be placed on a high shelf.

Disposable latex gloves will be available at all times for use by the staff for diapering and when they will come in contact with body fluid, including blood. Staff will inform the director if she/he has an allergy to latex so that substitute gloves will be purchased for use.

Blood precautions: gloves must be used any time staff comes into contact with blood. They will be kept in all first aid kits, including traveling kits. In an emergency, it is not necessary to delay first aid to a child by getting gloves if none are nearby. A barrier, such as a towel or clothing, can be used between you and the blood. Wash your hands immediately after giving the required first aid. If blood has been spilled, gloves will be used for cleanup and any bloody clothing will be sealed in a plastic bag and sent home with the child. Any area where blood has been spilled will be washed and disinfected.

How to Change Diapers

- Prepare for a diaper change before bringing the child to the diapering area. Remove supplies from containers and place them near, but not directly on, the changing surface:
 - Stretch exam table paper over the changing table
 - Get a clean diaper, take wipes out of the container (enough to wipe child's bottom and hands)
 - Put a dab of diaper cream on a tissue, prepare a plastic bag and clean clothes
 - Put on disposable gloves.
- Place child on a changing table, remove clothing to access diaper. If soiled, put clothes into a plastic bag. Always keep one hand on the child.
- Remove soiled diaper and place it into a lined, hands-free container. Wipe the child's bottom from front to back. Apply diaper cream, if needed. Take off gloves and throw them away.
- Use a wipe to wipe the adult's hands. Use another wipe to wipe the child's hands. Throw soiled wipes into lined, hands-free container. Take off gloves and throw them away. Put a fresh diaper on the child and redress them.
- Wash child's hands with soap and running water for no less than 20 seconds.
- Return the child to the play area without touching anything else in the room.
- Spray the changing surface with soap and water solution and dry with paper towel. Spray surface with disinfecting solution and allow it to air dry (or wait at least 2 minutes before wiping it).
- Wash your hands with soap and running water for at least 20 seconds. Turn off the faucet with a paper towel.
- Record the child's diaper change on his/her daily sheet.
- If you need to change another child and the table is still wet, wipe it dry with a paper towel (no additional hand washing is required at this time). Must leave disinfecting solution on changing table surface for two minutes before wiping.
- Always talk with and interact with the child in a positive way during diaper changing. Show warmth, patience, encouragement, and support.
- Toys that are played with during a diaper change must be put aside to be sanitized.
- Diapers must be changed every two hours and/or when wet or soiled, and are checked when a child awakens. A dry diaper must be noted on the daily sheet and checked again in half an hour.
- If a toilet-trained/training child has an accident (a BM), they must be changed on a changing table.
- Children that are wet can be changed standing up following QRIS health standards.
- Each diaper changing table is used exclusively by one designated class of children.

Supervision

Teachers must be able to see and hear infants, toddlers, and young twos at all times, including nap time. Mirrors that are used in some classrooms to make it easier to see sleeping children do not replace the direct sight and sound required at all times. Staff must position themselves in a way that maximizes their ability to see and hear children in their care, including that children that are sleeping. Teachers supervise preschoolers by keeping them in sight most of the time. Supervision for short intervals by sound is permissible as long as teachers frequently check on children who are out of sight.

Playground Supervision

When outdoors, it is imperative that teachers are focused on the children and stand apart from one another. All teachers must be able to see all children. If a teacher is unable to view all children under their supervision, limit the playground use to one end. If a teacher needs to re enter the building with a child, that teacher must verbally communicate who they are taking inside to their co-teacher or other teachers supervising the playground. If co-teachers are sharing supervision of the playground, communication is imperative to ensure that each child is accounted for by a specified teacher. Teachers must take responsibility to self-appoint a teacher to stand next to a large climbing structure or any area where a child needs to be spotted. Young toddlers must be watched carefully on the large climbing structure. The First Aid kit must be carried outside by each classroom, along with emergency cards and attendance sheets.

The playground should be viewed as an outdoor classroom. This is a time for child free play as well as teacher interactions including parachute time, water play, dramatic play, snack time, story time, etc.

It is the responsibility of the teachers to monitor the playground doors, especially during parent pickup. If parents want to socialize on the playground remind them to arrive earlier than 5:30pm and leave by 5:30pm. Please remind parents that after they have signed their child out, they must watch their child and siblings. Re-entrance of children onto the playground without a parent is not permitted. Attendance sheets must be signed by staff and be accurate and up-to-date at all times.

Outside the Center Policy

The following guidelines will be used at all times while outside the center.

- Each classroom team must designate a teacher to be **in front** of the children.
- Each classroom team must designate a teacher to be **in back** of the children.
- **Attendance** must be carried with the teachers, and it must **accurately** reflect the children present.
- **Emergency Cards** must be carried and accurately reflect all the children in the class. Each child must have a picture on their emergency card.
- The evacuation backpack must be carried and contain a complete inventory. It is the responsibility of each classroom team to maintain a complete inventory.
- The classroom teams must have a cell phone.
- Teachers put ID bracelets on children who can walk.
- The classroom team must notify the Director, Assistant Director or Director designate that they are leaving the building, where they are going, and for how long.

- Classroom teachers are responsible for verifying that all children have up-to-date permission slips. These permission slips are only current for one year.
- Any field trips must be cleared by the Director or Assistant Director. It is the responsibility of each classroom teaching team to have field trip forms for all children. Teachers must provide advance notice to families of field trips planned seasonally. In the event that a parent does not want their child to participate, the parent can choose to keep their child home. We are unable to place children in different classrooms. If a parent and child have not arrived by 9:30am and have not called, the class will leave for the field trip. If a parent has communicated that they would be late, a parent can choose to meet the class at the location of the field trip.
- Teachers fill out a Field Trip Checklist and post it on the classroom door.
- **Children must be counted inside the center prior to leaving the building.**
- **Children, not the number of children must be counted, i.e., John, Susan, Billy.**
- **Children must be counted on route to the destination, each time you cross a street and or every ten-fifteen minutes.**
- **Children must be counted once you arrive at the destination, during playtime and or every 10-15 minutes.**
- **Children must be counted upon leaving your destination.**
- **Following the same procedures as arriving at a destination.**
- **Count once you arrive back at CCC.**

Staff must post a note on the door of the classroom stating where they will be.

Field Trip Checklist

Field Trip Checklist/Approved Walks	check
Physically walk route; take notice of street names	
Check websites for updates	

Prior to Trip/ Permission Slip Walks	
research location/route	
Why are you going on this field trip/walk?	
review plans with ED	
write up plans for chaperones	
chaperone minimums	
<i>Blossoms: 3-1</i>	
<i>Buds: 2-1</i>	
<i>Sprouts:2-1</i>	
<i>Seedlings: 1-1 for field trip</i>	
distribute permission slips to parents	
collect permission slips	
confirm number of chaperones	
give chaperones field trip plans	
provide cell phone numbers	
check emergency bags	
send reminders home	
charge camera batteries	
lunch plans	

Day of Trip/Permission Slip Walks	check
If permission slip walk changes, notify ED	
put ID bracelets on children's wrists (except infants)	
review plans with chaperones	
take First Aid backpack	
attendance	
cell phone	
camera	
field trip plans	
emergency contact info	
diapers and wipes/changes of clothes	
water	
Leave note on door of place, departure time, and return time	

When to Cancel A Field Trip	
Do not meet the required number of chaperones	
Inclement weather	

Safety Checks

— Please check equipment in any playground that you will be using. Children should not play where equipment is in disrepair. Boundaries where children can play should always be clear. A staff member should position themselves where they can directly supervise the area.

— Any accident that occurs outside the center must be documented with an accident report. Please be sure and state the specific area where the accident occurs on the accident report form.

It is the responsibility of each and every staff member to feel in control of all children at all times. If you have a child that is not staying safely with the group you may not venture outside the CCC property.

If you have a situation where a child loses control, stay together as a group and call for help to the Center. Never leave one teacher alone with a group of children while another teacher walks back alone to the Center with the child. If no one is available to come help, stay together until the child has calmed down, then proceed back to the Center.

Use of Child Harness

A child harness may be used as needed by the teachers in order to keep the children safe.

Lost Child Policy

In the rare event a child is lost on a field trip or local permissible outing, the following protocol will take place:

Lost Child on Train or Bus

1. A teacher will call MBTA police at 617-222-1212. The teachers and children will remain at their location until child is found and/or additional help arrives.
2. The child's parent will be notified.
3. The Director or person in charge will be notified and go to the location of the group and aid the teachers as needed.
4. The Licensor will be notified the same day of the event.
5. The Executive Committee will review the failure of the safety guidelines as noted in the Health Care Policy.
6. The Executive Committee will weigh the evidence and make a determination for the reason of the child's separation from the group. Appropriate disciplinary action will then be determined.

Lost Child in Park /Off Site Playground

1. A teacher will call 911. The teachers and children will remain at their location until child is found and/or additional help arrives.
2. The child's parent will be notified.
3. The Director or person in charge will go to the location of the group and aid the teachers as needed.
4. The Licensor will be notified the same day of the event.
5. The Executive Committee will review the failure of the safety guidelines as noted in the Health Care Policy.
6. The Executive Committee will weigh the evidence and make a determination for the reason for the child's separation from the group. Appropriate disciplinary action will then be determined.

Lost Child at a Museum

1. A teacher will call the internal museum security. The teachers and children will remain at their location until child is found and/or additional help arrives.
2. The child's parent will be notified.
3. The Director or person in charge will go to the location of the group and aid the teachers as needed.
4. The Licensor will be notified the same day of the event.
5. The Executive Committee will review the failure of the safety guidelines as noted in the Health Care Policy.
6. The Executive Committee will weigh the evidence and make a determination for the reason of the child's separation from the group. Appropriate disciplinary action will then be determined.

CCC Sleeping and Napping Arrangements

Each infant younger than 12 months has their own crib and is placed to sleep on their back, without sleep positioners, unless ordered by a physician. If infants arrive to the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant is removed and placed in a crib. Soft items are not allowed in cribs. Infants age one year old, toddlers and preschoolers sleep on floor mats or cots spaced 3 feet apart if space allows, or alternating children from head to toe. Infants, toddlers, and younger twos are supervised by sight and sound by a qualified teacher at all times, including nap time.

Maintenance of the Facility and Equipment

CCC underwent a full renovation in February of 2006. Quarterly the ventilation systems are cleaned as are the carpets. Cleaning crews thoroughly scrub all bathrooms nightly, mop the floors and vacuum the carpets. The McCormack building had in-house carpenters, plumbers and electricians for any maintenance work. The playground is inspected monthly by us and yearly by a professional. CCC checks all equipment monthly. All inside equipment is checked and repaired or donated if not in pristine condition.

There is a CCC prohibition against smoking, carrying firearms, and other significant hazards that pose risks to children and adults.

Staff Wellness

CCC encourages staff to take mental health days. CCC has workshops on Stress Management and is able to refer staff to resources that will support them in seeking preventative treatment and help with ongoing concerns such as depression and stress management. For our yearly Teacher Appreciation, CCC has a massage therapist come for stress relieving massage therapy. Each full-time staff member has 10 sick days per year; part-time staff accrues 1 hour per each 30 hours work, up to 40 hours a year. To stay healthy at CCC, strict hand washing procedures must be followed. Wet hands, vigorously scrub hands for 20 seconds, rinsing hands and turning faucet off with paper towels. Additional resources that support staff in stress management, prevention and treatment of depression and general wellness are listed on page 13 of the Employee Handbook.