

# **PARTNERS CHILD CARE PARENT HANDBOOK**

Welcome to Partners Child Care. This handbook will acquaint you with our philosophy, policies and curriculum. We hope it will give you a clear picture of the centers and what you and your child can expect while in our care.

## **MGH CHILDREN'S CENTER**



**3 Thirteenth Street  
Charlestown, MA 02129  
617.726.5437  
Infant - Preschool**

## **THE CHILDREN'S QUARTERS**



**36 First Avenue  
Charlestown, MA 02129  
617.726.6010  
Infant - Preschool**

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## **NON-DISCRIMINATION POLICY**

In providing services to children and their families, Partners Child Care does not discriminate on the basis of race, religion, gender, disability, cultural heritage, political beliefs, marital status, national origin or sexual orientation.

## **MISSION STATEMENT**

Partners Child Care Services (PCCS) provides high quality, developmentally appropriate and cost effective child care options to Partners employees, patients and members of the community in the form of center based child care and backup child care.

In addition, PCCS oversees the relationship between Partners Healthcare System and *Parents in a Pinch*, which provides in home care options. PCCS also collaborates with the *Harvard Office of Work & Family* to connect families with child care resource and referral.

## **PHILOSOPHY STATEMENT**

Partners Child Care Services takes seriously its role and responsibility in providing child care to the employees and patients of the Partners HealthCare System. To this end, in each of our programs we are guided by the following principles and practices.

- Appreciate childhood as a unique and valuable stage of the human life cycle;
- Base our work on child development theory and practice, using NAEYC standards;
- Respect the dignity, worth, and uniqueness of each individual child, family member and staff member;
- Respect diversity in children, families, and staff;
- Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect.

## **CURRICULUM**

As described by the NAEYC Curriculum Standard, “The program implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive.” Guided by the *Creative Curriculum* framework, and our solid understanding of child development theory and practice, our curriculum is rooted in the belief that children learn through play. The environment is carefully designed to be child-centered and to provide opportunities to explore and learn. We are also guided by our observations and assessments of children and utilize this information in our curriculum planning.

## **WHAT YOU CAN EXPECT FROM PARTNERS CHILD CARE CENTERS**

- An open door policy which welcomes you to visit your child any time during the day;
- A caring, loving, warm atmosphere;
- Well-informed, knowledgeable staff;

- A carefully designed, responsive and developmentally appropriate curriculum;
- Daily communication regarding your child;
- Opportunities for parent participation;
- Collaborative relationships between parents and staff members which foster children's development both at home and in the center.

## **APPLICATION TO THE CENTERS**

Following receipt of an application, families will be contacted by the center Director when a space becomes available at either the MGH Children's Center or the IHP Children's Quarters.

Applications are filed by date received and openings are filled on a first-come-first-served basis according to application date. Consideration will be made relative to the number of slots available and the balance of full and part time schedules, to enable the centers to maintain full enrollment each day of the week. Part time schedules will be set up on a two day or three day basis. Families' opting to utilize a four-day schedule will be required to pay the full time, five-day rate.

Waitlist applications are completed and submitted online from our website at [www.partners.org/childcare](http://www.partners.org/childcare)

## **ENROLLMENT**

MGH Children's Center: Enrollment priority is given to families who are affiliated as employees of Partners HealthCare System.

IHP Children's Quarters: Enrollment priority is given to families who are affiliated as employees and students of the MGH Institute of Health Professions, Partners HealthCare System and 25% of the spaces are designated for Charlestown residents.

## **LOSS OF EMPLOYMENT AFFILIATION POLICY**

If your affiliation as an employee of Partners HealthCare System (PHS and its affiliates) ends, you are no longer eligible to remain enrolled\*; we offer an "enrollment grace period" and your currently enrolled child (ren) may remain enrolled for up to ninety (90) days from the date your employment ends; if you choose to exit before the 90 day "enrollment grace period" concludes, the usual one month withdrawal notice applies.

\* If the IHP Children's Quarters is below its quota of Community enrollees at the time your employment affiliations ends, and if there is space for the age and schedule of your child, you will have the option of

- a. remaining if you are enrolled at the IHP Children's Quarters or
- b. moving from the MGH Children's Center to the IHP Children's Quarters.

In instances a. and b. above, your affiliation will change to Community and your tuition rate will change from the Employee rate to the Community rate.

## **SIBLING PRIORITY**

Based upon space availability, families employed by Partners HealthCare with one or more siblings currently enrolled at the MGH Children's Center or IHP Children's Quarters will receive sibling priority status for enrollment; as with all enrollment, when a space becomes available, full payment for tuition is required to secure the space.

We do not offer an alumni priority status for the waitlist or enrollment.

## **REGISTRATION FEE AND SECURITY DEPOSIT – NEW ENROLLMENT**

Families are required to pay a non-refundable security deposit totaling one month's tuition and a registration fee of \$35 at the Enrollment Interview. The security deposit will be applied towards the first full month of care.

## **ANNUAL SECURITY DEPOSIT – CONTINUING ENROLLMENT**

In an effort to plan effectively and efficiently for program enrollment, a security deposit is collected in the summer to guarantee September enrollment. A 'flat rate' security deposit of \$500, payable by check, will be collected for each family enrolled.

The security deposit *guarantees* continued enrollment in September. Should enrollment be withdrawn at any point after the security deposit has been collected, the security deposit will be forfeited. If enrollment is maintained, the security deposit check will not be cashed and will be voided in September.

## **TUITION FEE STRUCTURES**

There are two fee structures at the MGH Children's Center and IHP Children's Quarters. There is a fee structure for employees of Partners HealthCare (and its affiliates) and a fee structure for community families. For tuition rates please see Attachment A of this handbook or visit our website [www.partners.org/childcare](http://www.partners.org/childcare)

## **SCHEDULE CHANGE FEE**

There will be a schedule change fee of \$10.00 per child each time a child's attendance schedule is revised. All schedule changes must be made in writing at least two weeks prior to scheduled change. If no notice is given, the charge is for a full two weeks of service.

## **WITHDRAWAL FROM THE CENTER**

A minimum one-month notice is required for withdrawals that are not due to entry into Kindergarten. If less than one month notice is given, the charge is for a full month of service.

For children turning 5 years old by September 1<sup>st</sup> and withdrawing to enter Kindergarten, parents must inform the center in writing of their child's withdrawal date on or before June

30th. All Kindergarten-bound children must be withdrawn on or before the Friday before Labor Day.

For weekly paid employees: for withdrawal dates that are part-week, a full week of tuition is charged; parents are advised to consider this when determining withdrawal date.

For monthly paid employees and community members: for withdrawal dates that are part-month, a full month of tuition is charged; parents are advised to consider this when determining withdrawal date.

## **HOURS OF OPERATION**

The MGH Children's Center is open 6:15am to 5:45pm, Monday through Friday. The IHP Children's Quarters is open 7:00am – 5:45pm, Monday through Friday. We operate 52 weeks per year excluding the nine holidays observed by Partners HealthCare System. We are closed two additional days to allow for spring and fall staff training and development and thorough, center-wide cleaning and two early closure days in December and June. Please see Holidays and Early Closures Observed for details.

## **LATE PICK UP FEE**

**It is imperative that children are picked up by 5:45pm.** Children are easily upset when parents are late, and staff members have commitments to keep, as well. We suggest planning to arrive just prior to 5:45pm so that you will have ample time to speak with your child's Teachers, gather your child's belongings and depart from the center in a timely manner.

Parents arriving after 5:50pm will be charged a late fee of **\$1.00 per minute, per child.**

LATE FEE PAYMENTS MUST BE MADE BY CHECK

## **SNOW DAY PROCEDURE**

The Partners Hospitals are always open, and the centers will do everything possible to remain open as well. Should the staff have difficulty getting to the centers, we will make every effort to provide the substitute staffing needed. If in doubt call the center and wait for a voice mail message, which will state if the center is closed. If no answer, call the MGH weather emergency Hotline at 617-724-6100.

## **DROP OFF/PICK UP AREA**

When dropping off, picking up or visiting your child, please park in our designated "drop-off" areas with a center parking permit placed on your dashboard. The "Drop-off" areas are:

**MGH Children's Center:** 5<sup>th</sup> Street. **Note:** the small parking lot facing 5<sup>th</sup> Street is reserved and paid for by tenants in the other units of our building. Violators using this small lot may be TICKETED OR TOWED at their own expense; therefore, please only use on 5<sup>th</sup> Street for drop off and pick up.

**Children's Quarters:** Terry Ring Road and 8th Street in front of the center.

**HOLIDAYS OBSERVED**

The MGH Children's Center and Children's Quarters are closed on the following days: \*

New Year's Day.....	January 1 <sup>st</sup>
Martin Luther King Day.....	3 <sup>rd</sup> Monday in January
Washington's Birthday.....	3 <sup>rd</sup> Monday in February
<b>Staff Day</b> (staff development).....	1 <sup>st</sup> Friday in March
Memorial Day.....	Last Monday in May
Independence Day.....	July 4 <sup>th</sup>
Labor Day.....	1 <sup>st</sup> Monday in September
<b>Staff Day</b> (staff development and cleaning).....	Tuesday after Labor Day
Columbus Day.....	2 <sup>nd</sup> Monday in October
Thanksgiving Day.....	4 <sup>th</sup> Thursday in November
Christmas Day.....	December 25 <sup>th</sup>

**EARLY CLOSURES OBSERVED**

The MGH Children's Center and Children's Quarters **close at 4:00pm** on the following days: \*

<b>Staff Day</b> (Biannual all center staff meeting).....	First Tuesday of June
<b>Staff Day</b> (Biannual all center staff meeting).....	First Tuesday of December

\*Tuition will be charged for all center closures and all vacation time taken by families.

**SIGN UP DAYS**

To allow us to staff the centers accordingly, parents will be asked to "sign up" for days surrounding major holidays. These sign up days are our primary tool for predicting accurate attendance in order to effectively plan curriculum, snack food service, staff schedules and staff time off.

Sign up days are:

- Day before and day after Thanksgiving**
- Christmas Eve and the day after Christmas**
- New Year's Eve and the day after New Year's Day**

**TUITION PAYMENT**

The centers require that all tuition payments for employees be made through payroll deduction. Payroll deduction forms must be completed at least one week prior to your child's enrollment. Forms are available at the centers.

Community families are unable to utilize payroll deduction and must therefore pay by check. Invoices for check payments will be issued on a monthly basis on or about the 15<sup>th</sup> of the month for the upcoming month. Payment is due in full by the 1<sup>st</sup> of each month. If account balance is not paid in full by the 1<sup>st</sup> of each month, families will be at risk of being terminated from the center. For tuition rates please see Attachment A.

## SUBSIDIES

Partners Child Care Services offers tuition subsidy to benefits-eligible MGH employees in an effort to make the on-site child care facility more affordable for families with financial needs. MGH benefits-eligible employees with a total family income of less than \$75,000 per year are eligible to apply for tuition subsidy.

Verification of total family income must be provided before a subsidized rate can be confirmed. All forms of verification must be approved by the Director of Child Care Services. The previous year's federal tax return, W2 forms and current-day pay stubs are the minimum required forms of verification. Please contact the Director of Child Care Services to obtain information about or an application for tuition subsidy.

Employees of MGH, PHS and PHS affiliates who are benefits-eligible and have more than one child enrolled in our Navy Yard programs, are eligible for a sibling discount which is applied toward the lowest tuition fee paid. Verification of benefits-eligible employment status must be provided before a sibling discount can be applied.

## DROP OFF AND PICK UP PROCEDURES

All parents must check their child in and out with a teacher at each arrival and departure throughout the day. Please call your child's classroom before 9:30am to notify staff if your child will be absent or arriving after 9:30am.

Parents are expected to adhere to their scheduled drop off and pick up times. Any changes must be discussed with the Coordinators or Directors in advance. Parents arriving early or unannounced must stay until staff meet state ratio requirements.

**Pick up Authorization.** As State licensed programs, we are required to obtain a list of any person(s) authorized *in writing* by the parent to take the child from the center or to receive the child at the end of the day. By law, we are not permitted to release a child to anyone other than those who have been authorized in writing by a parent.

If, at any time, the teacher responsible to release a child from the center has not yet met the authorized pick up person, the authorized person will be required to present valid photo identification before the child will be released; even if it is apparent the child recognizes the authorized person, it is for the child's safety and parent and center protection that the photo identification process will always be utilized.

## VISITING

Parents are encouraged to visit at any time. For the overall safety of the children and staff, the doors will always be locked. Parents can use their I.D. badges to enter the building or the buzzer/intercom system.



## WHAT TO BRING

Please label all items with your child's FIRST AND LAST NAME

All children need to bring a lunch box, an extra set of clothing including socks and underwear, a blanket, comfort items when needed, diapers, wipes and for Infants, breast milk or formula.

**CLOTHING:** The activities at the centers can be messy. 😊 Please dress your children in play clothes. Although we do use smocks and roll up sleeves, we cannot guarantee that children's clothing will not get stained or soiled. We assume that you will send your child in clothes that allow your child to participate fully in our play-based program and that you understand that clothes may get stained or soiled. Clothing should be clearly labeled with your child's first and last name.

### A safety note about footwear:

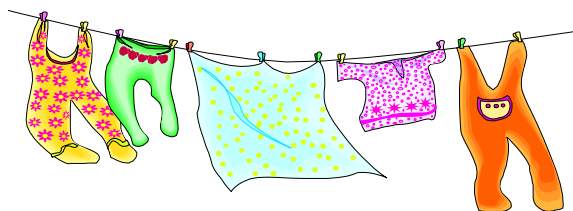
All children should wear sturdy shoes to the center; we recommend that children wear sneakers or shoes with rubber soles to provide them with maximum traction for safe climbing, running and jumping. Children may not wear flip-flop sandals, jellies or cowboy boots. Please do not send your child to the Center in shoes with slick bottoms, such as dress-up shoes.

**ACCESSORIES:** Children's accessories are extremely attractive to little eyes, fingers, and mouths. We ask parents cooperation to be safety conscious when choosing accessories that their children wear to the centers. Small objects like barrettes and jewelry can be choking hazards.

**COMFORT ITEMS:** Children should not bring additional toys from home except comfort items. If it will help your child feel more at home during the day, bring his/her favorite pacifier, doll, stuffed animal, etc. Books and homemade items that contribute to our activities are always welcome. If you have any questions about what to bring please speak to your child's teacher.

**LINENS:** The centers provide crib sheets; they are washed at the centers each week or more often if necessary. Parents are to provide sheets for nap mats; a standard crib sheet fits our nap mats. Parents are responsible for laundering nap mat sheets.

**BLANKETS:** Parents are to provide a blanket for their child to use at naptime. Blankets should be labeled with child's first and last name and will be kept at the centers in the child's cubby. Parents are responsible for laundering blankets. All blankets should be brought home and washed once a week and as needed.



## MEALS AND SNACKS

### Food allergies must be reported to the centers

#### INFANTS

Parents are to provide bottles, breast milk/formula/juice, and food for their infants. Breast fed babies should be able to use a bottle or cup before starting in our care. We ask that you keep teachers informed of special dietary instructions. The Infant staff will work closely with parents to determine when/which center snack foods are served to each child.

#### TODDLERS AND PRESCHOOLERS

Parents provide lunch for their child. Lunch boxes should contain a thermos/ice pack when necessary. If your child arrives before 8:00 am, you may bring a prepared breakfast to be served at the center. If your child arrives after 8:00 am and has not eaten breakfast, please speak to the teacher and if necessary we will supplement his/her 9:30 snack with breakfast items brought from home.

**Please remember to label lunchboxes, bottles and food containers with first and last name.**

**Please remember all lunch food items must be prepared and ready to eat.**

#### SNACKS

The centers provide one morning and one afternoon snack each day. Snacks consist of milk, juice, crackers, fruit, vegetables, cheese, etc. Snack menus are posted at the sign-in areas. Parents may provide prepared snacks for children with allergies and for special occasions.

#### SUGGESTED MENU ITEMS FOR LUNCH

We hope this list will be helpful in providing healthy and nutritious lunches.

##### SANDWICHES:

Cream cheese on raisin bread, cream cheese and jelly, tuna, egg salad, cold cuts and cheeses. For variety, try using a variety of breads such as wheat, white, oatmeal, pita, bagels or croissants.

##### SOUPS AND SALADS:

Soups, hot pastas in sauce, stews, casseroles, canned chicken or tuna, pasta/rice salad.

***Please note: The staff is not allowed to heat food.*** Hot foods must be in a THERMOS, which **does not** require additional heating. Cold foods and beverages must be sent with ice packs to ensure proper cool storage in lunch box.

##### FRUITS, VEGETABLES & OTHER IDEAS:

Bananas, raw carrot or celery sticks, par boiled vegetables, peaches or pears with cottage cheese, yogurt; yogurt can leave one hungry with no carbohydrates; therefore, please include bread, pasta or a hard boiled egg with yogurt.

## LUNCH SUPPLEMENTS

Children enjoy having their main course supplemented with healthy treats. These could include some of the following: Fruit: fresh, sliced, or canned; some favorites include bananas, sliced grapes and pears. Vegetables: celery sticks, sliced cucumbers or cucumber sticks; par boiled vegetables such as broccoli, cauliflower, beans, or carrots. Crackers are yummy and are great served with cheese in slices or small, bite-size chunks. Milk based puddings are also a favorite treat. **\*\*Grapes and Hot Dogs must be cut lengthwise and in very small pieces for Infants and Toddlers to reduce the chance of choking.\*\***

## NUT-FREE ENVIRONMENT

All Partners Child Care Services centers are nut-free. Please do not send nut products of any kind with your child to the center. Thank you for cooperation in adhering to this important policy for the health and safety of children in our care who may have nut allergies.

## THINGS TO KNOW AND REMEMBER

### **No soda or high sugar drinks:**

When trying to think of something special for your child's lunch, a treat could include a favorite beverage such as juice, chocolate milk or eggnog. **NO soda or high sugar drinks please.** Please make sweet food items only an occasional treat. If you have found nutritious items that are very popular with your child, other parents would welcome your ideas. Please share your food ideas with teachers and other parents for supporting healthy nutrition and happy lunchtime.

### **Birthday snacks and home party invitations:**

Birthdays are a very special time in a young child's life. We ask that you reserve traditional party items such as balloons, favors, cake and ice cream for your home party. If you wish, your child may bring a special snack, such as muffins, or birthday napkins to make the occasion special. Please speak with your child's Teachers about any plans you may wish to make to recognize your child's birthday at the center.

Please refrain from distributing birthday party invitations to your home celebrations in the classroom mailboxes; it can be upsetting to young children if there are classmates who have received a birthday party invitation if they have not.

## **PARENT PARTICIPATION**

Parents are invited to participate in all aspects of programming and curriculum activities. We invite ongoing parent input through daily communication with staff, participation on field trips and attendance at all centers functions that are held at various points throughout the year.

## **REFERRAL SERVICES**

### **WRITTEN PLAN FOR REFERRAL SERVICES**

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

Whenever any staff member is concerned about a child's development or behavior and feels that further evaluation should be done, they should report it to the child's Coordinator who will review concerns with the Director.

If the administrator agrees, the Coordinator is requested to complete an observation report and review the child's record prior to making a referral.

The Director will maintain a list of current referral resources for children in need of social, mental health, educational, and other medical services including but not limited to hearing, vision and dental. This list shall include the contact person for chapter 766 and Early Intervention Program referrals.

### **REFERRAL MEETING**

The Director schedules a meeting with parents to notify them of the Center's concern and prepares a current list of possible referral resources.

At the meeting, the Director will provide to the parent a written statement including the reason for recommending a referral for additional services, a brief summary of the Center's observation related to the referral and any efforts the Center may have made to accommodate the child's needs.

The Director will offer assistance to the child's parents in making the referral. Parents should be encouraged to call or request in writing an evaluation. If parents need extra support, the Center may, with written parental consent, contact the referral agency for them.

If a child is 0 – 3 years of age, the Director shall inform the child's parent(s) of the availability of services provided by Early Intervention Programs.

## **FOLLOW UP TO THE REFERRAL**

The Director will, with parental permission, contact the agency or 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 from the agency or is ineligible to receive services, the Center shall review the child's progress at the center every three months to determine if another referral is necessary.

## **RECORD OF REFERRALS**

The Director and Coordinator will maintain a written record of any referrals, including the parent conference and results. A referral checklist will be kept in the child's record.

## **PROCEDURES FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE OR NEGLECT TO DEPARTMENT OF CHILDREN AND FAMILIES (DCF) {FORMERLY DEPARTMENT OF SOCIAL SERVICES (DSS)}**

### **POLICY AND PROCEDURES ON CHILD ABUSE AND NEGLECT**

Definitions: "Child Abuse" is the non-accidental commission of any act by a caretaker, which causes or creates or creates a substantial risk of harm to a child's physical and emotional well being, including sexual abuse.

"Child Neglect" is the failure by a caretaker, either deliberately or through negligence, to take those actions necessary to provide a child with minimally adequate food, safety, clothing, shelter, medical care, supervision, or other essential care.

Procedure: Whoever has reasonable cause to believe that a staff member may have been abusive or neglectful toward a child shall immediately notify his or her supervisor and the Director.

The Director will assess the situation and report the suspected or alleged incident to the Department of Children and Families {formerly Department of Social Services (DSS)} and the Department of Early Education and Care (EEC) as required by law.

The employee in question shall immediately be removed from working directly with children and will be suspended with pay until a DCF investigation has been completed.

**If allegations of abuse and/or neglect are substantiated, corrective action up to and including termination will result.**

### **Identification of Suspected Abuse or Neglect**

The Department of Children and Families (DCF) is called by the Director. A written statement may be required. The Director makes every effort to learn the details (by talking with teacher and parent) before calling. \*If a 51A is filed against a staff member the EEC as well as the DCF must be notified.

**Documentation of Concerns:**

*Timeline:* Report to DCF and EEC (as needed) within 24 hours, follow with written report within 48 hours.

*Phone numbers of local DCF Office:* 617.660.3400 (Chelsea office) 800.792.5200 (Child-at-Risk Hotline)

Phone number of local EEC Office: 617.472.2881

ALL CHILD CARE WORKERS ARE MANDATED REPORTERS. IF THE CENTER CHAIN OF COMMAND FOR REPORTING IMPEDES THE REPORTING OF THE SUSPECTED CASE OF ABUSE OR NEGLECT, THEN ANY INDIVIDUAL STAFF MEMBER WITH A CONCERN IS OBLIGATED BY LAW TO REPORT THE INFORMATION HIMSELF/HERSELF.

**TERMINATION OF ENROLLMENT**

A child's enrollment may be terminated from the Centers under the following circumstances:

- behavior of child or parent that is deemed inappropriate by Partners Child Care Services or MGH Police and Security
- behavior of a child or parent that puts the institution or its visitors at risk
- failure to complete and return required EEC paperwork
- non-payment of fees
- the Center's inability to meet the needs of the family
- the Center's inability to meet the needs of the child, as determined through conference and referral (see Referral section above).

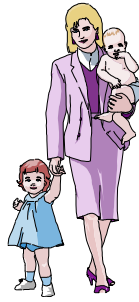
Parents will be notified in writing at a face-to-face meeting when possible, including the reasons for termination. A copy of this letter will be kept in the child's record.

The Director will inform parents of the availability of information and referral for other child care services through the Harvard Medical Center Office of Work and Family and Partners EAP Child Care Resources.

When a child is terminated from the Center, whether initiated by the Center or the parents, the child's teacher will prepare the child and family for their departure in a manner that is professional, respectful and developmentally appropriate with regards to the child's level of understanding.

**SUSPENSION**

Partners Child Care Centers are employer-supported centers. A child's suspension may lead to an employee's inability to work. As a result the Centers choose not to enact a suspension policy.



## **PARENTS' RIGHTS**

1. **PARENT VISITS** - We encourage all parents to visit the centers and their child at any time.
2. **PARENT INPUT** - We hope and expect that you will share any ideas and suggestions you have for the improvement of our centers and for the care of your child, either verbally or in writing. We will make every effort to respond promptly and receptively at all times.
3. **PARENT CONFERENCES** - Our staff is available for individual conferences with you at your request. Staff will schedule parent conferences to discuss developmental checklists.
4. **REPORTS TO PARENTS** – Depending upon a child’s age, teachers either write daily notes or communicate verbally regarding each child. Our aim is to establish the best possible communication between home and the centers at all times. We will notify you immediately if we become aware of any developmental or emotional issues of which you should be aware.
5. **CONFIDENTIALITY AND DISTRIBUTION OF RECORDS** - Information contained in a child's record is privileged and confidential. We will not distribute or release any information to anyone not directly related to implementing our programs without written consent from you.
6. **DEVELOPMENTAL CHECKLISTS** - To record children's development a Developmental Checklist will be filled out every 3 months for infants and every 6 months for Toddlers and Preschoolers. Anecdotal Records will be kept to assist teachers in the completion of the checklists.
7. **AMENDING THE CHILD'S RECORD** - As a parent, you have the right to add any information, comments, data or other relevant material to your child's record.
8. **TRANSFER OF RECORDS** - Upon written request from you, the parent, we shall transfer a copy of your child's record to you or any other person you identify.
9. **NEWSLETTER** - A newsletter is distributed to all center families to keep everyone informed of center curriculum, issues, enhancements and special events.
10. **GRIEVANCE PROCEDURE** - Should a parent have a concern about a staff member or center policy, the issue should first be brought up with the Center Director. If the

issue is not resolved at Center Director level, the parent should contact the Director of Child Care Services.

## **MEDICAL POLICY**

The Directors work closely with a Health Care Consultant to determine medical policies and resolve medical issues affecting the children and staff at the centers. A copy of the Health Care Policy may be obtained by parents through written request to the Director.

Mildly ill children will be permitted to attend the center on their regularly scheduled days. For the protection of *ALL* children and staff, parents will be notified when their child is too ill to remain at the center and will be requested to pick up the ill child immediately. Should a parent be unable to pick up their child within one hour, they are responsible for making arrangements for their child to be picked up by someone from their list of emergency contacts.

### **Criteria regarding signs or symptoms of illness, which will determine whether a child will be included or excluded from the center:**

- If a child has a temperature over 101 he/she will be required to stay out of the center.
- A child on antibiotics must be excluded from the center from the time of diagnosis until 24 hours after the first dosage.

### **Procedures for handling a child who has already been admitted to the center and exhibits symptoms requiring exclusion until he can be taken home:**

The child will be kept in quiet isolated area in the classroom on a resting mat. All mats and sheets will be cleaned after the child leaves the center.

### **Policies for when excluded children may return:**

#### Illness

We have no separate facilities for long term care of a sick child, parents are asked to be especially aware of and plan for impending illness. If a child becomes sick while at the center, a staff member will contact the parent to ask that the child be taken home. We will ask parents to take their child home if we feel that he/she needs to see a doctor, is contagious, or requires prolonged individual staff attention, which interferes with staff duties. At the center, the child is to be made comfortable on a mat in a quiet area away from the other children. Staff will provide the child with food and beverage as requested.

### **Some of the common conditions for which a child will be sent home are as follows:**

1. Temperature - A child will be sent home if he/she has a temperature of 101 degrees or more. The child must stay home fever-free for at least 24 hours before returning to the center. His or her activity level and appetite should be back to normal as well.
2. Diarrhea - A child who has had watery stools will be sent home. Diarrhea is usually caused by viral infections however, bacteria and parasites (Giardia) may be the cause. Children may return to the center once the diarrhea is under control. If your child has an allergy or condition that regularly causes diarrhea, please alert the staff to this during orientation.

3. Vomiting - A child who is vomiting will be sent home and should remain home until vomiting has stopped. Most vomiting is caused by infection. These stomach viruses are highly contagious and will be spread through the center very rapidly.
4. Impetigo - This skin infection is characterized by crusted sores, which may appear anywhere but usually first in the facial area. Children with this condition must be on antibiotics for at least 24 hours and all lesions should be dry before returning to the center.
5. Conjunctivitis - This is a contagious infection of the eye characterized by redness and tearing, a yellow discharge from eyes, or eyelashes stuck together. Children with this condition must be on antibiotics for at least 24 hours before returning to the center and all discharge must be gone.
6. Strep Throat - Is characterized by swollen neck glands and a temperature combined with a sore throat. This condition requires antibiotics. Your child should not return to the center until he/she has been on medication for 24 hours.
7. Scarlet Fever - Is a strep throat with a rash, which is red and has a sandpaper feeling. Your physician should be consulted as to when your child should return to the center.
8. Chicken Pox - Children can attend the center after exposure or during the incubation period (11-20 days after contact.) **Please notify the center if you suspect that your child has been exposed to chickenpox so that we can notify the other parents.** Your physician is the best person to consult if there is any doubt concerning your child's contagiousness during this illness.
9. Ear Infections (Otitis Media) - Ear infections are extremely common. We ask that children have taken the prescribed antibiotics for at least 24 hours before returning to the center.
10. Respiratory Infections - Are very common and usually are caused by viruses. It is advised that your child remain at home until fever free when having such an infection.
11. Head Lice - Is characterized by very itchy scalp and nits (white eggs) that resemble dandruff but can't be easily removed from the hair. Children may return to the Center after they have had one head lice treatment.
12. Scabies - Is a very itchy rash between the fingers, on wrists, under arms, at the belt line and in infants on the head, neck, palms and soles. The rash is caused by a mite. The child may return to the center after one treatment.
13. Hand-foot-mouth disease - Is caused by a viral infection. It is characterized by small ulcers in the mouth, blisters on hands and feet and sometimes near the genitalia and on the buttocks. The child is contagious until the fever is gone (3-4 days) and should stay at home until fever free.

If a child is ill with a contagious disease (i.e., chickenpox, etc.) parents are to let the staff know so that other parents at the center may be informed. Center staff shall post notice of the type of communicable disease, symptoms, and precautionary measures that can be taken in addition to information on when an infected child can return to the center.

## EMERGENCY MEDICAL FORMS

The State of Massachusetts requires parents to provide the center with a current immunization record, annual physical exam report and for children between the ages of 9 and 12 months and annually thereafter a Lead screening test result, within 30 days of enrollment. ***ALL MEDICAL RECORDS MUST BE UPDATED YEARLY.***

In addition, consent forms for authorization of medical treatment, emergency transportation and child release, must be signed by parents and kept in each child's file. ***FOR YOUR CHILD'S SAFETY, PLEASE REMEMBER TO NOTIFY THE OFFICE IMMEDIATELY OF ANY CHANGES OF TELEPHONE NUMBERS OR ADDRESSES LISTED ON THE CONSENT FORMS.***

## EMERGENCY MEDICAL PROCEDURES

Depending upon the severity of the emergency, the center will contact parents or authorized persons, the MGH emergency room and the child's doctor. Transportation to the MGH or the hospital of choice will be by either ambulance or police when time is of the essence, or if parents are not available. Should immediate transportation be necessary, the Director or Coordinator will accompany the child.

## ADMINISTRATION AND STORAGE OF MEDICATION

**Prescription Medication for Children:** When prescription medicine is to be administered to a child at the center, the medication must be presented in the original bottle with a label affixed by the pharmacy or physician showing the child's first and last name, the dosage and schedule of administration, what the prescription contains, the date purchased and the physician's name. In addition, a medical authorization form must be signed by the parent in each case.

**Non-Prescription Medication for Children:** When non-prescription medicine is to be administered to a child at the center, it must be accompanied by a medical authorization form signed by the parent in each case. In addition, a letter detailing the type of non-prescription medication and dosage signed by the child's physician must be on file at the center; this letter must be renewed, signed and dated annually.

**Topical Non-Prescription Medication:** Topical non-prescription medications such as sun screen, petroleum jelly, or other ointments may be administered to a child only with written parental authorization in the form of a signed medication form. This form will be good for one year.

When the above conditions have been met, administration of medication to children shall be limited to the Education Coordinator, Teachers or Director. **All medication is stored out of reach of children at all times.** Parents must provide a medicine spoon as needed. After medication administration window is complete, all remaining medicine shall be returned to the parent.

We request that the Director or Teacher be made aware of any medication that is brought into the center, even if it is teething gel. **NO MEDICATION OF ANY KIND SHOULD EVER BE PUT IN A CHILD'S BOTTLE, CUP OR LEFT IN A CHILD'S BAG OR CUBBY.**

When an antibiotic medication is needed, a child will be excluded from the center from the time of diagnosis until 24 hours after the first dosage.

The Director may ask to speak to your pediatrician for prolonged administration of medicines; if your child seems to have adverse effects from the medication or if there is a potentially contagious condition.

### **Procedure for Identifying Children's Allergies:**

The initial conference with parents and the enrollment forms establishes existing allergies. Teachers and assistants throughout the center are informed by the Director of type of allergy, treatment, and if applicable, location of child's medication. Allergy lists are posted in each room. Children who develop allergies over the time present at the center will be added to the existing list of children with allergies.

**PLEASE INFORM TEACHERS OF ANY FOOD EXCLUSIONS NOT RELATED TO ALLERGIES.**

## **TRANSPORTATION PLAN**

### **TO AND FROM THE CENTER**

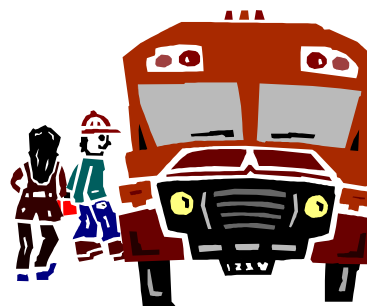
Parents are responsible for providing transportation to and from the center and supervision of their children during drop off and pick up.

### **EMERGENCY TRANSPORTATION**

In case of emergency the center will arrange for transportation to the nearest emergency medical facility by ambulance or police vehicle. At no time will a staff member transport a child in a personal vehicle.

### **FIELD TRIP TRANSPORTATION**

Children must have written parental consent to participate on field trips. The centers use a combination of walking, the MBTA, Partners Shuttle and private school bus.



## **BEHAVIOR MANAGEMENT POLICY**

Our policy concerning behavior management ~ sometimes referred to as discipline ~ is based on the individual need of the child, the ability of each child to understand what he/she is doing and the consequences of their actions. A child is never made to feel that the outcome of an act will result in physical or verbal abuse.

It is the responsibility of the teacher in charge to ascertain what has taken place as clearly as possible. If an altercation between children has occurred, each child is spoken to with reason and with respect. Each child is then given the responsibility of approaching the other child in a friendly manner, with adult supervision, in order for the children to participate in the resolution to the misunderstanding. This is done in direct relation to the verbal ability of the child but can be accomplished even when the child is not yet talking.

When inappropriate behavior occurs with the adult being the recipient, the child will be approached either with a reasonable verbal response or with the technique of redirection. Removal from an activity for a short period of time is used only if it has been ascertained that other responses have failed or if a child is at risk.

There is less likelihood of discipline problems when positive responses and remarks are the norm throughout the day. If a positive base is established in an atmosphere of respect and understanding, inappropriate or negative behavior then becomes the exception. When any staff member feels that he/she is unable to manage a situation with a child in an effective manner, he or she will direct the child to another staff member and take a break. Staff members assist one another in creating a positive, relaxed atmosphere.

### **THE FOLLOWING ARE PROHIBITED**

- \* **Corporal punishment, including spanking;**
- \* **Verbal or physical abuse, humiliation, neglect, or abusive treatment;**
- \* **Withholding food, drink or sleep;**
- \* **Force feeding children;**
- \* **Disciplining a child for soiling, wetting, or not using the toilet; forcing a child to remain in soiled clothing or forcing the child to remain on the toilet, or using any other unusual or excessive practices for toileting.**



## **BITING**

The Centers recognize that biting is a normal stage of development that some young children go through. It is something they will outgrow in time. **Young children who bite, bite for reasons, all of them normal and developmentally understood.**

**Common Reasons Why Children Bite**

Teething, exploring, stress, frustration, imitating behavior, personal space is violated or crowded, lack of vocabulary, sign of affection, to obtain attention.

**Classroom Strategies Used To Discourage Biting**

We “shadow” the child who has exhibited biting behavior. We carefully observe the child who has bitten to determine if there is a pattern of when the biting behavior occurs. We comfort the child who has been bitten and firmly let the child who bit know that "biting hurts." and we offer an object to bite such as a teething ring or cold cloth.

**Action Taken When A Biting Incident Occurs**

- The child who was bitten is comforted;
- The child who bit is firmly told that “biting hurts” while we continue to comfort and focus on the child who was bitten;
- The bitten area is washed thoroughly with soap and water and inspected for broken skin;
- If the skin is broken, an administrator is immediately notified. Both sets of parents are contacted and advised to call their pediatricians; open wounds on the face or hands are the most vulnerable to infection;
- An injury/incident report is written for each of the children involved;
- Ongoing dialog is kept with parents and staff on classroom and home strategies being used to address and curb the biting behavior;
- Relevant articles are made available to parents and staff.

**ENVIRONMENTAL HEALTH AND SAFETY**

Parents are required to keep personal belongings that could pose health and safety risks to children out of children’s reach and must never be left or stored in classrooms or areas used by children in our centers. Items that are considered to pose health and safety risks include but are not limited to: loose change, keys, pens, pencils, chewing gum, mints, over the counter medication and prescription medication.

## SAMPLE DAILY SCHEDULES

### SAMPLE DAILY SCHEDULE - INFANTS

Working closely with parents on an individual schedule of eating, napping and awake time is developed for each infant. During the awake times, infants are exposed to activities and experiences geared to their age and developmental level.

6:15 - 9:30 am	Morning greeting, breakfast, feedings, naps, free play, diaper check
9:30 - 10:00 am	Circle time (songs, stories, puppets)
10:00 - 10:30 am	Snack or feeding, diaper check
10:30 - 11:00 am	Morning activity time (sensory focus)
11:00 - 11:45 am	Outside time (walk or playground)
11:45 - 12:00 pm	Lunch preparation, diaper check
12:00 - 1:00 pm	Lunch, feedings, quiet free play
1:00 - 2:30 pm	Naps, diaper check
2:30 - 3:00 pm	Afternoon activity (one on one focus)
3:00 - 3:30 pm	Snack or feedings, diaper check
3:30 - 4:00 pm	Indoor free play
4:00 - 5:00 pm	Free play (outside if possible) with gross motor focus
5:00 - 5:45 pm	Indoor free play (activity kits), good-byes.



**SAMPLE DAILY SCHEDULE -TODDLERS**

Toddler schedules vary due to group dynamics, special events and seasonal adjustments.

6:15 - 9:30 am	Arrival, breakfast (brought from home as needed), supervised free play, communication with parents
9:00 - 9:30 am	Diapering/toileting
9:30 - 10:00 am	Circle time and snack
10:00 - 11:00 am	Outdoor/indoor gross motor activities
11:00 - 12:00 pm	Center time (art, cooking, science, sensory activities)
12:00 - 12:30 pm	Lunch
12:30 - 3:00 pm	Rest time (quiet activities for non-sleepers)
2:45 - 3:30 pm	Diapering/toileting, free choice and snack
3:30 - 4:00 pm	Circle time
4:00 - 5:00 pm	Outdoor/indoor gross motor activities
5:00 - 5:15 pm	Diapering/toileting
5:00 - 5:45 pm	Story time (books, songs), supervised free play, informal parent communication, departure time.



**SAMPLE DAILY SCHEDULE - PRESCHOOL**

Our daily routine may vary due to weather, special events and seasonal adjustments.

7:00–9:30 am	Arrival, breakfast, (brought from home as needed), supervised free play, communication with parents
9:30–9:45 am	Snack
9:45-10:00 am	Circle Time
10:00-11:15 am	Small Group Time
11:15–12:30 pm	Outdoor/indoor gross motor activities
12:30–1:30 pm	Lunch, followed by free choice play
1:30–2:00 pm	Preparation for rest time, read-aloud chapter book
2:00-3:00 pm	Rest/sleep, (book time for non-sleepers)
3:00–4:00 pm	Activity time, snack available
4:00–5:00 pm	Outdoor/indoor gross motor activities
5:00–5: 45 pm	Story time (books, songs), quiet games and puzzles, informal parent communication, departure.



## **PARTNERS CHILD CARE SERVICES STRUCTURE**

Partners Child Care Services (PCCS) is operated by Partners HealthCare and is a unit within the Partners Human Resources department. The Director of Child Care Services oversees PCCS and reports to the Partners Corporate Director of Human Resources.

The Director of the each PCCS Center reports to the Director of Child Care Services and is responsible for the daily administration of the Center, including supervision of the staff and program.

Coordinators oversee the Teachers and Assistant Teachers to ensure consistency in programming within each age group and throughout the Center.

Teachers guide Assistant Teachers and Volunteers in the daily operation of the classroom.

In the case of an extended absence of the Director, a Coordinator designated by the Director Will assume full time responsibility for the daily administration of the center.

The Partners Child Care Centers are licensed by the Massachusetts Department of Early Education and Care (EEC).

**ATTACHMENT A – MONTHLY TUITION  
Tuition Rates Effective 28 June 2009**

**MGH Children's Center and IHP Children's Quarters**

**Employee Rates ~ Effective 28 June 2009**

**Infant 8 weeks - 14 Months**

**WEEKLY**

DAILY	2 DAY	3 DAY	5 DAY
83	167	250	410

**MONTHLY**

2 DAY	3 DAY	5 DAY
723	1,084	1,777

**Toddler 15 Months - 2 Years 8 Months**

**WEEKLY**

DAILY	2 DAY	3 DAY	5 DAY
71	141	212	345

**MONTHLY**

2 DAY	3 DAY	5 DAY
613	919	1,496

**Preschool 2 Years 9 Months - 5 years**

**WEEKLY**

DAILY	2 DAY	3 DAY	5 DAY
58	116	174	282

**MONTHLY**

2 DAY	3 DAY	5 DAY
502	753	1,220

**MGH Children's Center and IHP Children's Quarters**

**Community Rates ~ Effective 28 June 2009**

**Infant 8 weeks - 14 Months**

**WEEKLY**

DAILY	2 DAY	3 DAY	5 DAY
97	194	290	476

**MONTHLY**

2 DAY	3 DAY	5 DAY
839	1,258	2,062

**Toddler 15 Months - 2 Years 8 Months**

**WEEKLY**

DAILY	2 DAY	3 DAY	5 DAY
82	164	246	401

**MONTHLY**

2 DAY	3 DAY	5 DAY
711	1,066	1,736

**Preschool 2 Years 9 Months - 5 years**

**WEEKLY**

DAILY	2 DAY	3 DAY	5 DAY
67	134	202	327

**MONTHLY**

2 DAY	3 DAY	5 DAY
582	874	1,415