



MGH Backup Child Care Center

Parent and Family Handbook

**Massachusetts General Hospital Main Campus
55 Fruit Street ~ Warren Lobby ~ Suite #130
(GPS Address: 275 Charles Street)
Boston, MA 02114**

Main Telephone and Office: 617.724.8414

To be connected to the Classrooms: 617.724.7100

Office	press 1
Infant/Toddler	press 2
Preschool	press 3
School-age	press 4
Fax	617.724.7171
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Center Site Director	617.724.8415

Welcome to the MGH Backup Child Care Center!

This Handbook will acquaint you with our philosophy, policies, and curriculum.

We hope it will provide you with an understanding of the Center and what you and your child can expect when you are attending the program.

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NON-DISCRIMINATION POLICY ~ In providing services to children and their families, Partners Child Care Services (PCCS) does not discriminate on the basis of race, religion, gender, disability, cultural heritage, political beliefs, marital status, national origin or sexual orientation.

MGH BACKUP CHILD CARE CENTER MISSION and ELIGIBILITY

In recognition of the complex needs of families today, particularly working families experiencing a breakdown in child care, the MGH Backup Child Care Center opened in 1998 to provide emergency child care to benefits-eligible MGH and PHS employees and MGH patients. Our mission is to provide a safe, nurturing, enjoyable learning environment for the children in our care when their regular care arrangements are not available; when schools are not in session or when a family member has an appointment on the MGH campus or is an inpatient at MGH.

PARTNERS CHILD CARE SERVICES (PCCS) 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 [Care.com](#), which provides in home care options. PCCS also collaborates with the [Partners Employee Assistance Program \(EAP\)](#) to connect families with child care information and referral.

PCCS 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
- Adhere to regulations as written by the [Massachusetts Department of Early Education and Care \(EEC\)](#)

ENROLLMENT and PROGRAM DETAILS

Enrollment is offered for Infant, Toddler, Preschool and School-age children up to 12 years old.

Parents who are interested in using the Backup Child Care Centers may contact the Center for information regarding the registration process, before their need for care arises. Parents are required to complete a registration form on or before the first visit and a daily information sheet each time a child uses the center.

To find out more about registering your child for care contact:

- the MGH Backup Child Care Center at 617-724-8414 if you are a benefits-eligible employee of MGH/PHS
- the BWH Backup Child Care Center at 617-732-9543 if you are a benefits-eligible employee of BWH/BWFH/DFCI

PARTICIPATING SERVICES

Full and part-time regular employees who work 20 hours per week or more, and who receive their benefits through MGH or Partners Corporate, are eligible to use the Backup Center if the Service they work for has purchased a space in the Center. All MGH employees who do not work for a Service will be eligible to use the Human Resources space. For more information contact the Center Site Director.

Participating Services

- **Anesthesia**
- **Cancer Center**
- **Dermatology**
- **Development**
- **Emergency/Urology**
- Human Resources ~ Dietetics, Environmental Services, Case Mgmt., B & G, Parking, MGH, Partners employee
- Medicine ~ Renal, Diabetes, Lab of Computer Science, Allergy/Immunology, Infectious Disease, Reproductive Endocrine, CVRC, Lipid Metabolism, Cardiology, Lab of Molecular Endocrinology, Pulmonary/Critical Care, Neuroendocrine/Thyroid, Arthritis, Endocrine, General Internal Medicine, Gastrointestinal, Hematology/Oncology, AIDS Research Center, MGH Cancer Center, Geriatrics, Primary Care, Preventive Medicine, 3 Health Care Centers; Chelsea, Revere, Charlestown
- MGH Administration
- MGPO
- Neurology/ Neurosurgery
- OB/GYN
- Orthopedics
- Partners ~ Finance, Telecommunications, Information Systems, Real Estate & Planning, H.R. Staff, Corporate Staff, PHS employees
- Pathology ~ Anatomic & Clinical Laboratory Medicine
- Patient Care Services ~ Nursing, Social Services, Occupational Therapy, Speech Therapy, Respiratory, Physical Therapy, Reading, Chaplaincy, Orthotics
- Pediatrics
- Primary Care
- Psychiatry
- Radiation Medicine
- Radiology
- Research
- Surgery ~ Burns/Trauma, Cardiac Surgery, General/GI Surgery, Pediatric Surgery, Plastic Surgery, Surgical Oncology, Thoracic Surgery, Transplant Surgery, Vascular Surgery

WHAT YOU CAN EXPECT FROM THE BACKUP CHILD CARE CENTERS

- A caring, loving, warm atmosphere and environment
- Well-informed, knowledgeable staff who have been educated and trained to work with the age group to which they have been assigned
- A carefully designed, responsive and developmentally appropriate curriculum
- Daily communication regarding your child
- Collaborative relationships between parents and staff members which foster children's development
- Outside time as required by EEC regulations

TIMES WHEN YOUR FAMILY MAY BE IN NEED OF EMERGENCY CHILD CARE

- When your child's caregiver is unavailable; ill or on vacation
- When your child's center or school is closed
- When you have to work extra hours
- When there is a sudden termination in your child care arrangements
- While you are searching for permanent child care arrangements

**The Backup Child Care Center cannot care for children who are ill.*

CENTER HOURS

The Backup Child Care Center is open Monday through Friday from **6:30am to 5:45pm (Vacation Club hours are 7:30am-5:30pm)**. It is important that children be picked up no later than 5:45pm. Children are easily upset when parents are late, and staff members have commitments to keep, as well. When scheduled until 5:45pm, we suggest planning to arrive 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.

LIMITS ON USE

Each child may use the Backup Child Care Center for up to 10 consecutive days and/or 20 days per fiscal year (October 1st-September 30th). If, due to extenuating circumstances, there is a need for an extension of care, a request may be made to the Center Site Director who will confirm any exceptions with the Director of Child Care Services; at that time, written documentation of the exception is placed in the child's Center file.

Vacation Club usage is in addition to the allotted 20 days; Vacation Club days do not count towards a child's 20 days.

TUITION and FEES

The tuition rate for the Backup Center is \$8.00 per hour per child based upon hours reserved. There is a 2 hour minimum reservation. For families with three (3) or more children scheduled to attend the program at the same time, the maximum rate is \$20 per hour for the sibling grouping

There are two payment formats; payroll deduction for employees and payment at the MGH Gift Shop for patients.

- Employees authorize a payroll deduction from their paycheck for fees (tuition, lunch, cancellation fees and late fees); this form is part of the registration enrollment packet.
- Patient families make payments through the Gift Shop, which accepts cash and credit cards. Invoice slips will be available at drop off.

Vacation Club tuition: payments are due in advance of the club weeks and are non-refundable.

Late pick up fees: Parents arriving after 5:45pm will be charged a late fee of \$1.00 per minute, per child. Late fee payments are handled via payroll deduction for employees and patients pay late fee charges through the Gift Shop.

Receipts for taxes or other purposes are available from the Center Site Director upon request.

CANCELLATIONS

If you cancel a reservation, you must do so by telephone *no later than 6:30am of the day reserved* so that waitlisted families may be contacted and served in a timely fashion. Our mission is to provide backup care for the maximum number of children possible for busy, working families. The cancellation policy allows our Backup programs to be more efficient in responding to enrollment inquiries and care needs of our employee and patient families.

Reservations that are not cancelled by phone (617-724-8414) by 6:30am of day reserved, or that are cancelled by email, will result in a cancellation fee of \$40 per child and will be processed through payroll deductions.

RESERVING A SPACE

Registration forms must be completed thoroughly before your child is left in the care of the Backup Child Care Center. Reservations will be accepted up to one month prior to the day that care is needed. Reservations can also be made on the day that care is needed; if space is available.

When making reservations, you will be asked for your child's name and age, and the date and hours that you would like to reserve. We ask that you consider your child's age and childcare experience when making reservations, as the transition to group care can be stressful; we recommend that first visits for very young children be as short as possible to avoid unnecessary upset and that flexibility be built into plans in case your child has a more difficult than anticipated time adapting to the Center. Please note there is a 2-hour minimum for all reservations.

In the instance where spaces are needed for anticipated school closure due to snow or weather; reservations will not be taken more than 24 hours in advance.

AVAILABILITY

The Backup Child Care Center is licensed by the State of Massachusetts Department of Early Education and Care (EEC) and as such, adheres to all regulations regarding group sizes, composition for mixed age groupings, and adult to child ratios.

The Backup Child Care Center does its best to accommodate all requests for reservations. It is important to know that there will sometimes be limitations to the days and times available for care: school holidays, snow days and summer vacation weeks are some examples. In these instances, the program will suggest additional resources for backup care, such as Care.com or the Child Care Information and Referral services offered by Partners EAP.

VACATION CLUB

Working parents with school age children may face child care challenges when school is not in session, such as school holidays, school vacation weeks and summer weeks ~ here is where Vacation Club comes to the rescue!

The MGH Backup Center's mission in support of working families with school age children is to offer a fun-filled time for children when school is not in session.

Vacation Clubs are held at the Backup Centers 5 times per year (February, April, June, August, and December).

The February, April, and December Clubs run for one week. The June and August Clubs run either for one week or two weeks depending upon the last, and first, days of school for the Brookline and Boston Public Schools.

Vacation Club hours are 7:30am-5:30pm. Vacation Clubs are held during public school vacations, many (though not all) school holidays, and typically 4 weeks of the summer (end of June and end of August). There is a high demand for Vacation Club weeks; please speak to the program about the process for making reservations.

Vacation Clubs are a fun-filled program for the children of employees and include planned activities and field trips. All Vacation Club programming requires pre-payment and is non-refundable. Vacation Club programming is outside of the 20 days per year limit on use. Registration for Vacation Week programs begins 4 weeks in advance of the club week.

Vacation Club programming is designed for school age children; there may be limited availability for Toddler and Preschool age children if School Age enrollment is not at capacity and if staffing allows.

Infant care is not provided during Vacation Club weeks.

Reservations during Vacation Club weeks require pre-payment *for all ages* and fees are non-refundable.

INCLEMENT WEATHER OPERATIONS

The Partners Hospitals are always open and the Partners Child Care Services (PCCS) programs will do everything possible to remain open, as well, in the case of inclement weather. As is the case across the Partners system, PCCS employees are asked to make personal decisions about their ability to travel safely to and from work, especially as storm conditions can vary by geography. Should there be public transportation restrictions or shut-downs, or restrictions or shut-downs to the Partners shuttle service, the Centers may be required to alter program operations. In the event that program operations must be altered, parents will be informed with as much notice as possible.

To receive information regarding program operating status and information related to weather emergencies, dial the main number 617.724.8414. You may also call the MGH weather emergency Hotline at 617-724-6100 for Main Campus notifications and updates.

HOLIDAYS and CLOSURES SCHEDULE

The current Backup Child Care Centers holiday schedule is available online at <http://www.partners.org/Assets/Documents/For-Employees/Childcare/Backup-Closure-Calendar.pdf>

GENERAL PROGRAM INFORMATION and DETAILS

CURRICULUM

Guided by our solid understanding and knowledge of child development and children's interests and needs in a backup child care setting, we offer children the opportunity to learn through their play. The Backup Child Care environment is designed to be child-centered and playful, and provides diverse opportunities for exploration. Once staff are familiar with children and their interests, they work to incorporate related experiences when planning for future children's visits. It is also understood that Backup child care in its nature requires flexibility and accommodations given the children in attendance each day. Staff focus on building relationships that are nurturing and welcoming and emphasize responsive interactions with children throughout the day.

DAILY SCHEDULES

Our schedules vary day to day based on the enrollment in each class and the needs of the children. However, every day has time for open play time, art activities, sensory activities, outside/gross motor play, food (snacks/lunch), toileting/diapering and quiet/rest time. Staff work to make sure every child has their needs met throughout the day with the various planned opportunities and experiences. Schedules do vary depending on the child's length of stay, weather, personal needs, special events and seasonal adjustments.

TRANSITIONS and CLASSROOM GROUPINGS

When children attend the Backup Child Care Center, they are grouped in one of three mixed-age classrooms, thereby minimizing transitions and providing predictability as children return to the Center, even after long absences. The layout of the environment is open in nature and the shared playground space allows bonds established between children and teachers to continue for years, a unique aspect of the program.

Typically, EEC age designations guide the placement of a child into either an I/T, PS or SA grouping. The program also considers the child's developmental needs to ensure best fit and match on any given day. When determining the best placement for a child, the priority is to ensure a good developmental fit and success for the child at the center.

When children are chronologically old enough for a transition to the next older age grouping, there is collaboration and information sharing among teachers in each classroom; communication with parents regarding the transition; and a concerted effort to assist children with the transition.

DROP OFF and PICK UP PROCEDURES

Upon arrival, parents should sign their child in at the front reception desk then enter the classroom to communicate with the staff and fill out the daily contact sheet. It is recommended that parents help children get settled and share any pertinent information with the classroom staff that would affect their day. Staff might suggest strategies for saying good-bye and will support you and your child at the moment of departure, by holding, comforting and ultimately engaging your child.

Children must be picked up at their scheduled pick up time. If you are running late, please be sure to call us. It is sometimes possible to arrange for longer hours within the context of normal operating hours by calling the Center to inquire. Parents who arrive past their scheduled pick up time are required to pay for the additional care time.

As an EEC licensed program, we are required to obtain a list *in writing* of any person(s) authorized by the parent to take the child from the Center or to receive the child at the end of the day. Children will be released only to a parent, legal guardian, or to persons listed on the child's release forms. For the safety of each child, picture identification will be required of authorized persons picking up children.

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.

PARENT VISITS

The Backup Childcare Center welcomes parent visits. For older children (3 years +), please arrange visits with Teachers in the morning, to allow for the planning of trips and walks. Children younger than 3 years often have difficulty rebounding after a mid-day visit so we encourage parents to discuss these plans carefully with Teachers in the morning. We might recommend a less stressful visiting time or a period of transition before visiting children who are new to the Center. We encourage check-in phone calls throughout the day. If there are friends or family who might visit during the day while your child is here, we must have notice in writing from the parent in advance of the visit. Please note that co-workers who arrive to visit without such advance written notice are not permitted to make visits.

GENERAL CENTER INFORMATION FOR AGE GROUPS

Here are some suggestions on what to send with your child. Please label all items with your child's first and last name.

Infants:

Parents of infants must supply all food, breast milk or formula, milk and snacks. In addition, there should also be a supply bag with diapers, wipes, comfort items, and extra clothes. If your child is bottle-fed, please provide enough clean bottles for the day. Warmed breast milk will be discarded if the child does not finish it unless directed otherwise by the parents. Filtered water is available for making formula bottles.

Families may send in sleep sacks for infants. The Backup Child Care Center follows the SIDS (Sudden Infant Death Syndrome) Reduction Practices. As is required by Massachusetts State Regulation 606 CMR 7.11 (13) (e), "*Programs serving infants must place infants on their backs for sleeping, unless the child's health care professional orders otherwise in writing.*" Blankets, "loveys" or any other items are not permitted in cribs. Only sleep sacks and pacifiers without anything attached to them (such as loveys, clips, etc.) are permitted in cribs. **See Attachment A for Safe Sleep for Infants Procedures.**

Due to the specialized and individualized needs of Infants, particularly in a backup care environment, tours of the Infant/Toddler space are offered to support families in the transition to using the MGH Backup Center. Please call the Center Site Director (617-724-8415) to arrange a visit and tour.

Toddlers and Preschool Children:

Parents must supply a nut-free lunch and a supply bag with a complete set of extra clothes, comfort items and, if applicable, diapers and wipes. If your child is in the process of toilet training, please provide extra underwear and changes of clothing to assure your child has a dry change of clothing if needed. Any soiled clothing will be put in a sealed plastic bag and returned to

you at the end of the day. Extra clothing should be replenished each day as necessary. The activities at the Centers can be messy so please dress your children in appropriate play clothes.

School Age:

Parents may supply a nut-free lunch or purchase a lunch through catering and bring a bag with extra clothing, homework, books, etc. School-age classrooms are outfitted with computers which are open on a limited basis; otherwise children are encouraged to socialize, play and try out the teacher-planned activities.

Sunscreen: Please ensure that the sunscreen you provide is a brand that you have used previously on your child without incident of allergic reaction or sensitivity.

Please refrain from sending the following:

Electronic devices: PCCS will not be held responsible for devices that are lost or stolen.

Jewelry/Accessories: Children's accessories and jewelry are extremely attractive and can be dangerous to curious young children; in addition, they are easily lost. We ask that children wear only stud earrings; please remove any other jewelry, including teething necklaces, before leaving your child for care at the Center.

FOOD and NUTRITION

The Backup Child Care Centers are nut-free. Please do not send nut products of any kind with your child to the Center. If you have packed a sandwich made with a nut-free substitute, please let the staff know or make note in your child's lunchbox. If the Backup Center is unsure if the sandwich is nut free/safe, staff will air on the side of caution and not allow it to be eaten in our program.

Parents are to provide breakfast and lunch for their child. Meals should come fully prepared in a lunch box containing a thermos/ice pack if necessary. All food should be cut into bite-sized, easy to swallow pieces. Grapes and hot dogs must be cut lengthwise for toddlers to reduce the chance of choking. If your child misses our scheduled meal times, we will serve their food to them as needed. Please label all lunch boxes and containers with your child's name.

Hot foods should be packed in an insulated thermos container so they will not require additional heating.

The Backup Centers will provide morning and afternoon snacks for toddler, preschool and school age children. Please speak to your child's teacher about the choices available for children. Filtered water is available to the children at meal times and at any other time during the day.

Food suggestions; we hope the list will be helpful in providing new ideas for healthy and nutritious meals.

Cream cheese and jelly on bread or roll up, tuna fish, cold cuts in small pieces or rolled up, hard boiled eggs, cheese sticks, soup, pasta, yogurts, granola, veggie sticks, chickpeas, fruit, cottage cheese, bagels, raw or parboiled vegetables and humus, crackers and cheese, hotdogs, milk (not almond milk).

Staff have been trained in the nutrition standards and will support children's healthy eating habits.

MGHBU Bag Lunch Program: The Center offers an optional bag lunch, prepared by MGH Dietary Services. Lunch orders must be in by 11:00am and may be placed by the menu/order form at the front desk. The cost for the lunch is \$3.50 and will be added to the day's charges.

SUPERVISION OF CHILDREN

Site Directors, Assistant Directors/Education Coordinators and classroom Teachers are **responsible for the supervision and whereabouts of the children assigned to their care at all times**, which entails conducting regular and accurate *name to face* headcounts, including room and area sweeps, any time a child or group moves from one location to another, such as but not limited to: when a group is at an onsite or offsite playground, when a group is on a field trip or on a walk, **to ensure children are not hiding or left behind.**

For the safety and wellbeing of children and staff, Partners Child Care Services (PCCS) adheres to strict practices for the supervision of children which include the following *Headcount Procedures*, *Staff Responsibilities* and, carry with them significant *Incident Consequences*.

➤ **Headcount Procedures**

Regular and accurate name to face headcounts

- (1) Utilizing a printed attendance sheet of children's names that accurately reflects those in attendance;
 - (2) Includes room and area sweeps;
 - (3) Occurs any time a child or group moves from one location to another – whether inside or outside.
- Accurate attendance sheets of children's names are maintained at all times; children visiting another classroom (most typically for transition visits but for any reason), must always be signed in and out of the group they are in or visiting.
 - Name to face headcounts are always conducted against a printed attendance sheet of children's names to ensure every child in attendance is accounted for.
 - During a name to face headcount, the staff member conducting the name to face headcount is visually verifying the physical presence of the child against the printed attendance sheet.
 - Name to face headcounts occur before the group leaves a location and immediately following the group arriving at the new location.

➤ **Staff Responsibilities**

- Accurate knowledge, at all times, of the number of children in a group at any time and, if utilizing the support of a white board/dry erase sheet to track and update the total number of children throughout the day, these supports must ensure the printed attendance sheet also accurately reflects – at all times - those in attendance.
- Accurate headcounts of children must also be verified and communicated between staff members when staff coverage changes take place – for however brief or long - such as bathroom breaks, lunch breaks, planning time, etc.
- Room and area sweeps are conducted thoroughly to ensure children are not hiding or left behind. Common areas for children to wander or hide include but are not limited to: bathroom, quiet corner, book corner, behind a shelf, or under a blanket or pillow.
- Classroom teaching staff must be aware of where children are at all times and must be in sufficient proximity at all times in order to intervene quickly if/when necessary. Classroom teaching staff must not engage in any other activities or tasks that could unnecessarily divert their attention from the supervision of children.
- ***All PCCS staff members***, regardless of position or title, must work together to support one another in carrying out the critical steps of headcounts and room/area sweeps – PCCS staff members are expected to always function as members of one team, with one goal, the critical responsibility for the care and supervision of children at all times.

- Classroom teaching staff supervise **Infants and Toddlers (Birth – 2 years 8 months)** by sight and sound *at all times*, including when children are sleeping.
- Classroom teaching staff supervise **Preschoolers (2 years 9 months to entry to Kindergarten)** by sight and, for brief intervals, by sound (e.g. when a child walks from one adjoining room to another or can use the toilet independently), as long as the child is back in sight and sound within one minute.
- Classroom teaching staff supervise **School Age children (Kindergarten through 12 years old)** by sight and sound and dependent upon age, development level, behavioral characteristics and activities being offered, by sound only.

➤ **Incident Consequences**

- Any staff member not knowing the accurate number of children in their group when queried, will be subject to corrective action, up to and including termination
- An incident involving a child or children left unattended, unsupervised, alone or separate from the group as a whole, will result in corrective action, up to and including termination.
- An incident involving a child or children left unattended, alone, or separate from the group as a whole, is reportable to the Department of Children and Families (DCF) and will result in a 51A Report being filed against those responsible for the child or children left unattended, alone, or separate from the group as a whole.
- The staff member(s) named in the 51A Report to DCF will immediately be removed from working with children and will be suspended with pay until investigations by DCF, EEC, Partners Child Care Services (PCCS), and Partners Human Resources have been completed; in cases where the PCCS and Partners HR internal investigation results in termination of the staff member(s), this decision may precede the completion of the DCF and EEC investigations.
- EEC is immediately notified after filing or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the program or during a program-related activity.

GENERAL SAFETY PRECAUTIONS

When leaving a Partners Child Care Services (PCCS) Center with children, whether going to play yards on or near our premises or traveling off site on a field trip, at least one staff member is required to carry a cell phone. In addition, a travel pack is always carried when leaving the Center with children; the travel pack includes first aid supplies, child contact information sheets, specific medical instructions and medications for individual children.

For field trips, staff pre-plan alternate transportation arrangements in the event of an emergency or disruption in transit service; the Center Site Director and/or his/her designee are informed of the field trip location and planned travel route. Whenever there is travel off site, all children have on their person an inconspicuous bracelet or clothing label with the name, address and telephone number of the child care program.

MEDICAL POLICY

The Center Site Director works closely with a pediatric 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 Center Site 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 presents with an undiagnosed condition, or is too ill to remain at the Center, and they will be requested to pick up their 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 prior to morning drop off:

If a child has a temperature of 100.4 * or higher, he/she will be required to stay out of the Center until fever-free for 24 hours *without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil)*.

A child on antibiotics must be excluded from the Center from the time of diagnosis until 24 hours after the first dosage.

* We are still working under the H1N1 and seasonal flu prevention guidelines issued by the State, therefore PCCS Centers must adhere to 100.4 or higher until further notice.

When an enrolled child exhibits symptoms requiring exclusion, he/she will be made comfortable on a mat in a quiet area away from the other children until he/she can be picked up. Staff will provide the child with food and beverage as requested and comfort as needed.

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, if they present with an undiagnosed condition, is contagious, or has a greater need for individual care than staff can provide while providing care for the needs of other children. At the center, the child will 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, and when excluded children may return, are as follows:

1. Temperature - A child will be sent home if he/she has a temperature of 100.4 degrees or higher. The child must be fever-free for at least 24 hours *without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil)* before returning to the center. His or her activity level and appetite should be back to normal as well. In cases of highly contagious illness associated with fever (such as the flu), the return to Center timeframe may be extended to ensure the health and wellness of the child care center community.
2. Diarrhea - A child who has more than one instance of diarrhea (watery stools) will be sent home. Diarrhea is usually caused by viral infections however bacteria and parasites (Giardia) may be the cause. If your child has an allergy or condition that regularly causes diarrhea, please alert the staff to this during orientation. The child must be diarrhea-free for at least 24 hours before returning to the center. In cases of highly contagious stomach and intestinal illness (such as Norovirus), the return to center timeframe may be extended to ensure the health and wellness of the child care center community.
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. Stomach viruses are highly contagious and can spread through the center very rapidly. The child must not have vomited for at least 24 hours before returning to the center. In cases of highly contagious stomach and intestinal illness (such as Norovirus), the return to center timeframe may be extended to ensure the health and wellness of the child care center community.
4. Impetigo - This skin infection is characterized by crusted sores, which may appear anywhere but usually first in the facial area. When prescribed by a physician, children with this condition must have taken the prescribed antibiotics for at least 24 hours before returning to the Center 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. When prescribed by a physician, children with this condition must have taken at least one dose of the prescribed antibiotics 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. When prescribed by a physician, children with this condition must have taken the prescribed antibiotics for at least 24 hours before returning to the Center.

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.) Your physician is the best person to consult if there is any doubt concerning your child's contagiousness during this illness. **Please notify the Center if you suspect that your child has been exposed to chickenpox so that we may notify the other parents.** The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded from attending if/when a vaccine-preventable disease is introduced into the program.
9. Ear Infections (Otitis Media) - Ear infections are extremely common. When prescribed by a physician, children with this condition must 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 and if fever is associated with the infection, must be fever-free for 24 hours *without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil)* before returning to the center.
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 (typically 3-4 days) and must be fever free for 24 hours *without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil)* before returning to the center.

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. In cases of highly contagious illnesses, the return to center timeframe may be extended to ensure the health and wellness of the child care center community.

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 sunscreen, diaper cream, petroleum jelly or other ointments may be applied to a child only with written parental authorization via a signed consent form. This form must be renewed annually.

Administration of medication to children shall be limited to Center staff who have been trained in medication administration. 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 Center staff be made aware of any medication that is brought into the Center. **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 for a contagious illness, a child will be excluded from the Center from the time of diagnosis until 24 hours after the first dosage.

The Center Site 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:

Teachers and assistants throughout the Center are informed of the type of allergy, treatment, and if applicable, location of child's medication. Allergy lists are posted in each room. Please inform teachers of any food exclusions not related to allergies.

EMERGENCY MEDICAL FORMS

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, you will be required to update information at each visit. This notifies us of any changes in the child's medical history or telephone numbers 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 and the child's doctor. Transportation to the MGH Emergency Department will be coordinated by MGH Security. When immediate transport to the MGH Emergency Department is necessary, the Center Site Director or Education Coordinator will accompany the child.

A First Aid kit and emergency contact information, including allergy/medical information, will be taken on all outings. In case of medical emergency staff will determine the severity of injury/illness and respond accordingly, consulting with the Center Site Director as needed.

EVACUATION PROCEDURES

Evacuation routes are posted by doors in all classrooms. Attendance lists and parent contact information are carried by teachers when evacuating the Center. In the case of evacuation, staff lead the children to a designated safe spot. After arrival at the safe spot, attendance for each group is confirmed. Evacuation drills are practiced every month.

In the event of fire, natural disasters, loss of power, heat or water: All staff and children will report to the Cox Lobby. Once all children and staff are present and accounted for the determination will be made by the Administrator in charge to remain on site or go to Ellison 17 (Family Visitor Lounge).

In the event that Ellison 17 is not available the Administrator in charge will reroute staff and children to the Clubs at Charles River Park, 10 Whittier Place, Boston, 617-726-2900. Once staff and children are in a secure location the Administrator in charge in conjunction with the Emergency Management Team will determine the next steps to take and parents will be notified.

SHELTER IN PLACE

In some emergency situations, it may be safer to remain inside the Center until the emergency has ended. In the event of severe weather, environmental, man-made or other emergencies creating a power outage, loss of heat or water the Center Administrator in charge will communicate with Security regarding the status of: Heat; Telephone service; Fire and smoke detection alarms; Electricity/Lighting; Hot and cold water for food prep, hand washing, dishwashing, diapering and toileting; Preparation and storage of food.

If any of the above items are compromised/not available due to the emergency, Security will respond to address the provision of or access to the above items by making the determination if the group should move to its secondary or tertiary evacuation locations, which would provide access to the above items. The program has emergency “kits” which contain materials and supplies to keep children safe and comfortable (Kleenex, diapers, wipes, non-perishable snack foods, bottled water, books, games, manipulatives) designed for the age group they will serve.

If it is necessary to move to an interior area of the building, away from windows (such as in the event of a hurricane or tornado), each classroom has an area where they can gather; if there are windows in the area where the group has gathered, it will be barricaded as effectively as possible with the use of upturned tables or other classroom furniture.

If it is necessary for the electricity, gas and water service to be shut off, this will be determined by and managed in collaboration by Security, Buildings and Grounds, building management and building maintenance.

“LOCK-DOWN”

The program will enact its “lock-down” procedure to keep an exterior threat from entering the Center and will take the following actions if a threat enters the Center or a classroom. The determination to “Lock-down” may be made by the Center Administrator, Security, police or other emergency responders via phone or in person.

“Lock-down” involves gathering all of the children, out of sight lines from doors and windows, closing and locking (where possible) interior doors and covering interior classroom windows (where possible), lights are turned off and children are asked to sit quietly on the floor.

Where doors and windows cannot be locked or covered, the space where the group is sitting will be barricaded as effectively as possible with the use of upturned tables or other classroom furniture; adults will divide the responsibility of remaining with children and moving furniture if/when needed.

One adult will be designated to complete a headcount and write down the names of everyone in the room (adults and children) to ensure that everyone is accounted for before, during and after the event. Center cell phones or landline phone (where possible) will be used to communicate within and outside the Center.

If the “Lock-down” continues for more than a few minutes, the program has emergency “kits” which contain materials and supplies to keep children safe and comfortable (Kleenex, diapers, wipes, non-perishable snack food, bottled water, books, games, manipulatives) designed for the age group they will serve.

The group will stay in “Lock-down” mode until police or other emergency responders have announced via phone or in person that it is safe or that everyone must evacuate.

TRANSPORTATION PLAN

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

The MGH Backup Childcare Center uses a combination of the MBTA, walking and Partners Shuttle to travel for field trips. Children must have written parental consent to participate on field trips.

In case of emergency, transportation to the MGH Emergency Department will be coordinated by MGH Security, and a Backup Center teacher or Administrator will accompany the child until the arrival of a parent. At no time will a staff member transport a child in a personal vehicle.

MISSING CHILD PROCEDURE

It is our intent that no staff person ever be alone supervising a group of children, whether on or off Center grounds/premises or on a field trip. Staff and children review the expectations for supervision and the physical boundaries of our indoor classrooms and spaces, our outdoor play yards and when traveling off site for a field trip; in this regard, our aim is to prevent a child *ever* going missing. As it is important, however, to have a procedure regarding our response *should* a child go missing, we adhere to the following, outlined below.

If a child is not accounted for at any time, the staff member responsible for the child will search the premises for the child; any area that a child could potentially hide will be searched, in both the indoor and outdoor premises of the Center and the surrounding area of the field trip.

If it is determined that a child is missing, the following steps are taken:

Immediate Missing Child notification to 911, followed by;

Immediate Missing Child notification to MGH Police and Security at 617.726.2121, followed by;

Immediate Missing Child notification to the Center Site Director, who will take responsibility for;

Immediate notification to the child's parent;

MGH Police and Security will notify the Boston Area Police and Emergency Network (BAPERN).

A missing child "***Command Center***" will be established at the child care center where the child is enrolled and all concerned parties will be directed to meet in this location where a land line phone and fax, as well as drinking water and restrooms, will be available.

When the police arrive, the Center Site Director or his/her designee assumes all responsibility for communication with police and security, such as the child's full name, detailed physical description, where and at what time they were last seen. If an electronically transmittable photo of the missing child is available, the Center Site Director or his/her designee shall furnish police and security with, or with access to, the photo. The Center Site Director or his/her designee stays with the police and security for the remainder of the search.

Additional notes for missing child if group is off site on a field trip:

Based upon the Center the group is from, the appropriate notifications steps (listed above) are followed; when notifying each party listed above, the exact field trip location is provided and the staff and group of children will remain together in one location until the police arrive.

When police arrive to the field trip location, one staff member assumes all responsibility for communication with the police, providing information such as the child's full name, detailed physical description and where they were last seen. If an electronically transmittable photo of the missing child is available, the staff member shall furnish police with access to the photo via a telephone call to the Center Site Director or his/her designee.

The staff member responsible for communication with the police will consult with the police on the approach for the remaining children and staff (e.g. do they remain at the field trip site or do they go back to the Center and if so, when and by what method) and will then notify the Center Site Director of the plan. The staff member who has assumed communications responsibility with the police then remains with the police for the remainder of the search or until dismissed by the police to return to their PCCS Center.

Following a missing child incident:

The Center will follow notification procedures as outlined by State licensing regulation 606 CMR 7.04 (15) [i] and will conduct an investigation with appropriate authorities to determine what course of action will be necessary to minimize the possibility of a child going missing in the future.

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 in a friendly way with adult supervision in order that the children can 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 step away. 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
- Speaking to a child in a manner or tone that is disrespectful, sarcastic, demeaning or threatening
- 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

ENVIRONMENTAL HEALTH and SAFETY

Parents and staff 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.

PARENT RIGHTS

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 center functions.

1. PARENT VISITS - We encourage all parents to visit the center 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 center 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.

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 program without written consent from you.
6. 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.
7. TRANSFER OF RECORDS - Upon written request from you, we shall transfer a copy of your child's record to you or any other person you identify.
8. NOTIFICATION OF COMMUNICABLE DISEASES – Parents are notified whenever a communicable disease or condition has been identified in the program. Care is taken to ensure that families of under-immunized children receive communicable disease notification promptly and these children are excluded promptly if a vaccine-preventable disease occurs in the program.
9. GRIEVANCE PROCEDURE – Should a parent have a concern about a staff member or Center policy, the issue should first be brought to the Center Site Director. If the issue is not resolved at the Center Site Director level, the parent should contact the Director of Child Care Services.

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 Police and Security
- Behavior of a child or parent that puts the institution or its visitors at risk
- Failure to complete and return required DEEC 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 Center Site Director will inform parents of the availability of information and referral for other child care services through Partners EAP.

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.

PLAN FOR REFERRAL SERVICES

The Backup Center will use the following procedures for referring parents to appropriate social, mental health, educational, dental, vision and medical services for their child should the staff feel that an assessment for such services would benefit the child.

Whenever any staff member is concerned about a child's development or behavior and feels that a referral should be made they should report it to the Center Site Director. The Center Site Director will maintain a list of current referral resources in the hospital community in the areas of 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. The Center Site Director of the Backup Child Care Center will make referrals to the parent.

The Center Site Director will schedule a meeting with parents to notify them of the Center's concern and prepare a current list of possible referral resources. At that meeting, the Center Site Director will provide to the parent a written statement, including the reason for recommending a referral, 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 Center Site Director will offer assistance to the child's parents when making a referral. Parents will be encouraged to set up an evaluation for their child. If parents need extra support, the Center may, with written parental consent, contact the referral agency for them.

Information on Early Intervention services for children from 0-3years old is available by calling Family TIES of Massachusetts at 800.905.TIES (8437). Family TIES of Massachusetts web address: www.massfamilyties.org

Information on services for children 3 years and older is available through the Public School System where the child lives.

Follow up to the Referral

The Center Site 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.

Record of Referrals

The Center Site Director and Coordinator will maintain a written record of any referrals, including the parent conference(s) and results. A referral checklist, which includes referrals made, meeting dates, outcomes and next steps, will be kept in the child's referral record.

POLICY and PROCEDURES ON CHILD ABUSE and NEGLECT Per THE MASSACHUSETTS DEPARTMENT OF CHILDREN and FAMILIES (DCF)

How does the Massachusetts Department of Children and Families (DCF) define abuse and neglect?

Under the Department of Children and Families regulations (110 CMR, section 2.00):

Abuse means: The non-accidental commission of any act by a caregiver which causes, or creates a substantial risk of, physical or emotional injury or sexual abuse to a child; or the victimization of a child through sexual abuse or human trafficking, regardless if the person responsible is a caregiver. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting). DCF defines "sexual abuse" as any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible.

Neglect means: Failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care, including malnutrition or failure to thrive; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition.

Massachusetts law requires mandated reporters to immediately make an oral report to DCF when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect. A written report is to be submitted within 48 hours.

- Procedure if a PCCS staff member has reasonable cause to believe that a PCCS staff member may have been abusive or neglectful toward an enrolled PCCS child:
 - They shall immediately notify their supervisor and the Site Director or their designee, who will then immediately notify the Director of Child Care Services, who will then immediately notify their manager and Partners Human Resources.

For concerns brought to a Site Director or their designee *other than* a child or children left unattended, alone, or separate from

the group as a whole (which, as outlined above under *Supervision of Children*, is reportable to DCF and will result in a 51A Report being filed with DCF and subsequently reported to EEC), the Site Director or their designee will assess the situation and if the incident is reportable as defined by the Massachusetts Mandated Reporter law, will report the suspected or alleged incident to the Department of Children and Families (DCF) and the Department of Early Education and Care (EEC) as required by law.

If the Site Director or their designee files a 51A Report with DCF regarding the suspected abuse or neglect of an enrolled PCCS child, they must then immediately notify the Director of Child Care Services, who will then immediately notify their manager and Partners Human Resources.

Should the Site Director or their designee advise against filing/reporting, the PCCS staff member who reported the concern to the Site Director or their designee retains the right to contact DCF directly and to notify the local police.

If a PCCS staff member is in question of having been abusive or neglectful, they will immediately be removed from working with children and will be suspended with pay until investigations by DCF, EEC, Partners Child Care Services (PCCS), and Partners Human Resources have been completed; in cases where the PCCS and Partners HR internal investigation results in termination of the staff member(s), this decision may precede the completion of the DCF and EEC investigations.

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

- Procedure if a PCCS staff member has reasonable cause to believe that a **parent/guardian** may have been abusive or neglectful toward an enrolled PCCS child:
 - They shall immediately notify their supervisor and the Site Director or their designee, who will then immediately notify the Director of Child Care Services or their designee, who will then immediately notify their manager or their designee and Partners Human Resources.

If a parent/guardian is in question of having been abusive or neglectful, PCCS employees are bound by law, as mandated reporters, to follow applicable reporting procedures as described above and below.

Reporting Suspected Abuse or Neglect

The Department of Children and Families (DCF) is called by the Site Director or their designee.

The Site Director or their designee makes every effort to learn the details by speaking with the involved parties when appropriate.

Documentation of concerns:

Timeline: Massachusetts law requires mandated reporters to immediately make an oral report to DCF and a written report is to be submitted within 48 hours.

EEC is immediately notified after filing or learning that a 51A report has been filed alleging abuse or neglect of a child while in the care of the program or during a program-related activity.

Involved PCCS staff members are required to document the incident in writing as soon as possible so that salient points and details are not lost due to the passage of time. PCCS and/or Partners HR may request copies of involved staff members' written documentation of the incident.

PCCS utilizes an *Incident Response Form*, an internal-use-only check list document, to ensure that the proper notifications are made after a serious incident involving an enrolled PCCS Child or a PCCS Staff Member; please note that in addition to the internal Incident Response Form, there may be other reporting requirements or paperwork that is completed by PCCS.

Phone numbers of local and State DCF Offices:

For MGHCC and IHPCQ: 617.660.3400 (Harbor Area Office)

For PCCAR: 617.520.8700 (Cambridge/Somerville Area Office)

For MCLCC: 781.641.8500 (Arlington Area Office)

For BWHBU and MGHBU: 617.989.2900 (Dimock Street Area Office)

800.792.5200 (Child-at-Risk Hotline) Massachusetts DCF Main Number: 617.748.2000

Phone number EEC Metro/Boston Regional Office: 617.472.2881

All PCCS staff are required by the Department of Early Education Care (EEC) and Partner Child Care Services (PCCS) to complete Abuse and Neglect training on an annual basis; this training includes the important tenants of the Massachusetts Mandated reporter Law.

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

BACKUP CHILD CARE CENTER ORGANIZATION

The MGH Backup Center is a part of Partners Child Care Services (PCCS). PCCS is operated by Partners HealthCare as a department within Partners Human Resources. The Director of Child Care Services oversees PCCS and reports to the Partners Corporate Chief Human Resources Officer.

The Center Site Director of the Backup Child Care Center reports to the Director of Child Care Services. The Center Site Director is responsible for daily administration of the Center, including supervision of the staff and program. The Center Site Director and the Education Coordinator oversee the Teachers and Assistant Teachers to ensure consistency in programming. Teachers guide Assistant Teachers and Volunteers in the operation of the classrooms.

In the case of an extended absence of a Center Site Director, the PCCS Manager of Education Development along with the Education Coordinator assumes responsibility for the daily administration of the Center.

The Backup Child Care Center is licensed by the Massachusetts Department of Early Education and Care (EEC), Metro/Boston Regional Office, 1250 Hancock Street, Suite 604-N, Quincy, MA 02169; 617.472.2881.

Attachment A



SAFE SLEEP FOR INFANTS PROCEDURES

In compliance with EEC regulation and in order to provide the best quality care, attention, and safety for all children and reduce the risk of SIDS (Sudden Infant Death Syndrome).

- For Infants under 12 months of age, per EEC Safe Sleep policy, and as is required by Massachusetts State Regulation 606 CMR 7.11 (13) (e), "*Programs serving infants **must place infants on their backs for sleeping**, unless the child's health care professional orders otherwise in writing.*"
- Each Infant naps in an individual crib with a firm, properly fitted mattress and a clean, fitted sheet with no potential for head entrapment areas. Car seats and other sitting devices are not allowed for sleep routine. Cribs meet CPSC and ASTM safety standards.
- Blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft padded materials or toys may **not** be placed in the crib with the Infant.
- Sleep sacks are an acceptable alternative for blankets ensuring Infants' heads remain uncovered during sleep. Only sleeps sacks and pacifiers without anything attached to them (such as loveys, clips, etc.) are permitted in cribs.
- The program will not swaddle Infants after 8 weeks of age.
- Infants may not have bottles while in their crib.
- After being placed down for sleep on their backs, Infants may then assume any comfortable position they can roll into.
- Sleeping children are directly, visibly, and auditorily monitored and supervised at all times.

Please don't hesitate to contact us with further questions.