

## Thousands of Smiles Family Child Care Parent Handbook

<b>Program Name:</b>	Thousands of Smiles Family Child Care
<b>Program Number:</b>	_____
<b>License Number:</b>	9040350
<b>Program Address:</b>	54 Hiawatha Rd. Boston, MA 02126
<b>Program Phone Number:</b>	857.312.2840 (Cell phone)
<b>Program Email:</b>	a.salgadoberrios@gmail.com

**Dear Parent,**

As a licensed Family Child Care Educator, I would like to congratulate you on choosing licensed Family Child Care. You have made an important child care decision for you and your family. The Department of Early Education and Care (EEC) and I invite you to join in a partnership with us to ensure a high quality child care environment. This parent handbook and enrollment packet outlines many of my policies and procedures that relate to the care of your child, as well as the information I am required to give to you when you enroll your child in my care. This handbook will also acquaint you with some of the key EEC standards designed to ensure a safe, healthy and educational child care experience.

I encourage you to maintain an open dialogue with me, as communication between parents and Educators is the foundation for a solid working relationship, and a good child care experience. Before filling out your child care enrollment form, please read through the information contained in this parent handbook.

### **A Word from EEC**

EEC is the agency that oversees the early education and care and after school services for families in Massachusetts. As the agency that licenses child care, EEC has quality standards for all licensed programs to ensure high educational value, as well as health and safety. Having a license means that I have demonstrated that I meet the standards outlined in the EEC regulations.

To obtain your own copy of EEC Family Child Care Regulations, you may download them from the EEC web site at: [http://www.mass.gov/Eeoe/docs/EEC/regs\\_policies/20090122\\_606\\_cmr.pdf](http://www.mass.gov/Eeoe/docs/EEC/regs_policies/20090122_606_cmr.pdf)

For information about my regulatory compliance history, you may contact our local EEC regional office, whose contact information is as follows:

1250 Hancock Street, Suite 120-S  
Quincy, MA 02169  
Phone: (617) 472-2881  
Fax: (617) 472-2722

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### Enrollment/Capacity

My current licensed capacity is (6) six children, which is posted on my license. At any one time, I can only care for the number of children that I’ve been licensed for, which may include my own children, depending on their ages. In addition, EEC regulations state that I cannot care for more than three (3) children under the age of two (2) without an assistant, with one of those children being at least 15 months old and walking unassisted. If you have concerns or questions about the number of children in my care, please feel free to discuss them with me.

### Use of Assistants

I may have an assistant to help care for the child care children, provided they are approved by EEC. If and when I use an assistant, I will let you know ahead of time, and you will have an opportunity to meet the assistant that will be working in the program. I may also use volunteers from time to time, and although they will not be directly responsible for the care of children in the program, they will be on the premises and assisting me.

[ X ] I am not currently utilizing an assistant.

[ ] The assistant(s) / volunteer(s) I am currently using in my program are:

Name    Certificate # (for assistants)

N/A

## **Program Hours and Days of Closures**

The parent/educator contract (refer to Attachment A in this parent handbook) outlines the policies regarding hours of care, late fees and termination. We will review this together and note any additional information that is specific to you and the care of your children.

## **Sick Policy**

I can care for mildly ill children in my program, however there will be times when you will need to keep your children out of the program due to illness. If your child has a fever, diarrhea or vomiting, you should keep them out of care until those symptoms have resolved for 24 hours.

In order to assure a healthy environment as possible for all enrolled children and their parents/guardians, I encourage parents to avoid bringing your child to the Program if:

- Children have been diagnosed with a contagious disease
- Children are too sick to participate in activities
- Children have a temperature of 101 degrees F or over
- Children are vomiting or have diarrhea
- Children have an undetermined rash, or illness

I may require a healthcare provider's note to assess and determine, based on contagious risk, when children can return to child care.

If your child visits the pediatrician on the weekend, please call me to discuss your child's return to Thousands of Smiles before their next day of child care.

If your child becomes ill during child care, I may require immediate pick up of your child.

**THIS POLICY IS STRICTLY ENFORCED.**

## **Plan for Meeting Potential Emergencies**

EEC regulations require that I have a plan for meeting potential emergencies that may occur either during child care hours or at any time if they may affect the operation of the program.

In the event of an evacuation emergency, I will contact the local authorities to determine whether or not to evacuate the program, or to remain sheltered at the program.

The escape routes from each floor of the licensed child care space are as follows:

- From the classroom, we will either leave through the rear door directly onto the deck and the play yard, or go through the main entrance, down the stairs, to the front of the house.
- From the house, we will leave either through the rear door or main entrance, go down the stairs, to the play yard.

In the event that a child goes missing from the program, I will do the following:

We will call 911, parents, neighbors and take the children to walk the neighborhood to look for the child.

Should the program need to be evacuated in the case of a fire, natural disaster, loss of power, heat or hot water, or any other emergency situation, we will meet at an alternate location. The designated meeting place(s) outside of the program for emergencies are:

See Attachment B – Evacuation Plan

If the program needs to be evacuated, I will notify all parents, as well as the appropriate authorities (fire, police, etc.) and EEC. My method of doing that is as follows (cell phone, neighbor's phone, payphone, etc.):

- I will call each parent or guardian, as well as the appropriate authorities via cell phone
- I will ensure that no child has been left at the program after an evacuation by:
- I will perform head count and verify count with attendance record

### **Children's Records**

EEC regulations require me to maintain an individual written record for every child I have in care. These records include the information that parents complete at enrollment, as well as progress reports, incident reports and other documentation regarding your child's care. Records are updated at least annually, but may be updated as frequently as is needed.

As a parent, you have access to the record that I maintain for your child, and you have the right to add information or to request that information in your child's record be changed or deleted. You also have a right to receive a copy of your child's record; however I may charge a reasonable fee for that copy.

EEC regulations require that I make children's records available to EEC at any time that EEC may request these records, such as during a licensing/monitoring visit, a complaint investigation, or a financial review of my program. Failure on my part to provide these records to EEC could result in EEC citing me for regulatory non-compliance or taking legal action against my license. When EEC staff members review children's records in order ensure that I am in compliance with EEC regulations, at times they may copy and keep the information found in these records in order to review my compliance with all EEC regulations and policies applicable to my program. This information will be kept in my EEC Licensing file or in EEC's financial monitoring file if the information involves issues related to subsidized care. EEC is required by law to keep confidential any personally identifiable information found in children's records collected and maintained by EEC staff members. EEC has a Privacy Policy which discusses how EEC keeps such information confidential.

That policy can be found by going to the EEC website at:

[http://www.eec.state.ma.us/docs1/20101124\\_eec\\_privacy\\_policy.pdf](http://www.eec.state.ma.us/docs1/20101124_eec_privacy_policy.pdf).

Please let me know about any questions you have regarding your child's record.

### **Maintaining a Safe Environment**

EEC has a number of licensing standards related to safety in a Family Child Care Home. Most of these standards outline common safety precautions such as making dangerous materials inaccessible to children, covering outlets, having a first aid kit, practicing evacuation drills, gating stairs, windows, or heating elements, posting emergency numbers, and maintaining a clean, hazard-free indoor space. Also, the outdoor space must be safe and hazard free and there should be no access to a busy street,

water, construction materials, rusty or broken play materials, debris, glass, or peeling paint.

### Lead Poisoning Prevention

All Family Child Care Educators are required by EEC to provide parents with information regarding the risks of Lead Poisoning. The following are some facts that all parents should know about lead and lead poisoning:

- Lead poisoning is caused by swallowing or breathing lead. Lead is poison when it gets into the body.
- Lead can stay in the body for a long time. Young children absorb lead more easily than adults. The harm done by lead may never go away. Lead in the body can:
  - *Hurt the brain, kidneys, and nervous system*
  - *Slow down growth and development*
  - *Make it hard to learn*
  - *Damage hearing and speech*
  - *Cause behavior problems*
- Most of the lead poisoning in Massachusetts comes from lead paint dust in older homes. Many homes built before 1978 have lead paint on the inside and outside of the building.
- When old paint peels and cracks, it creates lead paint chips and lead dust. Lead dust also comes from opening and closing old windows.
- Lead dust lands on the floor. Lead gets into children's bodies when they put their hands and toys in their mouths. Children can also breathe in lead dust. Children between the ages of 9 months and 6 years are most at risk.
- Important: Home repairs and renovations also create lead dust.
- Most children who have lead poisoning do not look or act sick. A lead test is the only way to know if your child has lead poisoning. Ask your doctor to test your child for lead. Some children may have:
  - *Upset stomach*
  - *Trouble eating or sleeping*
  - *Headache*
  - *Trouble paying attention*

As mentioned earlier, if your child is over nine (9) months of age, you will need to provide documentation to me that your child has been screened for lead poisoning. Most children will be screened annually until either age three (3) or four (4), depending on where the child lives. I am required to disclose to you if I am aware of any known sources of lead in my home. Information regarding known sources of lead in my home is as follows:

My house was built in 2017. There are no known sources of lead hazards in the house.

For more information on lead poisoning, you can visit <http://www.mass.gov/dph/clppp> or call the Childhood Lead Poisoning Prevention Program at (800) 532-9571.

### Supervision

Supervision is critical to keeping children safe. I and any assistants in my program will appropriately

supervise children in order to ensure their health and safety at all times. I will use good judgment and consider several factors in determining the appropriate level of supervision for children including age, developmental needs, behavioral characteristics, the nature of activities and the space we are using, as well as the number of caregivers present at any given time. If you have any questions about how I supervise the children in my program, feel free to ask me.

### **Safe Sleep**

Supervision of children is equally important during the times that a child is sleeping at the program, particularly when that child is an infant. EEC has very specific regulations around safe sleep practices. All infants are placed on their backs to sleep, unless a child's physician orders otherwise (such an order must be given to me in writing). I check on children every 15 minutes during naptime. If your child is less than six months old, I will directly supervise them during naptime for the first six weeks they are in care. For more information regarding Safe Sleep, please feel free to review the 'Family Child Care Policies' section of [www.eec.state.ma.us](http://www.eec.state.ma.us).

### **Curriculum and Progress Reports**

All Family Child Care Educators must carry out a routine that is flexible and responds to the needs and interests of children in care. The routine must include things such as; meeting the physical needs of children in care, sixty minutes of physical activity every day, child-initiated and Educator-initiated activities and daily outdoor play, weather permitting. Additionally, the Educator must develop a curriculum that engages children in developmentally appropriate activities by planning specific learning experiences. The curriculum must include things such as; learning self-help skills that foster independence, opportunities to gain problem solving and decision making competencies and leadership skills and opportunities to learn about proper nutrition, good health and personal safety. I am also responsible for providing an environment that promotes cultural, social and individual diversity.

In addition, progress reports must be completed periodically for all children in care. For infants and children with identified special needs, I will be completing progress reports every three months. For toddlers and preschoolers, those reports are completed every six months, and school age children will have a yearly progress report completed for them.

I will be sharing your child's progress reports with you, as well as offering an opportunity to meet and discuss your child's progress. Feel free to ask me about curriculum and progress reports and how they are implemented in my program.

### **Child Guidance**

When it comes to interactions and the guiding of children's behavior, the goal of all Educators is to maximize the growth and development of children, as well as keep them safe. My Child Guidance Policy is as follows:

Children routinely experience fear, anger, jealousy, confusion and sadness along with happier emotions as part of daily life. My care will teach children appropriate skills and response. There will be clear, consistent limits, anticipation and redirection and modeling of desired behaviors, encouragement, dialogue and active listening. We will implement proactive practices to help children's in making reasonable decisions about behavior, through logical consequences and problem solving.

Our guiding principles in terms of behavior managements will be:

- All children will be treated with respect and dignity
- No child will be punished for soiling, wetting, or not using the toilet
- Food will not be denied to a child, or used in any manner as a punishment
- No corporal punishment of any type will be used or allowed

## **Medication Administration**

EEC has regulations requiring Educators to have a policy regarding the administration of medication to children in care. As a licensed Family Child Care Educator, I am also required to take medication administration training. The following guidelines are common to all programs that are licensed by EEC:

### Prescription Medication

- Prescription medication must be brought to the program in its original container and include the child's name, the name of the medication, the dosage, the number of times per day and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.
- The program will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.
- The parent must fill out the Authorization for Medication Form before the medication can be administered.

### Non-prescription Medication

- The program needs written parental authorization to administer oral non-prescription medication. The parent must fill out the Authorization for Medication form, which allows the Educator to administer the non-prescription medication. The statement must be renewed on a weekly basis.
- In the case of unanticipated non-prescription medication that is used to treat mild symptoms (e.g., acetaminophen, ibuprofen), the program must still have written parental authorization, however it must be reviewed annually.
- The Educator will make every attempt to contact the parent prior to the child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

### Topical Ointments and Sprays

- Topical ointments and sprays such as petroleum jelly, sunscreen, diaper rash ointment and insect repellent will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.

- When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Educator will follow the written procedure for non-prescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form signed by the parent.

### All Medications

- The first dose must be administered by the parent at home in case of an allergic reaction in a window time of 2 hours before attending the childcare.
- All medications must be given to the Educator directly by the parent.
- All medications will be stored out of the reach of children. All medications that are considered controlled substances must be locked and kept out of reach of children.
- The Educator will be responsible for the administration of medication. In his/her absence, the designated person will be n/a.
- The program will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to unbroken skin) which will include the child's name, the time and date of each administration, the dose, and the name of the person administering the medication. This completed record will become part of the child's file.
- All unused medication will be returned to the parent if possible, or disposed of in accordance with Department of Public Health guidelines.

My additional policies regarding medication administration are as follows:

Parents/Guardian should contact me prior to arrival with any medication to be administered to children. Communication is key to guarantee a safe environment for your and all children. Communication will allow me to determine whether or not it is appropriate to children to come to the child care. Bear in mind that I must have the Authorization for Medication Form filled out PRIOR to your arrival and ready for your signature so any disruption to the morning schedule is avoided.

### **Oral Health**

Proper oral health begins at home, and I will be reinforcing good oral health practices with your child each day. If your child is in care for more than 4 hours per day, or he/she will be receiving at least one meal while in care, I am required to assist your child with tooth brushing at the program.

[ X] I would appreciate it if you would provide me with a toothbrush and toothpaste for your child, which I will store in a safe and sanitary manner at the program.

[ ] I will be providing tooth brushing materials at the program.

If you choose for me not to brush your child's teeth, there is a form at the end of this handbook for you to sign and will be kept in your child's file.



## Parent Notifications

I am required by EEC regulations to notify you of certain information about my family child care home. These notifications include, but are not limited to:

- an injury to your child;
- allegations of abuse or neglect regarding your child;
- if another educator will be caring for your child;
- the administering of first aid to your child;
- whenever a communicable disease has been identified in the program;
- children being taken off the child care premises;
- the existence of firearms in my home;
- if there are any changes in my household composition,
- prior to any pets being introduced into the program;
- whenever special problems or significant developments arise.

## Mandated Reporting

As a licensed Educator in Massachusetts, I must operate my program in a way that protects children from abuse and neglect. As such, I am a mandated reporter (under M.G.L. c.119 s51A) and must make a report to the Department of Children and Families (DCF) whenever I have reasonable cause to believe a child in the program is suffering from a serious physical or emotional injury resulting from abuse inflicted upon the child, or from neglect, no matter where the abuse or neglect may have occurred or by whom it was inflicted.

## What I Need From You

The first day your child attends child care, I need a copy of the attached Family Child Care Enrollment Packet. Without these completed documents, which must be updated annually, I cannot care for your child. The reason for this is so I have all the important information and phone numbers I will need in order to provide the best possible care for your child.

## Medical Information

Medical information about your child must be given to me within one (1) month from the day your child begins care. There are three (3) pieces of medical information I will need:

1. A statement from a physician or health care professional that says that your child received a physical exam within the past year;
2. Evidence that your child has been immunized as recommended by the Department of Public Health;
3. If your child is nine (9) months of age or older, a statement from a physician or health care professional which says that your child has been screened for lead poisoning.

**Please note:** Your child's immunization record must be updated and given to me in accordance with the Department of Public Health's immunization schedule. Also, your child's lead screening report must be updated as required by Department of Public Health Regulations. This report must also be given to me.

If your child is school age, I can accept a written statement that the required information is on file with the child's school.

### **Procedures for the Drop-Off and Pick-Up of Children by Transportation Providers and Parent/Program Notification 6.06 CMR 7.13**

The Department of Early Education and Care (EEC) requires that whenever transportation is provided or contracted by a program, including family child care as well as small and large group and school age child care, the program must ensure that the driver of the vehicle takes attendance before and after each trip and conducts a complete vehicle inspection after every trip to ensure that children are not left alone on the vehicle at any time

Thousands of Smiles Family Day Care does not provide transportation services so it is exempt from the submission to EEC of a Transportation Plan as required by 6.06 CMR 7.13

For more detail on regulation, please read policy at <https://www.mass.gov/files/2017-08/transportation-policy.pdf>

### **Communication and Staying Involved**

It is important to keep an open dialogue with me as your child's Educator, and to maintain an active role in your child's care. **Feel free to visit, not just at pick up and drop off time, but at a variety of times during your child's day—it's your right as a parent.** Please also make sure to follow-up with me if you have any questions about the program or your child's care.

I look forward to working with your family and providing a great experience for your children!

Best,

Aracelis Salgado, Licensed Provider

## ATTACHMENT A – DAILY ROUTINE

As required by 102 CMR 8.1, the provider must develop, implement, and submit to the Office a written plan that addresses curriculum, activities and routine. As a prospective caregiver, our philosophy will focus on providing childcare services that nurtures, it is responsive to the individual development needs of children, and that supports the development of self-esteem, social competence, and school readiness through a developmentally and culturally appropriate bi-lingual learning environment.

### Curriculum

We believe our curriculum should engage children in developmentally appropriate activities built on children's individual strengths. Early education is a time to nurture children's intellectual and physical curiosity, develop logical reasoning, and shape children with basic academic foundation.

My role as a caregiver is to actively engage children through intentional learning experiences that shape the social, physical, emotional, and cognitive development, creating a learning experience and environment that fosters community.

Our partners are families and we look forward to influence the learning process of children.

### Routine

Daily schedules are developed with the following in mind:

- Matching the age and abilities of the children.
- Outdoor time, both structured and unstructured, every day if weather permitting.
- At least two large blocks of time for child-directed learning.
- Physical education.

And include the following activities:

- Morning and Afternoon Group Time
- Small-Group Activities
- A balance of active and quiet play, group and individual activities.
- Learning opportunities
- Bilingual education (Spanish as a Second Language)
- Outdoor play and activities, weather permitting.
- Snack and meals
- Rest time

Here's an example daily schedule for our children in care.

Open – 8:30 a.m.

Arrival and Breakfast

Children participate in quiet activities and eat breakfast.

8:30 – 9:00 am

Oral hygiene and handwashing

9:00 a.m. – 9:30 a.m.

## Stretching and physical activity

9:30 a.m. – 10:00 a.m.

### Community Time

Children come together to welcome each other and talk briefly about the day's events. Other activities include a read-aloud and a song or fingerplay.

10:00 a.m. – 10:30 a.m.

### Activities/Snack

10:30 – 11:00 a.m.

### activity

Teacher begins a theme-related activity. Children participate and explore with theme-related experiences that change weekly.

11:00 a.m. – 11:30 a.m.

### Outdoor Play

Children enjoy structured and unstructured play outdoors, weather permitting.

11:30 a.m. – 12:30 p.m.

### Lunch

Children wash their hands, help set tables, and prepare to eat lunch family-style.

12:30 a.m. – 2:00 p.m.

### Rest Time

Children nap or rest quietly. As children wake up, they can select from different quiet activities such looking at books.

2:00 p.m. – 2:45 p.m.

### Learning Activities

Teacher begins a theme-related activity. Children participate and explore with theme-related experiences that change weekly.

2:45 p.m. – 3:15 p.m.

### Outdoor Play

Children participate in structured and unstructured play indoors/outdoors.

3:15 p.m. – 3:45 p.m.

### Snack - afternoon

### Focus Activity

Children participate in a whole-group activity from one of five weekly focus areas, both inside and outside the classroom.

3:45 p.m. – 4:00 p.m.

### Community Time

Children come together to talk about the day's events as well as any special events planned for the following day. Other activities include read-aloud and a song or fingerplay.

4:00 p.m. – 4: 30 pm

Close

Learning Activity

Children explore and play on their own.

## ATTACHMENT B – EVACUATION PLAN

1. Loss of Electricity
  - a. Congregate children together, make head count.
  - b. Secure flash light from the kitchen and the battery operated radio.
  - c. Assess potential cause of problem if reasonable.
  - d. If conditions allows, evacuate classroom, and call for assistance via cell phone or pay phone and take first aid kit. Perform head count.
  - e. If circumstances allows, give children books or let them play in a quiet area
  - f. Maintain children calm and safe until electricity is back on.
  - g. In the event electricity remains off, children’s parents will be contacted via phone for pickup.
  
2. Loss of Heat
  - a. Congregate children together, make head count.
  - b. Assess potential cause of problem if reasonable.
  - c. If conditions allows, evacuate classroom, and call for assistance via cell phone or pay phone and take first aid kit. Perform head count.
  - d. Otherwise, in cold weather months, parents will be notified for pickup.
  - e. Children will be kept warm in coats and blankets until parents arrive. Small room heat systems will be on.
  - f. If necessary, evacuate to emergency location and take first aid kit. Perform head count.
  - g. Inform parents via cell phone or pay phone of location.
  
3. Loss of Water
  - a. Determine cause of problem if possible.
  - b. If conditions allows, evacuate classroom, and call for assistance via cell phone or pay phone and take first aid kit. Perform head count.
  - c. Inform parents via cell phone or pay phone of location.
  
4. Fire and Carbon Monoxide Alarms
  - a. Congregate children together, make head count.
  - b. Carry infants and use chain of hands for walking children to exit (take first aid kit).
  - c. Meet at the on-site emergency meeting place (this is the play yard).
  - d. Perform another head count.
  - e. Call 911 for assistance via cell phone or neighbor’s phone.
  - f. Inform parents via cell phone or pay phone of location.

5. Flood
  - a. Congregate children together, make head count.
  - b. If necessary, evacuate to emergency location and take first aid kit. Perform head count.
  - c. Inform parents via cell phone or pay phone of location.
  
6. Tornado
  - a. Congregate children together, make head count.
  - b. Take first aid kit and telephone if time allows.
  - c. Carry infants and use chain of hands for walking children down basement stairs. Perform had count.
  - d. Keep children calm and provide water.
  - e. Call 911 for assistance if necessary.

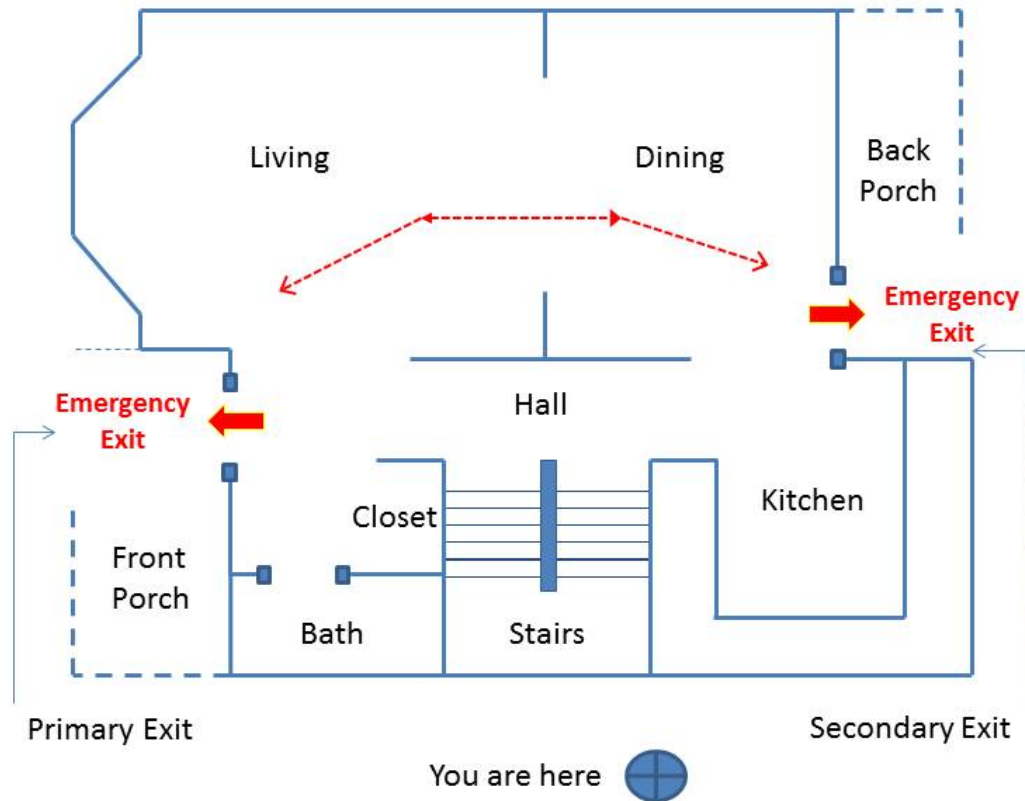
7. Exits

The escape routes from each floor of the licensed child care space are as follows:

- a. From the classroom, we will either leave through the rear door directly onto the deck and the play yard, or go through the main entrance, down the stairs, to the front of the house.
  - b. From the house, we will leave either through the rear door or main entrance, go down the stairs, to the play yard.
  - c. In the event that a child goes missing from the program, I will do the following:
  - d. We will call 911, parents, neighbors and take the children to walk the neighborhood to look for the child.
8. On-Site Emergency Meeting Place  
Play yard located at rear of the house
9. Neighborhood Emergency Location

Mattapan Branch of the Boston Public Library  
1350 Blue Hill Ave  
Mattapan MA 02126

### Evacuation First Floor Map 54 Hiawatha Rd – Thousands of Smiles



In the event a child is lost, the Childcare facility will contact law enforcement agencies and will shut down operations. Parents will be notified immediately, and children will be required to be picked-up by parents while the investigation is going on. The Childcare will cooperate with authorities to the extent required by law.