HEALTH CARE POLICIES AND PROCEDURES
Hand washing is the first line of defense against infectious disease.

During any child's first year in group care, he/she is exposed to more viruses, and therefore may be ill more often than in subsequent years. Because WCCC's teachers have experience with sick children and know your child's typical daily behavior, they are good judges of childhood illnesses. We take our responsibility to you, your child and all the other parents and children in the program seriously, and so we tend to be cautious. If your child is mildly ill, with no fever, but is having difficulty being at WCCC, we will call you and make a joint decision about whether your child should go home. If your child has a temperature of 100.5 or more, vomits, or has diarrhea while at WCCC, we will provide a quiet resting area, food and water (if appropriate), call you, and set a time for your child to be picked up. While your child is waiting we will provide toys, books, and TLC.

We try to reduce the spread of germs by following strict hand-washing guidelines in all rooms. Teachers and children wash their hands before eating or handling food, after toileting or diapering, and after wiping noses. We also wash and sanitize toys regularly, and daily disinfect all surfaces in infant rooms and all table surfaces in toddler and preschool rooms.

We go outside daily. Children not well enough to play outside should remain at home. A local dentist visits our classrooms each year to speak with children about oral hygiene. Our pediatric consultant meets with staff at least two times a year and is available as needed to confer with staff. Each year she reviews our Health Care Policies, including food safety standards and has worked with us to develop the following guidelines for keeping a child home:

- **Temperature:** A child will be sent home with a temperature of 100.5 or more. Children should stay home until they have been fever-free – without medication - for at least 24 hours. Activity level, irritability, appetite, and ability to participate should also be considered before bringing your child back to the Center. In the morning, please check your child's temperature before coming in. After arriving at school, if a child does not feel well enough to participate in group-activities, we will let him/her rest for a time; if symptoms persist we call parents.

- **Diarrhea:** A child who has had watery stools more than once in a short period of time will be sent home. Children may return to the Center once the diarrhea is under control. If your child has an allergy or condition, which regularly causes diarrhea, please alert teachers.

- **Vomiting:** A child who is vomiting will be sent home and must remain home until the vomiting has stopped. Parents should inform the Center concerning the course the vomiting takes. A child who vomits in the night should remain at home until he/she has eaten and digested at least one meal.

- **Conjunctivitis:** An infection of the eye characterized by a yellow discharge and tearing which is sometimes contagious. Often eyes are crusty in the morning. This infection is more annoying than uncomfortable, but should be treated with antibiotics before the child returns to the Center. Instructions from the child's pediatrician should be followed.

- **Strep Throat:** fever, swollen neck glands, and a red throat often accompany Strep throat. Scarlet fever is strep throat with a rash. These conditions require antibiotics and your child should not return to the Center until he/she has been on medication for 24 hours.
• **Impetigo:** This is a highly contagious skin infection, which should be treated with antibiotics for 24 hours before your child can return to the Center. Infected area must be covered.

• **Ear Infections:** Ear infections are common for some children. It is important to closely monitor ear infections, particularly in children developing language. We ask that the child be fever-free, and be able to participate in Center activities.

• **Chicken Pox:** State regulations require that prior to school entry all preschoolers receive the varicella vaccine or provide documentation of chicken pox immunity. Documented religious exemptions are the only exceptions.

• **Allergies:** Parents must notify the center, in writing, of their child’s allergies. Parents must describe symptoms of the allergy and expected treatment. We post information about allergies in each child's classroom and, in the case of severe food allergies, will eliminate serving that food. On occasion we might ask parents to provide special snacks. In the case of a known allergy to a chemical or other material, we will post this information and eliminate exposure in the classroom environment, if possible. It is extremely important that we have permission and instructions to administer antihistamines and/or an Epi-Pen (for example, in the case of a known allergy to bee stings) if necessary. For conditions that require epi-pens, an Individual Health Plan is necessary.

• **Rashes:** Skin rashes, whether on the diaper area or on other parts of the body or face, may be caused by a variety of things. If your child develops a rash we will call to talk to you about it, and possibly ask that you contact your pediatrician.

• **Coxsackie:** This is a viral infection that typically presents with a fever followed by mouth/throat lesions as well as tiny blisters on palms and soles. Some of the newer strains include a full body rash that may not be evident until the child’s fever is gone. Children may return to school 72 hours after the onset of symptoms (fever, mouth lesions or blisters), as long as they are feeling comfortable enough to fully participate in all activities.

• **Head Lice:** Incidences of head lice have become quite common in all schools. If we find nits on your child, we will call you to take your child home. Children may return to the Center when they are lice free and have no nits on hair within a ½ inch of the scalp. Information concerning lice is available in the office or online.

• **Nebulizer Policy:** When a child requires regular nebulizer treatments multiple times a day, the first treatment must be given prior to arrival at WCCC. If a child needs to receive medication through a nebulizer during the day, we will only administer this medication if parents provide it in the original prescription box with dose clearly stated. The doses must be pre-measured and individually wrapped. Parents will be asked to fill out a medication authorization form stating the dose and times of treatment each day. We will not make the decision about giving children a nebulizer treatment on an “as needed” basis. If we think a child’s breathing needs to be assessed during the day, and the nebulizer has already been administered as indicated on the medication form, a parent will be asked to come in to decide about administering this medication an additional time.

• **Contagious Diseases:** If your child contracts a communicable disease or serious illness, you must report it to a teacher or Director. Children with a contagious, reportable disease must stay at home until all danger of contagion has passed as recommended by the Department of Public Health. Whenever we have a
communicable condition, such as chicken pox, strep throat, fifths disease, measles, salmonella, etc., we notify parents in the room where the condition exists and post a sign on the classroom doors, if necessary. In the event that a child needs to be excluded due to a communicable disease or for other health reasons, such as giardia, we will contact our Pediatric Consultant or the Wellesley Public Health Nurse. We may request parental permission to speak with the pediatrician. Your child may return to the Program when approved by the pediatrician or health official.

- **Chronic conditions:** When a child has a chronic condition requiring routine medication administration or conditions requiring epi-pens, an Individual Health Plan is necessary.

In addition to the above, if your child seems unusually irritable, lethargic, or generally "not him/herself", but shows no other symptoms, we will notify you and a joint decision will be made about whether your child should remain at WCCC.

WCCC follows the Massachusetts Department of Public Health’s HIV Infection/ Aids Policy.

**Individual Health Care Plans**

Whenever a child with a chronic medical condition which has been diagnosed by a licensed health care practitioner, parents must provide WCCC with a written plan that describes the nature of the condition, symptoms, any medical treatment that may be necessary while the child is in WCCC’s care, the potential side effects of that treatment, and the potential consequences to the child’s health if the treatment is not administered.

With written parental consent and licensed health care practitioner authorization, teachers may administer routine, scheduled medication or treatment to the child with a chronic medical condition. The teacher must successfully complete training given by the child’s health care practitioner or with his/her written consent, given by the child’s parent or programs health care consultant, that specifically addresses the child’s medical condition, medication, and other treatment needs. In addition, any unanticipated administration of medication or unanticipated treatment for a non-life-threatening condition requires that the teacher must make a reasonable attempt to contact the parent(s) prior to administering such unanticipated medication or beginning such unanticipated treatment, or, if the parent(s) cannot be reached in advance, as soon as possible after such medication or treatment is given. Teachers must document all medication or treatment administration, whether scheduled or unanticipated, in the child’s medication and treatment log. These consents are valid for one year. Whenever an individual health care plan provides for a child to carry his or her own medication, parent(s) must provide, on site, a back-up supply of the medication as needed.

**INFECTION CONTROL**

HANDWASHING is the first line of defense against infectious disease.

**Always Wash Your Hands (Teachers, Parents, and Children)**
- When you come to the center
- Before preparing, serving, or consuming food or drinks
- After diapering, using the toilet, wiping noses, cleaning up bodily fluids
- After handling or feeding pets
- After playing in the dirt or sand outdoors
- After touching a child who may be sick

**Procedures for Hand washing (Teachers and Parents)**
- Use running water and liquid soap
- Rub your hands vigorously for about 20 seconds as you wash all surfaces
Rinse well under running water
Dry with a single use paper towel
Use the paper towel to turn off faucet. Discard towel
Use lotion to prevent chapping
When running water is not available, Purell or an alternate hand cleaner should be used

**Preschoolers**
- Help children learn to squirt the liquid soap on their hands
- Help them learn to wash and rinse their hands under running water
- Help them learn to dry their hands with paper towels, turn off water, and discard towel.

- All new teachers, teaching aides, and volunteers will be given instructions about hand washing procedures by classroom teachers. Directors will periodically review hand-washing procedures with all staff.
- Our sanitizing machines are used to disinfect all cups, plates, and mouthable toys after use, tabletops, and other toys at the end of each day, and spills as they happen.
- A blood and body fluid clean-up kit is located in the custodian’s closet. Non-latex gloves are used to clean up bodily fluids or blood spills. When necessary, the college cleaning company will be called to clean large areas.

**INJURY PREVENTION PLAN**

Cleaning substances are stored in custodian’s locked closet, on high shelves and in cabinets with childproof locks. Liquids, foods, and appliances that are or become hot enough to burn a child are kept out of the reach of children. At orientation for new teachers and at the beginning of each year, teachers are asked to monitor the classroom and playground environment and report any broken toys or equipment to the Program Director and any building concerns to the Executive Director. When a child is injured at school and requires first aid, parents are asked to sign an injury form either at pickup or on the next day the child attends (example below). In the case of a serious injury or one requiring hospitalization, EEC will be notified on the day that we are notified of the severity of the injury or that the child has been admitted to the hospital.

**EMERGENCY PROCEDURES**

Depending on the severity of the accident, we will take the following steps:

1. First Aid certified teachers will apply necessary First Aid
2. Ambulance and parents will be called. If parents cannot be reached, we will contact the child’s doctor and/or other emergency contact
3. Director and/or teacher will accompany child to the hospital, bringing the child’s file
4. Teachers will complete and ask parents to sign an accident report.

On occasion, it may be necessary for a child to be seen by a doctor, but not necessarily transported in an ambulance. If a parent is unable to pick up their child at that time, they must approve, in writing, an alternative method of transportation.

**Trip (Campus/Town Walks) Emergency Plan**

We are fortunate to have many wonderful sites in close proximity to the Center for the children to explore. We take many walks around campus and trips into town. In addition, we occasionally take trips away from the Center to such places as the Natick Community
Farm or Morse’s Pond. Annually, parents sign a permission slip for walks on campus and in town and will be notified by means of a sign in the classroom whenever we may go off-site.

Teachers take First Aid Kits and emergency numbers whenever they go away from the center. Above Emergency Procedures are followed, with the exception that teachers will call the center as soon as possible so that an additional person can go either to where the children are to help with remaining children, or to the hospital with the child’s records.

**EEC Requirements for First Aid Kit**

- Adhesive tape
- Band-aids
- Gauze pads
- Gauze roller bandage
- Thermometer (except for kits to leave the center)
- Tweezers
- Instant cold pack
- Scissors
- Disposable latex gloves

**WCCC additions**

- Mouth shield
- Purell
- Children’s Tylenol
- Plastic Bag
- Medications
- Safety Pins
- Eye Dressing
- Scarf/sling
- First Aid Guidelines
- Medication Administration Plan

**DISTRIBUTION OF MEDICATION**

All WCCC teachers receive annual training in medication administration and the recognition of common side effects and adverse reactions of various medications, as well as potential side effects of specific medications. Unused portions of medicines will be returned to parents at the end of the dosage period.

**Dispensing Prescription and non-Prescription Medication**

The first dose of any medication must be administered by parent or guardian. Parents must provide all medication. Medications must be dispensed following the directions on the original container, unless authorized in writing by the child’s licensed health care practitioner. Any medications without clear directions on the container must be administered in accordance with a written physician’s or pharmacists order. Unused, discontinued, or outdated medications will be returned to parents. No teacher will administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent. As noted above, each time a medication is administered, the teacher must document in the child’s record the name, dosage, date, time, and method of administration, and who administered the medication. For children with Individual Health plans, parents with written permission from their child’s health care practitioner may train teachers to implement their child’s plan.

**Prescription Medications**

All prescription medication must be in the original pharmacy container, labeled with the name of the child who will receive it and a current date. State regulations prohibit staff from administering any prescription medication without a medication form signed by parents, which states the type, dosage, and time at which the medication is to be given to the child. Medication forms are located in each room and must be given to a staff member after they are filled out. The teacher administering the medication signs the form and indicates dosage and time the medication was given. Medications are stored in locked containers in the classroom refrigerators (if required) or on a high shelf.

**Non-Prescription Medications**

We must have a signed physician's directive and written permission from parents before we will administer over the counter/non-prescription medication, which must be in the original manufacturer’s container. The physician's permission may not state, “as
needed.” It must be clearly dated and indicate the kind of medication, dosage, and criteria for administration. In addition, we need a signed parental statement authorizing us to follow the physician’s directive in administering non-prescription medication. We will make every attempt to contact parents before we administer non-prescription medication approved by parents and physician.

Parental authorization only is required for administering such non-prescription medications as sunscreen, various ointments, lip balm, etc. While not a medication, we also require a parental permission to apply insect repellent. During the early spring, in many classrooms, parents are asked to contribute to the cost of sunscreen or to provide the brand of sunscreen they prefer to be applied to their children.

ADDITIONAL INFORMATION about your child’s day at WCCC

Food We are increasingly aware of issues around food. Whether it is allergic reactions, attitudes toward eating, or weight concerns, we try to be thoughtful in the ways we approach providing food to children while at WCCC. We recognize that eating habits start early, and so we are careful about nutrition.

WCCC provides mid-morning and mid-afternoon snacks, which include crackers, fruit, vegetables, cereals, cheese, center baked goods, and water or juice. Parents of infants complete a checklist of foods that they have been safely introduced at home, which teachers check before providing snacks at the center. Parents of infants also must provide bottles labeled with the child’s name and date, and filled with the formula, breast milk, or whole milk their child will drink each day. All children (including infants once they begin eating solids) bring their lunch each day. In the infant rooms, all bottles and perishable food must be taken home at the end of each day. Teachers make sure that food requiring refrigeration stays cold until served. By licensing regulations, bottles may only be warmed in a container of warm tap water. Lunch containers must be labeled with the child’s name and taken home at the end of each day. Food that remains at the center (frozen breast milk, special snacks for children with allergies, non-perishable infant cereal, and other snacks provided by parents) must be labeled with the date and the child’s name. Teachers will discard food with expired dates. As part of recognizing developing independence in preschool aged children, we allow them to eat the foods you provide in their lunchbox in the order they choose.

LUNCH SUGGESTIONS

<table>
<thead>
<tr>
<th>Sandwich Variations</th>
<th>Leftovers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuna</td>
<td>Mac &amp; Cheese</td>
</tr>
<tr>
<td>Cold Cuts</td>
<td>Soup</td>
</tr>
<tr>
<td>Chicken Salad</td>
<td>Baked Beans</td>
</tr>
<tr>
<td>Grilled Cheese</td>
<td>Chicken Nuggets</td>
</tr>
<tr>
<td>*Peanut Butter &amp; Jelly</td>
<td>Meats</td>
</tr>
<tr>
<td>*Cream Cheese &amp; Jelly</td>
<td>French Fries</td>
</tr>
<tr>
<td>*Egg Salad</td>
<td>Potato Puffs</td>
</tr>
<tr>
<td>*Hummus</td>
<td>Pizza</td>
</tr>
</tbody>
</table>

Vegetables (cooked and cut)

<table>
<thead>
<tr>
<th>Vegetables</th>
<th>Fruit (fresh, canned, frozen, or dried) (cut and/or peeled)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Squash</td>
<td>Grapes</td>
</tr>
<tr>
<td>Green and Yellow Beans</td>
<td>Peaches</td>
</tr>
<tr>
<td>Peas</td>
<td>Kiwi</td>
</tr>
<tr>
<td>Carrots</td>
<td>Melon (Water, Honeydew, Cantaloupe)</td>
</tr>
<tr>
<td>Potatoes</td>
<td>Apples</td>
</tr>
<tr>
<td>Broccoli</td>
<td>Bananas</td>
</tr>
<tr>
<td>Sweet Potatoes</td>
<td>Pears</td>
</tr>
<tr>
<td>Corn</td>
<td>Apricots</td>
</tr>
<tr>
<td>Cauliflower</td>
<td>Prunes</td>
</tr>
</tbody>
</table>
Beets
Asparagus
Avocado
Cucumbers
Peppers (Red, Yellow, Green)
Tomatoes

Raisins
*Oranges, Clementines, Mandarins
*Pineapple
Strawberries, Blueberries, Raspberries

Beets
Asparagus
Avocado
Cucumbers
Peppers (Red, Yellow, Green)
Tomatoes

Breads
Waffles/Pancakes  Corn Bread  Rolls
Vegetable/Fruit Bread  Rice Cakes  Bagels
Cereal with milk  Crackers  Syrian
English Muffins  Whole Wheat

Dairy Products
*Any variety of cheese
*Yogurt

The Center provides milk at lunch. If necessary, we will supplement food brought from home. As a rule, please do not send candy, soda, gum, etc. When parents request that preschool children brush their teeth, they must provide a toothbrush and a sanitary means of storing the toothbrush. We will provide children with the opportunity to brush their teeth after lunch.

Parents of children younger than 4 years should not pack these foods: hot dogs, whole or slicked into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spooned peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. We ask that parents cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddler/two, according to each child’s chewing and swallowing capability. Hard candies are a choking hazard and should not be sent to school. Before sending nuts or peanut butter, parent should check with teachers to see if there are children with allergies in the classroom. It is recommended that peanut butter be thinned on crackers or sandwiches.

WCCC also recommends that parents check www.mypyramid.gov for nutritional standards in the preparation of children’s lunches. Our goal is to make lunch a successful and nutritious time of the day. Older infants and younger toddlers often prefer a variety of choices. Please offer at least four choices from the categories listed below.

Food and beverages over 110 degrees Fahrenheit are kept out of the reach of children.

Nap Needs
The American Academy of Pediatrics has determined that placing a baby on his or her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. WCCC follows the new Safe Sleep procedures implemented by EEC. These procedures ask that all children under 12 months of age to be placed to sleep on their back, unless otherwise specified by the child’s medical professional and sleep in a crib free of pillows, comforters, stuffed animals, and other soft, padded materials. After being placed on their backs to sleep, infants may be allowed to assume any comfortable sleep position when they can easily turn themselves over from the back position.

Every week parents of infants should provide a clean porta-crib sheet and a light blanket. Parents put the sheet on their child’s crib on the first day they attend the center each week and take it off for laundering on the last day the child attends each week. Toddlers and Preschoolers must bring a crib sheet to cover their rest mat, a blanket, and any other cuddly item they need for sleeping. We have limited storage space, so quilts, large blankets, and large pillows are unsuitable. Please remember to take home sheets and blankets for regular washing.
**Pet Policy**

WCCC does not allow pets from home inside our building. This includes cats, dogs, birds, or reptiles.

**Transportation Plan**

From time to time, the Center transports children on field trips, with signed permission from parents. Children are occasionally driven by parents in private cars or in school buses hired for the occasion and driven by licensed operators. In an emergency, the first priority is the child's safety and well-being. In an emergency that requires a child be driven to a hospital or physician, he or she will be transported by ambulance.

**Environmental Safety Policy**

All WCCC facilities and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children. WCCC prohibits smoking, firearms, and anything that might pose a significant hazardous risk to children and adults. Teacher use local weather reports to assess air quality and will limit outdoor activity as a precaution during any air pollution alerts.

**DIAPERING AND TOILETING PROCEDURES**

**Diapering**

1. Diapers are changed when soiled or wet, and/or according to the schedule for the group. Times of changes are logged in infant rooms.
2. Disposable wipes or moistened paper towels are used each time a child is changed.
3. Children’s hands must be washed after each change. Staff must wash hands thoroughly after each change, using paper towels to dry and turn off faucet.
4. Diaper area may not be used for any other purpose. The changing table paper must be thrown out after each use and the diaper area cleaned with bleach solution.
5. Clothing or cloth diapers, blankets or linen soiled by feces, urine, vomit, or blood must be placed in plastic bags and stored apart from other items.
6. Disposable diapers must be put in the container for that use (with a disposable plastic liner), and they must be removed from the program daily, or more frequently as necessary.
7. There must be a change of clothes from home and a supply of Center owned clothes. Center owned clothes will be laundered after each use.

**Toilet training**

1. Children are toilet trained in accordance with the requests of their parents and in a manner consistent with their physical and emotional abilities.
2. Children may not be punished for soiling, wetting, or not using the toilet. Children may not be coerced in toilet training.
3. Children must be supervised during toileting.
4. **Children and teachers must wash hands after toileting.** Soap and running water must be used, as well as paper towels to dry hands and turn off faucet.
5. Soiled clothing and diapers must be taken care of as described above.
6. Change of clothing must be available as described above.

**ADDITIONAL INFORMATION**

**Transportation Plan**
From time to time, the Center transports children with signed permission from parents. Children will occasionally be driven by parents in private cars or in school buses hired for the occasion and driven by licensed operators.

In an emergency, the first priority is the child's safety and well-being. In an emergency that requires a child be driven to a hospital or physician, he or she will be transported by ambulance.

**Referral Services**

WCCC retains the services of specialists who consult to the staff on educational and developmental matters. These consultants are an important resource for our program and they occasionally spend time in the classrooms in order to be able to offer support to the staff.

If a parent believes that a child needs an evaluation, the Center will refer her or him to appropriate resources in the community and/or ask the Center's consultant to observe the child and to advise both staff and parents. WCCC shall use the following procedures for referring parents to appropriate social, mental health, educational and medical services, including dental, hearing, or vision services, should the center staff feel that an assessment for such additional services would benefit the child.

Whenever any teacher is concerned about a child's development or behavior and thinks that further evaluation should be done, he/she will review concerns with both the Program and the Executive Director. If the Directors agree, the teacher will be requested to complete an observation report and review the child's record prior to scheduling a referral meeting with parents or guardians. In the event that the teacher thinks a child requires further evaluation or special services, parental permission will be sought to have our consultant observe the child. If permission is granted, the consultant will observe and make a recommendation. After the observations are complete, one of the Directors will schedule a meeting with the parents and the teacher. The parent may be provided with a written statement including the reason for the referral, a brief summary of the center's observations related to the referral, and any efforts the center may have made to accommodate the child's needs.

The Directors will offer assistance to the child's parents in making the referral. Parents are encouraged to call or request an evaluation in writing. If the child is at least 2 years 9 months of age, the Directors shall inform the parents of the availability of services and of their rights, including the right to an appeal, under Chapter 766. If the child is under the age of 2 years 9 months, the Directors shall inform the child's parents of the availability of services provided by Early Intervention Programs.

The Directors will, with written parental permission, contact the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs at the center. If it is determined that the child is not in need of services from this agency, or is ineligible to receive services, the center shall review the child's progress at the center every three months to determine if another referral is necessary. If a child is determined to have a special need, the center will, with parental consent, identify in writing any accommodations necessary to meet the need of the child including:

1. Change or modification in regular center activities
2. Size of group and appropriate staff/child ratio
3. Special equipment, materials, ramps, or aids

The Directors will maintain a list of current referral resources in the community for children in need of social, mental health, educational or medical services. The Executive and Program Directors will act as center liaison with each child with a disability. The Center will keep a written record of any referrals to medical, social, or mental health services. With parental consent, the Directors will inform the administrator of Special Education in the child's town of residence that the center is serving a child with a disability.
Behavior Management Policy

The purpose of discipline is to insure a safe and consistent setting in which children may grow as individuals, while learning to become members of a community. Rules and behavioral limits exist to promote development and are not a means of punishment. Discipline and guidance must be consistent and based on an understanding of the developmental needs of the child. We encourage the development of self-control by helping children understand the effects of their actions on others and by helping them to verbalize their feelings, as is consistent with their ages and abilities. Punishment may not be used under any circumstances. The following are explicitly prohibited:

1. Corporal punishment, including spanking
2. Humiliation or verbal abuse
3. Denial of food as punishment
4. Confining a child for an extended time
5. Force Feeding
6. Disciplining a child for soiling, wetting, or not using the toilet
7. Excessive time outs

Reporting Suspected Child Abuse and Neglect

In accordance with Massachusetts law, the teachers at WCCC fall under the mandated reporting laws that address Child Abuse and/or Neglect. These laws also address “endangerment” or “failure to provide a safe and secure environment.” Teachers are bound by law to report suspected physical or sexual abuse of a child, or conditions of endangerment/failure to provide a safe and secure environment. An example of endangerment would be a parent or guardian driving a child to or from school while under the influence of an intoxicating substance. This would be a condition of endangerment for the child, parent, and other drivers. Anyone on the WCCC staff who has reasonable cause to suspect abuse or endangerment of a child enrolled in the program is required by law to report these concerns. If there is immediate concern of possible endangerment, Campus Police will be called. It is WCCC policy to have teachers discuss concerns of abuse and neglect with the Executive Director and/or Program Director. If, after speaking with the Massachusetts Department of Children and Families (DCF), it is determined that an incident is reportable, a report will immediately be filed with the Department of Early Education and Care (EEC), and DCF.

Likewise, all staff members are required to report abuse or neglect of a child in the care of a WCCC staff member to a director immediately. The director will review the case and decide if further investigation or immediate action is needed. EEC or DCF will be consulted to determine if a formal report needs to be filed. Depending on the severity of the charge, the staff teacher may be reassigned to duties without child contact, suspended with pay pending the outcome of the investigation, or immediately dismissed. The identity of the staff member will be protected as much as possible and every effort will be made to ensure that their civil rights are not violated during the investigation. EEC shall be notified immediately after the filing of a 51A report by a staff member alleging abuse or neglect of a child while in the care of WCCC. This staff member will not work directly with children until the end of a DCF investigation and for such further time as EEC and WCCC requires. In addition, WCCC will immediately notify the EEC upon learning of a report naming an educator or person regularly on the premises as an alleged perpetrator of abuse or neglect of any child.

The staff resource file has information on child abuse. DCF reporting numbers, as well as the 24-hour hotline number is posted on the staff bulletin board outside the staff bathroom.

They are also listed below:

DEPARTMENT OF SOCIAL SERVICES (DCF)
REGION IV, AREA 150 – ARLINGTON
Between 9:00 a.m. and 5:00 p.m.
EVACUATION PLANS

Evacuation Plan -- Infant I and Infant II
1. In case of fire or another emergency, pull the nearest fire alarm. Although it is presumed that the alarm system will be activated in the case of fire or smoke, if for some reason the alarm is not operating, the firebox handle will be pulled. If the Fire Box is not accessible, the Fire Department will be called by Cell phone after all children have been evacuated.
2. At the sound of the alarm, all infants will be gathered into one of the two large-wheeled cribs located nearest the nap room door.
3. Exit through the nearest safe exterior door (Infant 1 or Infant 2). If both designated exits are obstructed, exit through corridor and out Fiske Path door.
4. Take attendance sheet and first aid kit. * Do not stop to put on hats, coats, shoes, etc.
5. When cribs are outdoors, the teachers will take attendance. Tell senior fire official immediately if anyone is missing.
6. Evacuation location is the first lamppost on Fiske Path towards Grey lot.
7. Office staff will check all children’s rooms, staff lounge, kitchen, adult and children's bathrooms, and administrative area to insure that no child is left in the center.

Evacuation Plan -- Toddlers
1. In case of fire or another emergency, pull the nearest fire alarm. Although it is presumed that the alarm system will be activated in the case of fire or smoke, if for some reason the alarm is not operating, the firebox handle will be pulled. If the Fire Box is not accessible, Fire Department will be called on Cell phone after all children have been evacuated.
2. At the sound of the alarm, instruct all children in your room to come with you outdoors using the outside door located in your room.
3. If designated door is obstructed, exit through the corridor and out the Fiske Path entrance.
5. When the children are outdoors, teachers will take attendance. Tell senior fire official immediately if anyone is missing.
6. Evacuation location is the first lamppost on Fiske Path going towards Grey Lot.
7. Office staff checks all children’s rooms, staff lounge, kitchen, adult and children’s bathrooms, and administrative areas to insure that no child is left in the center.

Evacuation Plan -- Preschoolers
1. In case of fire or another emergency, pull the nearest fire alarm. Although it is presumed that the alarm system will be activated in the case of fire or smoke, if for some reason the alarm is not operating, the firebox handle will be pulled. If the Fire Box is not accessible, Fire Department will be called on Cell phone after all children have been evacuated.
2. At the sound of the alarm, instruct all children in your room to come with you outdoors using the outside door located in your room. Exit down hill towards lower playground.
3. If designated door is obstructed, exit through the corridor and out the main entrance.
4. Take attendance sheet and first aid kit. * Do not stop to put on hats, coats, shoes, etc.
5. When the children are outdoors, teachers will take attendance. Tell senior fire official immediately if anyone is missing.
6. Evacuation location is on the lower playground along the back fence.
7. Office staff checks all children's rooms, staff lounge, kitchen, adult and children's bathrooms and administrative area to insure that no child is left in the center.

Everyone will remain outside, at the meeting spots, until the Fire Marshall signals all clear.

*Every day, Teachers are required to take attendance as children arrive and to check them out as they depart. All attendance sheets should be posted by back exit doors and should be taken outside when children will be leaving from the playground. When children take walks, teachers must take a list of these children in the event one is picked up by parents before returning to the center.

The Early Childhood Program Director is responsible for conducting evacuation drills and for maintaining the date, time, and effectiveness of each drill.

**Contingency Plans for Emergency Situations and Catastrophic Occurrences**

A catastrophic occurrence would be broadly defined as an event that necessitates the evacuation of our building for any reason, or one that requires us to shelter in place. Examples of such serious conditions are fire in the building or a nearby building, water damage, potential structural damage either inside or outside the building, the odor of gas or any other potentially hazardous odor, loss of power, loss of heat, loss of water, or any other reason that the Wellesley Fire Department or the Wellesley College Campus police determine that we should not remain in the building or that we should shelter in place. In the event of a natural disaster, Wellesley College and WCCC will be notified by the town-wide emergency management team. We will follow directions from them about sheltering in place or evacuating to the nearest safe building. Examples of WCCC's normal evacuation plans are described above; copies are also posted in each room.

**PEOPLE IN CHARGE (PIC):**

1. WCCC Executive Director
2. Early Childhood Program Director
3. Administrative Assistant
4. Infant 1 Full-time Teacher

**PROCEDURES:**

1. The Fire Box, located outside the front door, will be pulled by any of WCCC's staff in case of an emergency. Although it is presumed that the alarm system will be activated, if the alarm is not operating, the firebox handle will be pulled.

2. WCCC will follow current fire evacuation policy, which requires that classroom teachers take attendance clipboards, emergency contact information and first aid kits from WCCC to the meeting place. Teachers in the Purple Room will bring charged cell phones with them. To assure complete evacuation of the building, PIC will conduct a final check of all areas and close all doors. After teachers take attendance, PIC will check with teachers to be sure that all children are present. If a child is missing, PIC and the Fire Official should be notified and immediately begin a search. If all are present, PIC will notify senior fire marshal, if present, and will return to the building if it is safe to do so.

3. If paramedics are needed, Campus Police or the Fire Department will make the assessment and notify the police for medical assistance.
4. After assuring that all children are safely accounted for, PIC will consult with the Fire Department officials and/or emergency personnel about the following:

   a. Best evacuation destination, which would include the Child Study Center (during the hours it is not in operation), McAfee common room, Babson College (vans would need to be made available and a suitable campus room located)
   b. Possibility of and expected time for returning to the building
   c. A plan for parents to safely pick up their children
   d. If the emergency affects the WCCC building only and we must relocate to either the Child Study Center or McAfee, PIC will request that some snack food be made available if we are expected to be waiting a long period of time.
   e. WCCC will maintain some emergency supplies — a limited amount of food, water, copies of emergency contact numbers, and some age-appropriate materials for children in the case of a long wait. These are stored in the emergency evacuation kit located on the front porch.

5. If Parents need to be notified, PIC and another designated teacher will call the parents. If a computer is available, parents will be contacted by e-mail. Copies of all parents phone numbers and emergency numbers are kept on classroom attendance clipboards, at Wellesley College Police, and at the homes of both the Early Childhood Program Director and Executive Director. WCCC’s cell phones along with any other available cells phone may be used to contact parents. It is understood that outside lines would be made available on campus and that calls could be made from the telephones at the bell desk at McAfee or the Child Study Center. If there is a possibility for notification through the media, WCCC will broadcast on Channel 7 and WRKO (AM 680), as we normally do in the case of snow emergencies.

6. If there is a general campus or town-wide emergency, we will follow the instructions given by the fire department or campus police for evacuation to the safest place and then notify parents as soon as possible. If it is clear that we need to be relocated to a non-Wellesley College space, we will call Babson to see if vans can be made available for us to be transported to an open space at Babson. It is hoped that phones would be available for us to contact parents to pick up their children.

7. Teachers and the Directors will stay until all children have been picked up.

8. In all of the above, Teachers and Directors will comfort the children, give explanations according to ability to understand, and remain calm.

Parents will be notified of this plan and asked to sign a permission slip indicating that they understand the procedures and agree to have their children transported by whatever means are determined to be reasonable.

02/23/2016