Department of Early Education and Care
Family Child Care Parent Handbook

Program Name: Gonzalez's Family Childcare

Program Address: 229 Cummins Hwy Roslindale, MA 0213

Program Phone Number: 857-266-4085

Program Email: arabelis gonzalez@hotmail.com

Dear Parent,

As a licensed Family Child Care Educator, I would like to congratulate you on choosing license 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 your 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
For information about my regulatory compliance history, you may contact our local EEC regional office, whose contact information is as follows:

EEC Metro
500 Victory Rd Suit 2100
Quincy, MA 02171
617-769-8649

Enrollment/Capacity

My current licensed capacity is _6_, 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.

[ ] I am not currently utilizing an assistant.

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

Name	Certificate # (for assistants)

Program Hours / Closures (See Attachment A)

Attached to this handbook is a parent / educator agreement that outlines my 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 child(ren).

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.

My additional policies regarding caring for ill children are as follows:
__Pink eye, ringworm, lice, measles, chickenpox, hand, foot, and mouth disease, or any other contagious illness, they must stay out of the program until symptoms have been resolved for at least 24 hours or until a doctor's note clears them to return..__

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:

__Front door and the rear door_____
_____

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

I will call 911, contact the parents immediately, and notify EEC. I will continue searching around the program premises until emergency services arrive.

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:

Sacred Heart Church
169Cummings Hwy Roslindale, MA 02131
(617) 325-3322

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 notify by phone call (Cellphone)_____
_____

I will ensure that no child has been left at the program after an evacuation by:
__By conducting a headcount and checking all rooms and outdoor areas.__

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.

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:

- o Hurt the brain, kidneys, and nervous system
- o Slow down growth and development
- o Make it hard to learn
- o Damage hearing and speech
- o 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:

o Upset stomach
o Trouble eating or sleeping
o Headache
o 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:

_____No lead_____
_____
_____
_____

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.

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:

- I use positive reinforcement to encourage good behavior.
- I model respect, kindness, and patience
- I redirect negative behavior by offering appropriate choices.
- I help children express their feelings and solve conflicts peacefully.

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 repellant 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.

• 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

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•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:

I will always require a doctor's note before administering any medication to a child. This includes both prescription and non-prescription medicines, such as Tylenol or Motrin. Parents must also complete and sign a medication authorization form before any medication is given.

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.

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

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

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.

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 child(ren)!

ATTACHMENT A---PARENT / EDUCATOR AGREEMENT

Program Name:_____Gonzalez's Family Childcare_____
Name of Child(ren):_____
Program Address:_____229 Cummins Hwy Roslindale, MA 0213_____
_____

Program Hours / Closures
My normal hours of operation:
_____Monday to Friday from 7:30am to 4:30pm_____
_____

The hours your child will be receiving care are as follows:
_____
_____

If for any reason the program will be closed, I will notify you by:
_____Note, phone call, text message or email_____

Additional schedule information (holidays, training days, vacation, etc.) is as follows:
_____
_____
_____

Fee Schedule

Below are my Family Child Care rates, as well as any policies regarding late fees and termination:

A late fee of $1.00 per minute will be charged for every minute after 5:00 p.m. Late fees must be paid at the time of pickup.

Children are expected to arrive at the program no later than 9:00 a.m. If your child has a medical appointment, please notify me in advance and provide a doctor's note on the same day.

The contract may be terminated for any of the following reasons:

- Failure to make timely payments.
- Failure to provide required documentation (such as vaccination records or physical examination forms).
- Repeated behavioral issues that cannot be resolved through collaboration between the provider and parents.

By signing this, you are documenting that we are in agreement about the hours your child will receive care, and the rates you will be paying for that care. You are also stating that you understand my policies regarding late fees, termination, and any other issues documented above.

_____ _____

Parent Signature Date