

FESSENDEN Children's Center



Parent Handbook 2021-2022

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Welcome to Fessenden Children's Center

Fessenden Children's Center was established in September of 1989. Our program is developed for children three months to five years old, providing a nurturing environment and early childhood education in a private school setting. The Center is fully licensed for 54 children by the Massachusetts Department of Early Education and Care (EEC) located at 1250 Hancock Street, Suite 604, Quincy, MA, 02169, #617-472-2881. EEC may be contacted for the program's compliance history.

Our Philosophy and Goals

Fessenden Children's Center is a place where children can grow and develop in a safe, stimulating, and loving environment. Our Center incorporates a developmentally appropriate approach to teaching young children, which allows each child to grow and learn at his or her own pace. The close-knit atmosphere at the Center fosters feelings of trust among all the children and their family members.

The goals of the Center are guided by our belief that children should:

- ◆ Be safe and happy.
- ◆ Develop their self-esteem.
- ◆ Develop a sense of themselves as people worthy of love and respect.
- ◆ Develop a sense of themselves as powerful learners and achievers.
- ◆ Develop a sense of themselves as creative and imaginative people.
- ◆ Develop a sense of sensitivity to others.
- ◆ Develop a sense of self-control.
- ◆ Develop a capacity for self-expression.
- ◆ Develop respect for property, beauty, and order.
- ◆ Have relaxed and happy days.

Non-discrimination

Fessenden Children's Center is open to all employees of The Fessenden School, as well as, to the surrounding community and does not discriminate on the basis of race, color, national origin, marital status, religion, political beliefs, cultural heritage, disability, or sexual orientation.

Using the toilet is not a prerequisite for enrollment at the Center.

Enrollment & Deposits

Fessenden Children's Center requires that parents meet with the director or assistant director prior to admitting a child into the program. After this initial visit, if the parent chooses to enroll the child in the program, we will schedule an orientation day for the parent and child to come to visit so that they can meet teachers and other children. At the time of scheduling the orientation, the director will also seek any information about the child's interests and needs in order to help with the child's integration into the program. The director will also request that the parents share any information about other therapeutic, educational, or other support services received by their child in order to support transitions and coordinate services offered by outside providers.

All enrollment forms, a recent health form, and the deposit are required at the time of registration. The deposit will be applied to the child's first month's tuition. In the event that a child does not attend as planned, the deposit will not be refunded or carried over from one school year to another school year.

Deposit amounts are as follows:

New Student Deposit

- Half-Month Deposit
 - registered before June 1st, whose start date is prior to Labor Day;
 - registered after June 1st, whose start date is within 3 months;
- Full-Month Deposit
 - registered before June 1st, whose start date is after Labor Day;
 - registered after June 1st, whose start date is more than 3 months away;

Returning Student Deposit

- start date is prior to Labor Day; it is \$250.
- start date is after Labor Day but within 3 months; the equivalent of a half month's tuition.
- start date is more than 3 months away; the equivalent of a full month's tuition.

Daily Schedule* – Baby 1 Group (children 3 - 12 months)

All children are required to arrive by 8:00 AM.

7:30 - 8:00 AM Breakfast & bottle feeding / Playtime

8:45 - 9:15 AM Snack & Diaper changing

9:15 - 9:30 AM Morning naps begin

9:30 - 9:45 AM Teacher-directed activities (art, music, circle time, sensory table, etc)

9:45 - 10:30 AM Bottle feeding / diaper changing / clean-up activities / get ready to go outside

10:30 - 11:15 AM Go out for a walk or to the play yard

11:15 - 11:30 AM Diaper changes, hand washing, and prepare lunches & bottles, mid-day go home

11:30 AM - 12:15 PM Lunch & bottle feedings

12:15 - 12:45 PM Clean-up lunch / prepare for mid-day naps

12:45 - 2:15 PM Naps / playtime

2:15 - 3:00 PM Diaper changes / snack time / bottle feedings

3:00 - 4:30 PM Clean-up snack / playtime / sensory activity / go home

***Feeding, teeth brushing, naps, and diaper changes are always done on an as-needed basis. The daily schedules noted above could vary from day to day.**

Daily Schedule* – Baby 2 Group (children 12 - 20 months)

All children are required to arrive by 8:00 AM.

7:30 - 8:00 AM Breakfast & bottle feeding / Playtime

8:45 - 9:15 AM Snack & Diaper changing

9:15 - 9:30 AM Morning naps begin

9:30 - 9:45 AM Teacher-directed activities (art, music, circle time, sensory table, etc)

9:45 - 10:30 AM Bottle feeding / diaper changing / clean-up activities / get ready to go outside

10:30 - 11:15 AM Go out for a walk or to the play yard

11:15 - 11:30 AM Diaper changes, hand washing, and prepare lunches & bottles, mid-day go home

11:30 AM - 12:15 PM Lunch & bottle feedings

12:15 - 12:45 PM Clean-up lunch / prepare for mid-day naps

12:45 - 2:15 PM Naps / playtime

2:15 - 3:00 PM Diaper changes / snack time / bottle feedings

3:00 - 4:30 PM Clean-up snack / playtime / sensory activity / go home

***Feeding, teeth brushing, naps, and diaper changes are always done on an as-needed basis. The daily schedules noted above could vary from day to day.**

Daily Schedule* – Toddler 1 Group (children 15 - 30 months)

All children are required to arrive by 8:00 AM.

7:30 - 8:00 AM Arrival / Breakfast / Free play (if your child arrives at 8:00 am or after please be sure to feed him/her their breakfast at home)

8:15 - 9:00 AM Tabletop activities / Sensory table activity / Bathroom & Diapers

9:00 - 9:15 AM Snack

9:15 - 9:45 AM Circle Time / Art activity

9:45 - 10:00 AM Get ready to go outside

10:00 - 11:00 AM Outdoor Activities

11:00 - 11:30 AM Bathroom / Prepare lunch

11:30 AM - 12:00 PM Lunch time

12:00 - 12:30 PM Clean-up lunch / Diaper changing & toileting / Rest mat setup

12:30 - 2:30 PM Rest time

2:30 - 3:15 PM Bathroom / Snack / Clean-up rest mats

3:15 - 3:30 PM Clean-up snack

3:30 - 4:30 PM Go home / Free play / Outdoor time (weather permitting)

***Toileting/diapering and hand washing are done throughout the day on an as-needed basis.**

The daily schedule noted above could vary from day to day.

Daily Schedule* – Toddler 2 Group (children 2 yrs - 3.5 yrs)

All children are required to arrive by 8:00 AM.

7:30 - 8:45 AM Morning drop-off / Breakfast / Child choice time

8:45 - 9:00 AM Clean-up / Diaper changing & toileting / Hand Washing

9:00 - 9:15 AM Snack time

9:15 - 9:30 AM Morning meeting time

9:30 - 10:00 AM Prepare for gross motor activities

10:00 - 11:00 AM Outdoor time / Indoor gross motor time

11:15 - 11:30 AM Diaper changing & toileting / Hand Washing / Lunch prep

11:30 AM - 12:00 PM Lunchtime

12:00 - 12:30 PM Teeth brushing / Rest time prep / Mid-day go home

12:30 - 2:30 PM Rest time

2:30 - 3:00 PM Snack time / Diaper changing & toileting / Clean-up rest mats

3:30 - 4:30 PM Go home begins / Free Play / Outdoor time (weather permitting)

***Toileting/diapering and hand washing are done throughout the day on an as-needed basis.**

The daily schedule noted above could vary from day to day.

Daily Schedule* – Preschool Group (children 2.9 yrs - 5.10 yrs)

All children are required to arrive by 8:00 AM.

7:30 - 9:00 AM Arrival time / Child choice time

9:00 - 9:30 AM Bathroom / Wash hands / Snack

9:30 - 9:45 AM Group morning meeting

9:45 - 10:45 AM Teacher-directed activity / Child choice activity

10:45 - 11:00 AM Clean-up / Bathroom time

11:00 AM - 12:00 PM Outdoor time / Indoor gross motor time

12:00 - 12:30 PM Lunchtime / Bathroom time / Rest time prep / Quiet book time / Mid-day go home

12:30 - 12:45 PM Bathroom time / Rest mat prep

1:00 - 4:30 PM PM Care – Quiet body time / Outdoor or Indoor activities / Snack / Go home

***Toileting/diapering and hand washing are done throughout the day on an as-needed basis.**

The daily schedule noted above could vary from day to day.

Child Guidance Policy

The Children's Center teachers strongly believe that clear communication is paramount in providing a safe and stimulating environment for children. The teachers provide positive reinforcement to children in a clear, direct, and consistent manner, making it easier for the children to understand classroom expectations. We realize occurrences are going to happen where the children exhibit undesirable behavior. To help them problem-solve these occurrences the teachers will first, validate the child's feelings then explain why the behavior is inappropriate. Teachers should always keep in mind the developmental level of the child when responding to a situation. Distraction, redirection, or removal from an area may help the child to regain a sense of control over his or her behavior.

Child guidance also includes:

1. Encouraging self-control and using positive child guidance techniques such as positive expectations, setting clear and consistent limits, and redirecting.
2. Helping children learn social, communication, and emotional self-regulation skills that they can use in place of challenging behaviors.
3. Using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to encourage appropriate behavior and prevent challenging behaviors.
4. Intervening quickly when children are physically aggressive with one another and helping them develop more positive strategies for resolving conflict.
5. Explaining rules, procedures and the reasons for them to the children, and where appropriate and feasible, allowing children to participate in the establishment of program rules, policies, and procedures.
6. Discussing behavior management techniques among teachers to promote consistency.
7. Teachers must have a method of communicating effectively with each child.

Specific prohibitions:

1. Corporal punishment, including any type of physical hitting, inflicted in any manner upon the body, shaking, threats, or derogatory remarks; shall not be used.
2. No child shall be subject to confinement in a swing, high chair, crib, playpen/pack n play, or any other piece of equipment for an extended period of time in lieu of supervision.
3. No child shall be denied outdoor time, meals and snacks; force-feeding children or otherwise making them eat against their will, or in any way using food as a consequence.
4. No child shall be punished for soiling, wetting, or not using the toilet.
5. No child shall be subject to excessive time-out. Time-out may not exceed one minute for each year of the child's age and must take place within an educator's view.

Transition Policy

At times, a child's chronological age does not necessarily determine their group placement within the Center. In the event that a child is being considered for a group change or a program change the following process will be implemented:

Plan for transitioning a child from one group within the Center to another group within the Center:

1. The teachers from both groups will meet with the director to discuss a group change for the child; collaborating and sharing information that supports the decision for a group change and to develop a plan for assisting the child with the transition in a manner consistent with the child's ability to understand.
2. The director will contact the child's parents to let them know of the change being considered and to set up a meeting with them to discuss the matter further.
3. At the parent meeting, the teachers will provide progress reports, and teacher observations that support their recommendation for a group change and will ask for parental consent.
4. Once parental consent is received; the teachers will begin the transition process.

Transportation Policy

Fessenden Children's Center does not provide transportation of any kind to and/or from the Center. For liability reasons, we do not allow our teachers to transport children in their personal vehicles to and/or from the Center or during their workday.

Please use the "reserved for children's center drop-off and pick-up" parking spaces or another available non-residential parking space when dropping off and/or picking up your child. **Do not leave your car parked and running in the parking lot for any reason.**

All children enrolled at the Center are required to have written parental consent for their child's individual transportation plan.

In the event of a medical emergency, 911 will be called and the ill or injured child will be transported by way of an ambulance (parental consent found in the child's file).

As part of our program, we occasionally organize field trips to allow the children to experience new environments and visit new places outside the center. Fessenden Children's Center contracts 3rd Party transportation services for field trips which are provided by Local Motion.

Arrival Policy

The Center opens each day at the following times:

7:15 AM for Fessenden faculty

7:30 AM for community families

For staffing purposes, it is important that all children arrive at the time stated on their contracts. Parents are responsible for escorting their child into the building and letting the teachers know that their child has arrived. Whenever possible, please make appointments for your child in the afternoon so that their morning activities are not interrupted. **Early drop-off and/or a late pick-up must have prior approval from the director.**

Departure Policy

The Center closes at 4:30 PM each day. For staffing purposes, it is important that all children be picked up by the time stated on their contract. Parents should notify the director if they are going to be late. In the event of chronic tardiness by a parent, the director will request that the parent revise their child's contract. Also, if anyone other than the persons noted on the authorized pick-up list come to pick-up your child, a signed note (written legibly including the pick-up person's full name and phone number) should be given to the teachers upon the child's arrival that day. In addition to the note, at pick-up, the teachers will ask to see a photo ID.

Late Pick-up Policy

Chronic late pick-ups after 4:45 PM will result in a childcare surcharge of \$2.00 per minute (unless authorized by the director and is due to a family emergency). The Fessenden School business office will bill these labeled as "Late Fee" on your monthly invoice.

Clothing Policy

- ◆ Children should be dressed comfortably, simply and suitably for the weather. We engage in messy activities that may cause children's clothing to get dirty despite wearing smocks. We do not want to inhibit the children unnecessarily, so we ask that you send them in comfortable play clothes so that they can participate without hesitation.
- ◆ Remember that the children will be playing OUTDOORS so be sure their clothing is durable and footwear is sturdy. Dress in layers on cold days! **Please do not send your child in long dresses, drawstring clothing of any kind, loose-fitting jewelry, or loose-fitting footwear such as flip**

flops, crocs, party shoes or loose-fitting sneakers or shoes; these clothing items are not safe for daily activities and could be hazardous to your child's safety.

- ◆ An extra set of clothing (WELL LABELED) including shoes, socks, pants, shirt, and underwear (if applicable) must be left at the Children's Center in case of accidents.

Home Toys

We have a wide variety of toys and materials, as well as many opportunities built into our curriculum for the children to have the opportunity to share at the Center. For these reasons children's toys should stay at home or in your car. **Comfort items used at rest time are the only exception.**

Snacks

We provide a mid-morning and a mid-afternoon snack daily. The children participate in preparing the snacks whenever possible.

Lunches

Parents are responsible for providing their child's lunch. **The Children's Center is a peanut and tree nut free Center.** Peanut butter and other nut butters can be substituted with soy butter or seed spreads such as sun butter or WOW butter. We ask that all foods be prepared in child-size portions; already cut, sliced, and peeled and stored in labeled, unbreakable containers for safe and easy eating. We ask that parents use ice packs inside their child's lunchbox to keep the food from spoiling. In our effort to adhere to EEC regulations pertaining to nutrition, we ask that you send a well-balanced meal for your child(ren).

A well-balanced lunch should consist of the following:

- Protein source: meat, poultry, fish, eggs, cooked beans, cheese, tofu, seed spreads.
- 2 vegetables or 2 fruits or 1 vegetable & 1 fruit.
- Grain: whole-grain cereal, whole-grain bread, whole-grain crackers, unprocessed whole-grain rice, or unprocessed whole-grain pasta.
- Dairy product

American Academy of Pediatrics guidelines are as follows for children 0 - 24 months old:

Typical Portion Sizes and Daily Servings for Children 0-24 months^{1,2}












Age (months)	Food Group	Foods Options (Portion Size)	Servings Per Day	Not Recommended
0-6 months¹ 0 6	Milk	Breast milk (preferred) or iron-fortified formula should be your baby's sole source of nutrition for the first six months of life. ² Work with your pediatrician to track feeding patterns to ensure she is eating enough for growth.		Food or beverage other than breast milk or formula
6-8 months 6 8	Milk	Breast milk (preferred) or iron-fortified formula should be a major source of nutrition during this period of your baby's life. ² Work with your pediatrician to track feeding patterns to ensure she is eating enough for growth.		Cow's milk or milk alternative, sports, energy or soft drinks
	Grain	Iron-fortified infant cereal (2-4 Tbsp.) Crackers (2) or bread (½ slice)	2 servings 1 serving	Popcorn, wheat cereals or other grains
	Fruit or Vegetables	Strained fruit or vegetables (2-3 Tbsp.) 100% fruit juice (0-3 oz.)	1-2 servings 1 serving	Raisins, whole grapes, dried, hard, raw fruits (e.g., apples) Dried, hard, raw vegetables (e.g., green beans)
	Meat	Strained meat (1-2 Tbsp.) Beans (1-2 Tbsp.)	1-2 servings	Uncut stringy meats, hot dog pieces or peanuts/peanut butter
8-12 months 8 12	Milk	Breast milk (preferred) or iron-fortified formula should be a major source of nutrition during this period of your baby's life. ² Work with your pediatrician to track feeding patterns to ensure she is eating enough for growth. Yogurt (½ c.)	1 serving	Cow's milk or milk alternative, sports, energy or soft drinks, tea, lemonade, caffeinated beverages
	Grain	Iron-fortified infant cereal (2-4 Tbsp.), bread (½ slice), crackers (2) or pasta (2-4 Tbsp.)	2 servings	Popcorn or foods with more than 6g of sugar/serving, baked goods
	Fruit or Vegetables	Strained, mashed/finely cut (3-4 Tbsp.) 100% fruit juice (3 oz.)	2-3 servings 1 serving	Raisins, whole grapes, dried, hard, raw fruits or vegetables (e.g., apples, green beans)
	Meat	Soft, pureed, ground or finely chopped meat (3-4 Tbsp.) or beans (¼ c.)	2 servings	Uncut stringy meats, hot dog pieces or peanuts/peanut butter
12-24 months 12 24	Milk	Whole plain milk ² (½ c.), cheese (½ oz.) or yogurt (½ c.)	6 servings	Non-fat and sweetened flavored milk
	Grain	Bread (¼-½ slice), bagel/bun (¼-½), ready-to-eat cereal (½-½ c.), cooked cereal (¼-½ c.), or rice/pasta (¼-½ c.)	6 servings	Fried pastries and cereal mixes
	Fruit	Whole fruit (½ small), cooked, canned (in own juice) or chopped (¼-½ c.), or berries (½-½ c.) 100% fruit juice (¼-½ c.)	2-3 servings	Difficult to chew whole fresh fruits, especially those with peels; dried fruits
	Vegetables	Cooked, canned or fresh chopped (¼-½ c.) 100% vegetable juice (¼-½ c.)	2-3 servings	Difficult to chew fresh vegetables, especially those with peels
	Meat	Beef, pork, poultry or fish (1-3 Tbsp.), beans or chopped nuts (2-4 Tbsp.), or egg (1 small)	2 servings	Undercooked meat served in chunks larger than ¼-inch pieces; whole nuts

¹Consult your pediatrician for specific questions on feeding your child (timing, amounts, etc.).

²After 24 months: low-fat milk (1%) can be considered if growth and weight appropriate.



USDA Nutritional guidelines are as follows for children 2 - 5 years old:

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits 	1 cup	1 - 1½ cups	1 - 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ½ cup 100% fruit juice ½ medium banana 4-5 large strawberries 
Vegetables 	1 cup	1½ cups	1½ - 2 cups	½ cup of veggies? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn 
Grains Make half your grains whole 	3 ounces	4 - 5 ounces	4 - 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked rice or pasta 1 tortilla (6" across)  
Protein Foods 	2 ounces	3 - 4 ounces	3 - 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry, or seafood 1 egg 1 Tablespoon peanut butter ¼ cup cooked beans or peas (kidney, pinto, lentils) 
Dairy Choose low-fat or fat-free 	2 cups	2 cups	2½ cups	½ cup of dairy? ½ cup milk 4 ounces yogurt ¾ ounce cheese 1 string cheese 

Oral Health Policy

Educators will offer toothbrushing to all students in care for four hours or more unless otherwise instructed by parents in writing. For sanitation purposes, we do not store toothbrushes overnight at the Center. Parents provide their child with a toothbrush which is brought in daily. All toothbrushes must be replaced every 3 months, as well as, after an illness.

Napping and Quiet Body Time Policy

We provide a quiet rest or naptime for all children that attend the Center six or more hours per day. We try to accommodate each child's sleep needs.

A quiet activity in an area of the classroom with adequate lighting and supervision is provided for children who do not sleep.

To prevent sudden infant death syndrome (SIDS), all infants ages 12 months and younger are placed on their backs for sleeping, unless the child's health care professional orders otherwise in writing. Always remember..."Back to Sleep and Tummy to Play".

Diapering and Toileting Policy

Toilet use is not a prerequisite for enrollment at the Center regardless of age. All children will begin using the toilet in accordance with their physical, emotional, and developmental abilities.

- All diapering areas in the Center are separate from food prep. and food service areas. Teachers always wear sterile exam gloves whenever diapering a child, assisting a child with toileting, or changing a child's soiled clothes.
- All teachers will prepare the diaper changing area prior to each diaper change; this includes placing a child's diapering container on the diaper changing table and covering the diaper changing surface with disposable exam table paper.
- The teacher will gently lay the child down on the diaper changing surface; always keeping one hand on the child at all times.
- All diapering and toileting surfaces are cleaned with a bleach and water solution after every use.
- All teachers and children will wash hands with soap and water after diapering and toileting.
- All disposable soiled diapers are placed in a covered diaper barrel. Non-disposable diapers are placed in a covered diaper barrel (provided by the parents of the child).
- All soiled clothes are placed in a plastic bag and put in the child's backpack. All children are required to have at least one complete change of clothes at the Center at all times. In the event that a child does not have a change of clothing at the Center; the Center will provide the child with the appropriate article(s) of clothing from its extra clothing supply.

During the toilet learning process we work cooperatively with parents to help their child(ren) achieve their toileting goals. Once a child is consistently using the toilet at home with only an occasional accident, parents should contact the classroom teachers to set-up a time to discuss continuing the toilet learning at school. Toilet learning can be an emotional process for a child to go through and for this reason, we will take the child's lead. Staff will use positive words of encouragement, praise, and lots of patience. In the event that a child has multiple accidents which have a significant impact on the teachers' ability to uphold classroom sanitation regulations, we will require that the child continue to wear diapers or pull-ups to the Center until the director and classroom teachers are confident that the child feels comfortable and displays a willingness to use the toilet.

Children's Health Records

All children are required to have a physical exam form (health form) with all immunizations up-to-date at the time of enrollment. Documentation of immunizations shall be kept up-to-date and new health forms are required every three months up to twelve months of age and annually thereafter.

Childhood lead screenings must be done on all children between the ages of nine and 12 months and annually thereafter at the ages of two and three. Children must also be screened at age four if they live in a community deemed high risk for lead poisoning. Documentation of this should be listed on your child's health form stating the date of the last screening and the result. Additionally, the varicella vaccine (chickenpox) is required at the age of one and should also be documented on your child's health form.

If for any reason parents object to having their child being immunized or screened for lead they must submit to the Center (along with the updated health form) a signed letter from their child's pediatrician stating the reasons for their objections to having their child immunized.

Illness Policy

Please email the director in the morning if your child will be absent. If your child begins to display signs of illness while at the Center, we will call you to bring them home and recommend that you consult with their doctor.

The following criteria will be considered in determining if your child must go home:

- Fever of 100.4 degrees or higher
- Inflammation, oozing, and redness of the eyes

- One incident of vomiting
- Two or more incidents of diarrhea back to back
- Communicable disease, such as excessive/continuous coughing; continuous green, oozing & runny nose; evidence of mouth or throat pain
- Unknown or undiagnosed rash or skin irritation
- Highly irritable behavior, due to mild illness, which causes an inability to participate in the daily activities
- Highly lethargic, due to mild illness, which causes an inability to participate in all of the daily activities

*For a more in-depth description, please refer to our [“Policy Concerning Illness”](#)

Please do not send your child to the Center sick. If your child is sent home sick, for any reason, they will not be able to return for at least 24 hours.

He/she must be fever free, diarrhea free, and vomit free for 24 hours before returning to the Center no matter what the cause.

A doctor's note may be required, in some instances, in order to allow a child to return to the Center after 24 hours.

You will be informed verbally or in writing by the lead teacher or the director of the outbreak of any contagious illness or disease. We also ask that you notify the director of any contagious disease or illness that your child has been exposed to outside of school.

PLAN FOR ADMINISTRATION OF MEDICATION

The Center requests that whenever possible parents plan their child's medication dosage schedule so that medications will be given before and/or after childcare. However, in the event that this is not possible the following applies:

Prescription Medication:

Prescription medication must be brought to school 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, and by what route. The prescription label will be accepted as the written authorization of the physician.

The Center will not administer any medication contrary to the directions on the label unless so authorized by the written order of the child's physician.

The parent must fill out the Authorization For Medication Form before the medication can be administered. Teachers will document each time a child receives a dose of the medication when at the Center.

Non-prescription Medication:

Non-prescription medication will be given only with the written consent of the parent and child's healthcare provider. The Center will accept a signed statement from the healthcare provider listing the child's name, the name of the medication, the dosage and the criteria for its administration, the number of times per day and the number of days the medication is to be administered, and by what route. The statement will be valid for one year from the date it was signed.

The parent must fill out the Authorization For Medication Form, which allows the Center to administer the non-prescription medication in accordance with the written order of the healthcare provider. The statement will be valid for one year from the date it was signed.

The Center 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, and bug spray, etc. 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 medications.

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

All Medications:

1. The parent must administer the 1st dose at home in case of an allergic reaction.
2. All medications must be given to the teacher directly by the parent.
3. All medications will be stored out of the reach of children (in the cabinet that houses the first-aid kit or on the refrigerator door shelf if refrigeration is necessary). All medications that are considered controlled substances must be locked and kept out of reach of children.
4. The teachers are responsible for the administration of medication. In his/her absence, the program director or the assistant director will be responsible.
5. The Center will maintain a written record of the administration of any medication (excluding topical ointments and sprays indicated in the below table), which will include the child's name, the time and date of each administration, the dosage, the route, and the name of the staff person administering the medication. This completed record will become part of the child's file.
6. All unused medication will be returned to the parent.

Individual Health Care Plan Policy

The Center must maintain as part of a child's record, an individual healthcare plan for each child with a chronic medical condition, which has been diagnosed by a licensed healthcare practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered.

The lead teachers may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and physician's authorization.

Notwithstanding the provisions of 606 CMR 7.11(1)(b)2, above, the teacher must have successfully completed training, given by the child's physician, or the center's healthcare consultant, that specifically addresses the child's medical condition, medication, and other treatment needs.

In addition to the requirements for the routine, scheduled administration of medication or treatment set forth in section (3)(a), above, any unanticipated administration of medication or unanticipated treatment for a non-life-threatening condition requires that the lead teachers 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.

The teacher must document all medication or treatment administration, whether scheduled or unanticipated, in the child's medication and treatment log.

The written parental consent and physician's authorization shall be valid for one year unless withdrawn sooner. Such consent and authorization must be renewed annually for the administration of medication and/or treatment to continue.

Emergency, Illness, or Injury Procedures

At the Center:

In the event of an emergency, illness or injury an administrator will call to inform the parent of the incident. Any situation that requires emergency room attention, a staff member will accompany the child in an ambulance to the hospital, and the parents will be instructed to meet them there. The child's health information will accompany them.

If Parents cannot be reached:

When parents cannot be reached, emergency contacts will be called as a further attempt to reach parents. A designated staff member will continue to try and reach parents and/or emergency contacts until someone is contacted.

When on a Field Trip/Walks off Campus:

If an accident or acute illness occurs while on a field trip/walk off-campus, the lead teacher will take charge of the emergency, assess the situation, and give first aid as needed. Based on the severity of the emergency or illness, the lead teacher will determine the mode of transportation for the child to receive medical treatment.

The program director, assistant director, or other designated adult, will be contacted by the lead teacher as soon as possible and inform them of the nature and extent of the injury and the proposed plan of action.

As a preventive measure, prior to departure from the Center, the program director and/or lead teacher will determine appropriate guidelines to be followed during the field trip/walk off-campus to ensure continuity and safety of the children including:

1. All groups are issued a travel backpack containing first-aid supplies and current family contact information. Teachers are required to bring the travel backpack whenever their group goes on a field trip, walks on or off campus, or while in the Center's play yard.
2. Emergency information, including contacts and telephone numbers, will be kept in all travel first-aid bags at all times.
3. In the event of an emergency at least one teacher per group should have a cell phone on their person. Prior to leaving the Center, someone will be designated as the person to call 911 in an emergency.

Holiday Schedule

All holidays that fall during your child's weekly schedule are included in your monthly tuition fees.

Labor Day

Indigenous People's Day

Thanksgiving Break (3 Days)

Winter Holiday Break (4 days)

Martin Luther King, Jr. Day

President's Day

Patriot's Day

Memorial Day

Juneteenth

Independence Day observed

Summer Vacation Break & Teacher Planning Week

Vacations

Fessenden Children's Center is closed for vacation and renovations for two weeks in August each year. This is the only time during the year that the Center is closed with the exception of the holidays listed above. The Center reopens the week before Labor Day weekend each year.

Snow Day Policy

During the snowy season, the Center will be closed if The Fessenden School is closed.

In the event that Fessenden School is already closed due to a vacation break, the Center will follow Newton Public Schools and will be closed if the Newton Public Schools are closed.

In the unlikely event that both Fessenden School and Newton Public Schools are closed, the director or assistant director will make the decision. Listen and watch for school closings on the local AM news programs: WBZ (AM 1030), WHDH (AM 850), WEEI (AM 590) and TV stations 4, 5, & 7 or check The Fessenden School website at www.fessenden.org. **If you have any questions as to whether the Center is open please call, text, or email the director or assistant director:**

Valda Gabriel
Director
857-423-4004
vgabriel@fessenden.org

Scott LaRosee
Assistant Director
617-458-6357
slarosee@fessenden.org

Fee Schedule

The Fessenden School business office will bill parents on a monthly basis. There is an Extended Hour rate of \$20/hour for any additional hours that are not included in your child's regular contracted schedule. We do our best to accommodate schedule changes both during the school year and from school year to school year providing the request is submitted to the director 30 days prior to the 1st day of the previous month. Requests for additional days both during the school year, as well as, from one school year to the next school year will be accommodated providing there is availability.

For current tuition rates please visit our website at:

<https://fessendenchildrenscenter.org/family-childrens-center/resources/>

The following tuition discounts apply:

Fessenden Employee Discount:

20% monthly tuition discount for full-time employees. Part-time employees will receive a prorated employee discount.

Sibling Discount:

10% monthly tuition discount off of the lower-priced tuition(s).

Vacation Breaks -

20% discount off the monthly tuition for each week that your child does not attend.

Withdrawal from the Center

If you are going to withdraw from the Center for any reason (moving, job change, financial difficulty, serious illness, etc.) **30 days written notice is required.**

Parent Visits

Fessenden Children's Center has an open door policy for parents to visit when their child is in attendance.

Parent Input

If any parent has a suggestion or concern please contact the director as soon as possible. In the event that the parent's suggestions are not adopted; the director will provide a written explanation.

Parent Participation

Fessenden Children's Center are encouraged to volunteer in the Center in a variety of ways; chaperone field trips, share special talents (e.g. cooking, art, music, or storytime), organize special events.

Parent Conferences/Meetings

Parent conferences/meetings are offered in conjunction with their child receiving an updated progress report, or upon parent request. Fessenden Children's Center encourages parents to make use of these opportunities to discuss their child with the classroom teachers.

Progress Reports

Fessenden Children's Center prepares written progress reports periodically on the progress of each child in the program. The progress report will be based on observations and documentation of the child's progress in a range of activities over time and, when applicable, will include samples of the child's work. The center will provide a copy of each report to the parents, and at the parent's request, set-up a time to meet to discuss their child's progress.

Frequency:

- a. Infants and children with disabilities, a written progress report of the child's development will be prepared every three (3) months, and a copy provided to the parents.
- b. Toddlers and preschoolers a written progress report of the child's development will be prepared every six (6) months, and a copy provided to the parents.
- c. The center shall bring any significant developmental concerns, particularly as they regard infants, to the parent's attention as soon as they arise.

Contents:

- a. The progress report will address the development and growth of the child including but not limited to the developmental domains of Cognitive, Social/Emotional, Language, Fine and Gross Motor and Life Skills.
- b. All teachers, specialists and consultants (with parental consent) working with the child in the program will be offered an opportunity to contribute to the progress report.

Referral Meetings

The director will schedule a meeting with parents to notify them of the Center's concern and will prepare a current list of possible resources. At the meeting, the director will provide to the parents a written statement including the reason for recommending a referral for additional services, a brief summary of the observations teachers have made of the child and any efforts the Center may have made to accommodate the child's needs.

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

If a child is under the age of three (3), the director shall inform the child's parents of the availability of services provided by Early Intervention Programs.

If the child is at least 3 years of age or older, the director shall inform the child's parents of the availability of services (offered through their local public school) and their rights, including the right to appeal, under Chapter 766.

Referral Services

We use the following procedures for referring parents to appropriate social, mental health, educational and medical services, not limited to vision, hearing, and dental services, for their child, should staff members feel that an assessment for such additional services would be beneficial.

Whenever any teacher is concerned about a child's development or behavior and feels that further evaluation is warranted, he/she should report it to the director and/or assistant director. If the director agrees, the teacher is requested to complete an observation report and review the child's record prior to making a referral.

Follow-up to the Referral

The director or teachers will, with parental permission, confer with the agency or service provider to inquire how they can best meet the child's needs at the Center. If it is determined that the child does not meet the criteria for services, the classroom teachers will be advised to continue the observation process in order to document the child's progress.

Record of Referrals

The director will maintain a written record of any referrals, including the parent conference and results.

Avoidance of Suspension and Termination/Suspension and Termination Policy

Fessenden Children's Center will take the following steps to avoid the suspension and termination of a child from the Center due to challenging behavior. The procedures to avoid suspension and termination include:

1. Providing an opportunity to meet with parents to discuss options other than suspension and termination.
2. Offering referrals to parents for evaluation, diagnostic or therapeutic services.
3. Pursuing options for supportive services to the program, including consultation and educator training.
4. Developing a plan for behavioral intervention at home and in the program.

Suspension

A parent may be called at any time their child exhibits behavior that may be harmful to themselves or others. Only after every attempt has been made to correct the behavior, will a parent be asked to take the child home immediately. In addition, a suspension of 24 hours or longer may be implemented. A letter will be given to the parents at the time of suspension with written documentation of the specific reasons for the suspension. A child may return to the Center after a meeting with the parents has taken place to discuss and implement a plan for intervention to remedy the behavior.

Termination

A child may be asked to leave the program for a variety of reasons including, but not limited to; safety for him/herself, safety of others, chronic disruptive behavior, physical and/or verbal abuse of educators or children by a parent or a child, not observing the rules of the program, non-payment or excessive late payments of fees.

Fessenden Children's Center's procedures for terminating a child from the program are as follows:

1. Parents will be notified in writing and at a face-to-face meeting of the reasons for termination. A copy of this letter will be kept in the child's file.

2. The director will inform parents of the availability of information and referral for other services through a selection of local childcare agencies per the Center's Childcare and Family Resource Directory.
3. When any child is terminated from the Center, whether initiated by the Center or by the parents, the teachers will prepare the child for termination from the center in a manner that is consistent for the child to understand.

Procedures for Reporting Suspected Child Abuse or Neglect to the Department of Children and Families (DCF)

Based on the Federal and state guidelines, abuse is defined as: harm or threatened harm to a child's health or well being including non-accidental physical or emotional injury or sexual abuse.

Note: Sexual abuse of a child is child abuse and is against the law. Suspected sexual abuse must also be reported. Neglect is defined as deliberate or negligent failure to provide a child with adequate food, clothing or shelter, supervision, medical or other essential care. ***All teachers are considered mandated reporters of suspected child abuse and neglect.***

If a report involves a member of the staff, who themselves have been involved in an incident, a written report must be made as soon as possible, but no more than four hours after the incident. Should someone hear of an incident involving someone else on staff, this must be reported within 24 hours. All reports should be made to the director. The director will develop and maintain written procedures for addressing any suspected incident of child abuse or neglect, which includes but is not limited to ensuring that allegedly abusive or neglectful staff member does not work directly with the children until the Department of Children and Families investigation is completed and for such further time as EEC requires.

Annual training is provided to the staff on identifying signs of possible abuse and neglect and how to document observations. The director is responsible for assuring that all teachers are aware of child abuse and reporting issues.

As educators we are mandated by law to make a report, however, it is not up to us to decide whether or not abuse or neglect is actually taking place. That responsibility lies with the Department of Children and Families (DCF).

To report any injuries, concerns/suspicions of child abuse or neglect call #(781) 641-8500.

Incident Reporting to the Department of Children and Families (DCF) and to the Department of Early Education and Care (EEC)

All professionals responsible for the care of children are required by Massachusetts Law (Chapter 119, Section 51A) to report to the State's Department of Children and Families (DCF) and to the Department of Early Education and Care (EEC) situations where they have reasonable cause to believe that a child is being abused or neglected. The responsibility rests both on individuals and on the Center. The following procedure is established to assure that reports are made in a timely and effective fashion, and that information about students and their families is treated in a way which is respectful of their privacy. The intention of this policy is to assure that all of the Fessenden Children's Center's children are given the best possible protection from abuse and neglect. It is drafted with a view to ensuring child abuse and neglect reporting if a staff person should learn of an incident that requires it. If a report involves a member of the staff, who themselves have been involved in an incident, a written report must be made as soon as possible, but no more than four hours after the incident. Should someone hear of an incident involving someone else on staff, this must be reported within 24 hours. All reports should be made to the director. The director will develop and maintain written procedures for addressing any suspected incident of child abuse or neglect, which includes but is not limited to ensuring that allegedly

abusive or neglectful staff member does not work directly with the children until the Department of Children and Families investigation is completed and for such further time as EEC requires.

Oftentimes, the most difficult task of any caregiver involved in its process is the identification of conduct, which constitutes child abuse and neglect that must be reported. Although it is impossible to list every act or omission, which constitutes such conduct, Massachusetts laws and regulations provide some helpful guidelines. The statute covers a child under the age of 18 years who is suffering serious physical or emotional injury resulting from abuse inflicted upon him/her, including sexual abuse, or from neglect, including malnutrition.

Abuse- as defined in the regulations means the non-accidental commission of any act upon a child, which causes, or creates a substantial risk of, or serious emotional injury or constitutes a sexual offense under the laws of Massachusetts.

Serious Emotional Injury- Is defined as an impairment of or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

Serious Physical Injury- Includes the obvious: death, fracture, hematoma, burns, impairment of any organ, and any other "non-trivial" injury, tissue swelling or skin bruising resulting from the incident which occurred, and also, a very broad category defined as a child's failure to thrive.

Neglect- As defined in the regulations means the failure by a caretaker, either deliberately or through negligence or inability, to those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources.

Reporting Responsibility and Timing of the Report

If a report involves a member of the staff, who themselves have been involved in an incident, a written report must be made as soon as possible, but no more than four hours after the incident. Similarly, if a staff member witnesses an incident, it must also be reported, in writing, within that same time requirement. If a child or a child's parent or guardian should make a report to a member of the staff, this must be reported, in writing, on the same day or within 12 hours. Should someone hear of an incident involving someone else on staff, this must be reported within 24 hours. All reports should be made to the director. The director will develop and maintain written procedures for addressing any suspected incident of child abuse or neglect, which includes, but is not limited to, ensuring that allegedly abusive or neglectful staff member does not work directly with the children until the Department of Children and Families investigation is completed and for such further time as EEC requires.

If the director is absent from the Center, the report shall be made to the director's designee, Scott LaRosee. The person receiving the report will inform the executive director, Michael Grossman, immediately but no later than 24 hours of receipt.

Contents of the Report

All reports should give the name or names of the children involved, the time, date, and location of the incident, and a detailed description of the incident including its beginning and its end. Both child and adult witnesses should be listed and the report should be signed legibly by the reporter. On report, the receiving Center authority should note the time at which verbal notification of the incident was received (person, time, date) and the written notification was received (person, time, date).

Response to the Incident

The Center's response will be guided by the following principles:

- To protect and support the child
- To allay the child's distress
- To protect confidential information regarding the child and his or her family
- To assure that all students are protected and safe from possible danger or harm

In order to accomplish this, the director or designee will immediately arrange to interview the child and/or to have the child seen in consultation by a specialist knowledgeable about victimization issues and children's responses. The child may be accompanied by an adult of his/her choosing. Priority will be given to listening to the child and responding sympathetically and helpfully to his or her distress. An appropriate liaison will be undertaken with the child's family. It is expected as a matter of course that this process will involve a mental health consultant or physician, and it may involve members of the Center's Administrative Counsel and Attorney. Interviews will be conducted in such a way as to assure that confidential information will be protected.

When a staff person learns of a situation of possible abuse or neglect, they should consult immediately with the director or her designee on the incident. Appropriate action should be taken to protect a child and to respond to the child's distress. The staff person will discuss the situation with the director or her designee, and the responsibility to make a case report will be reviewed immediately with the Center's physician or mental health consultant, and if appropriate, with the child's family (in the event the abuse or neglect appears to come from a family member, an approach to protecting the child will be defined and the family will be promptly notified on the Center's obligation to report). Where appropriate, the Center's attorney and the consultant on the care and protection of children will also be involved in these decisions. Scrupulous efforts will be made to protect the confidential nature of the information about the child and their family.

If after the consultations described above, the director determines on behalf of the Center that a case report should be made, the director will make the report to DCF and EEC by immediate phone call, to be followed within 24 hours by a written "51A " report. Despite the guidelines and definitions and the DCF regulations, frequently it is not clear whether conduct reaches a level of reportable abuse and neglect. In the event of disagreement between a staff member and the Center's administration, any party who believes that the incident rises to the threshold for making a case report must make the report. It is emphasized that this responsibility applies both to individuals and to the institution.

Parental Rights: State Regulations**Confidentiality and Distribution of Records**

Information contained in a child's record shall be privileged and confidential. The Center shall not distribute or release information in a child's record to anyone not directly related to implementing the program plan for the child without written consent of the child's parent(s). The center shall notify the parent(s) if a child's record is subpoenaed.

The child's parent(s) shall, upon request, have access to their child's records at reasonable times. In no event shall such access be delayed more than two (2) business days after the initial request without the consent of the child's parent(s). Upon such a request for access the child's entire record regardless

of the physical location of its parts, shall be made available. The center shall establish procedures governing access to, duplication of, and dissemination of such information; and shall maintain a permanent, written log in each child's file indicating any persons to whom information contained in a child's record has been released. Each person disseminating or releasing information contained in the record, in whole or in part, shall upon each instance enter into the log the following; staff member's name, signature, position, the date, the portions of the record that were disseminated or released, purpose of such dissemination or release, and the signature of the person to whom the information is disseminated or released. Such log shall be available only to the child's parent(s) and the center personnel responsible for maintenance.

Charge for Copies

Fessenden Children's Center does not charge for one (1) copy of a child's record but charges are applicable for additional copies of a child's record.

Amending a Child's Record

- A) A child's parent(s) shall have the right to add information, comments, or data or any other relevant materials to a child's record.
- B) A child's parent(s) shall have the right to request deletion or amendment of any information contained in a child's record. Such a request shall be made in accordance with the procedures described below:
 - 1) If such parent(s) is of the opinion that adding information is not sufficient to explain, clarify or correct objectionable material in the child's record, they shall have the right to a conference, they shall have the right to a conference with the teachers to make their objections known.
 - 2) The Center shall, within one week after the conference, render to such parent(s) a decision in writing stating the reason for the decision. If the center's decision is in favor of the parent, it shall immediately take steps as may be necessary to put the decision into effect.

Transfer of Records

Upon written request of the parent(s), the center shall transfer the child's record to the parent(s) or any other person the parent(s) identifies when the child is no longer in care.

Availability of Information to the Department of Early Education and Care (EEC)

Upon request of a teacher, authorized by the director and involved in the regulatory process, the Center shall make available to the EEC any information required to be kept and maintained under these regulations and any other information reasonably related to the requirements of these regulations. Authorized employees of the EEC shall not remove identifying case material from the center's own premises and shall maintain the confidentiality of the individual records.