2025-2026
PARENT HANDBOOK

CAMPUS
CHILD CARE INC.

The policies in this handbook are meant to provide a framework for Campus Child Care programs. Each center has an additional set of policies that have been developed by Center Councils over time as a reflection of the individual cultures and values of the program.

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CCC Organizational information

Mission statement:

Campus Child Care, Inc. (CCC) is a private, non-profit corporation serving Harvard University. Our mission: to provide the very best quality care and education for young children and their families in the Harvard University community. We are comprised of seven on-campus programs:

- Botanic Gardens Children's Center
- Harvard Yard Child Care Center
- Oxford Street Cooperative
- Radcliffe Child Care Center
- Peabody Terrace Children's Center
- Soldiers Field Park Children's Center
- Western Avenue Children's Center

Philosophy:

Our philosophy is one based in relationships. From the first friendship of two infants to the collegial relationships among staff to the mutual support among CCC and other local centers, schools, professional organizations and our neighbors; relationships are the core of our caring for, teaching and learning with children and their families. CCC is made up of many centers in relationship with each other, sharing our best ideas and learning from one another. This focus means excellent training and professional development for teachers, individualized support for children and families, and close-knit classrooms of children who learn together. This inter-relatedness supports reflective learning and growth across all of our work. Knowing ourselves and one another allows us to value individual differences among children and diversity in families and staff members. CCC centers are inclusive and focus on children's needs. We cultivate learning, curiosity, creativity, community, and sense of self. Our highly-qualified teachers partner with parents to provide a safe, joyful, and enriching environment for children. We welcome all children and families, with all the developmental differences, special needs, or disabilities that they have. We provide a culturally responsive curriculum to be sure that all children and families and staff feel fully understood, respected, and appreciated. We provide anti-bias education to support children's learning about differences, unfairness and how to be compassionate, active citizens.

Approach to teaching and learning:

CCC has a developmental approach to children's learning. We know young children learn and grow best at their own pace, through active, play-based activities and emergent curriculum. We instill a love and excitement for learning by exposing children to a variety of experiences and activities appropriate to their individual needs and their readiness to progress from one developmental stage to the next. Our emphasis is on the learning process, which does not always result in a finished product or a completed task and evolves differently for every child. We create environments where we constantly learn and innovate to keep our children, families, and staff engaged in new thinking and creative opportunities. Our philosophy is based on individualism at all levels – each child, parent, teacher and member of our community is a valued contributor to the success of the program. We strive to instill respect and appreciation for individual differences, and celebrate diversity. To

successfully do so, we inform our practice through current research and theory, actively reflecting, adapting and/or changing programming as necessary to meet the goals of each member of our community and the center as a whole.

Approach to parent partnership:
CCC works closely with parents in a partnership to facilitate the transition between home and the center. Daily communication and a sense of trust between parents and staff are vital ingredients of center life. Parent/teacher conferences, written developmental evaluations and year-end transitional meetings are provided to update and support parents throughout the year. Parents are actively engaged in all aspects of the centers and influence the culture and programming of the center; parents and staff collaborate on active Center Councils which advise on key decisions related to the daily life at the center.

Goal: Support healthy social and emotional development. We respect each child's individuality and the importance of his/her contribution to the group; we understand and encourage individual differences -- which enrich everyone's experience -- and support children in developing a positive self-image. Children are encouraged to feel pride in their own achievements and to appreciate the accomplishments of others. We strive to help children become aware of their part in a larger group and to learn to cooperate with each other through listening, negotiating, and understanding that we are not all the same.

Goal: Encourage cognitive and intellectual development. We believe that young children learn through experience and exploration. Our classrooms' curriculums are tailored to meet the skills, interests and needs of individual children as well as the particular group, while allowing teachers to incorporate their own individual approaches and creative abilities into their classrooms. Scientific, mathematical, linguistic and historical information are all considered. Curricular development is achieved through a process of observation, reflection, and documentation of children's work, drawing on information and feedback from parents, teachers, and the children themselves in the process.

Goal: Encourage healthy physical development. We recognize that young children need healthy physical development in order to reach their full learning potential. Infants need a combination of support and freedom as they learn to move their growing bodies, toddlers need space as they learn to move in fast and big ways, and preschoolers require time to stretch their powerful gross motor abilities. We offer children a combination of uninterrupted free play times and structured activities both indoors and out so that they can gain confidence in their physical capabilities at all phases of development.

CCC Community Code of Conduct:
CCC strives to build robust communities through connections. CCC recognizes that from time to time communications between community members can become strained when discussing concerns or issues such as classroom behaviors, developmental challenges and the stress caused by illness. The purpose of the Community Code of Conduct is to provide a mutual understanding to all family members, employees and visitors to our programs about expectations while on center property, at center events and when interacting with center employees and/or families.

CCC's philosophy is centered in relationships and is child focused - each child, parent, teacher and member of our community is a valued contributor to the success of each individual child and the overall program. We strive to instill respect and appreciation for individual differences, and celebrate diversity. CCC expects our entire community - parents, staff and visitors - to act in a manner consistent with this philosophy.

In alignment with our goals, at no time will any inappropriate and/or disrespectful behavior be tolerated by adults in our program, which may include but is not limited to: ● shouting

- using unsuitable or intimidating language
- fighting
- divulging/inquiring about confidential or personal information regarding other community members
- derogatory remarks or actions towards staff, children or other families

If concerns are raised about behaviors or language exhibited by a community member the center director is to be notified. An involved staff member may face disciplinary actions, while the parent or guardian may be considered in breach of their enrollment contract and the policies of the Parent Handbook.

The center takes all such allegations seriously and the Executive Director will address the matter in a timely fashion. Next steps may include:

- A conversation reviewing respectful communication expectations as expressed in CCC's policies and agreements
- In the case of inappropriate or disrespectful behavior by staff members, disciplinary action may be imposed, up to and including termination of employment ● In the case of inappropriate or disrespectful behavior by parents or guardians, the center may choose to terminate enrollment for a child

As more fully described on page 9 of the Parent Handbook, every reasonable effort will be made by the center to make accommodations that will allow each family to succeed and continue in their program. There are times, however, when it is not in the best interest of the child, parent or the center for the child to continue with the program. Therefore, CCC has the right to suspend, modify or terminate a family's right to have their child attend for repeated infractions of center policies or for inappropriate parental behavior.

Governance:
Campus Child Care, Inc. is governed by a **Board of Directors**. The Board of Directors has ultimate rights and responsibilities for Campus Child Care, and is responsible for its financial health and long-term planning and objectives. The Board of Directors consists of Center Appointees, At-Large Appointees, and the non-voting Ex-Officio Directors, as described below. The Center Appointees and At-Large Appointees shall serve staggered three-year terms.

(a) **Center Appointees**. Each center shall have the ongoing right to appoint one director to the Board of Directors of Campus Child Care ("Center Appointee"). Each Center shall create its own "Center Council," which shall be charged with establishing a procedure by which its

center will select its Center Appointee. If any center does not exercise its right to appoint its representative to the Campus Child Care board, the board of directors will still be properly constituted and may hold meetings and take action without those centers' representatives. A Center Appointee must be a parent of a child who is currently enrolled in that center's program. If a Center Appointee's child or children graduate or otherwise leave the program, 1) he/she shall not then become automatically disqualified from serving on the board and shall not be required to resign from the board but may serve out the remainder of his/her then-current term; 2) the Center Council appointing said Center Appointee may keep or may terminate that Center Appointee for the remainder of his/her then-current term; and 3) that Center Appointee may be eligible for appointment to a second term if he/she then has another child enrolled in the program.

(b) **At-Large Appointees**. In addition to the Center Appointees, there will be a maximum of five At-Large Appointees who will be selected in part on the basis of specific content expertise, with a focus and priority on early childhood education/child care management, or other expertise such as nonprofit management, finance, human resources, and legal (the "At-Large Appointees").

At-Large Appointees may be nominated by members of the Harvard University community, parents of those children who are currently enrolled in any of the centers, and current center directors and staff. "Center Directors" when used in this Agreement means the administrators at the centers and does not refer to Directors on the Board of Directors. The selection and appointment of At-Large Appointees is a right and responsibility of the full Campus Child Care Board of Directors. It is possible that some of these At-Large Appointees could be parents of children who are currently enrolled, or were previously enrolled, in the Centers' programs.

(c) **Ex-Officio Directors Without Voting Rights.** In addition to the voting Center Appointees and At-Large Appointees, two Ex-Officio Directors will serve on the Campus Child Care Board of Directors: 1) A representative of Harvard University, serving ex-officio without voting rights, whose responsibilities include managing the relationship between the University and Campus Child Care, and 2) the Executive Director of CCC will also serve on the Campus Child Care Board of Directors ex-officio without voting rights.

(d) **Director Restriction.** No employee of Campus Child Care, except for the Executive Director of Campus Child Care serving in an ex-officio non-voting capacity, will be eligible for election or appointment to the CCC Board of Directors.

(e) **Officers, Committees.** The Campus Child Care Board of Directors will appoint the officers, including a Chair (or President), Treasurer, Clerk (or Secretary), and other Officers it may select, and will also establish the Board's committee structure.

Center Councils: Each of the CCC programs has developed a Center Council, typically composed of parents and staff. We recognize that in order to serve a child well, we must engage family in the classroom, curriculum, and school oversight. Centers tackle many items at the local center level and are the primary decision makers for those issues which remain closest to children and families in their community; who the center will hire, staff

schedules, pedagogy, and enrichment activities all remain exclusively at the local center level.

The Center Council has three primary functions:

1) advise the center director on key decisions regarding the operations of the center;
2) communicate with the CCC Board of Directors; and
3) build community within the center.

A Council will be composed primarily of some current parents and may, at the center's discretion, include staff and other community members. It will be convened by the center director as a standing council to serve as the director's "go-to group" for advice and guidance. The Center Council will convene at least three times per year, but likely more frequently.

Parent input through the Center Council, at a minimum, may inform the following:

- Annual program evaluation, together with the center director and executive director
- The hiring of the center director, together with the executive director
- Changes to program not dictated by regulatory or accreditation agencies
- Budget review, including but not limited to: changes to tuition, fees and costs, use of reserves above a set amount, and fundraising
- Statements of vision or mission
- Practices and staffing patterns not dictated by regulatory or accreditation agencies
- Daily hours, annual calendar (in alignment with Harvard's needs)
- Community-building family events

The Executive Director will meet with the Center Council, together with its center director, at least once per year. The executive director may also attend other parent events as invited. These events are meant to be informative, consultative and relationship-building.

Enrollment Processes:

Application System

Because each center is affiliated with the University, Harvard faculty, employees and students are given priority on available enrollment slots over non-affiliated families. Within these groups, faculty eligible for the ACCESS program are given the highest priority for any open spaces at any time of year (up to a maximum of half of available slots, system-wide).

The centers recognize, however, the important developmental benefits that arise as a result of having siblings attend the same child care program, so siblings of enrolled children are given a priority for open spaces. Priority for sibling enrollment is given to tier 1 and tier 2 families with children currently enrolled in the center. If a family loses their affiliation to the University (job change, graduation) their currently enrolled child(ren) can remain enrolled into the next year. Siblings of tier 3 children will not be given a priority for enrollment unless the space open for the sibling does not have any tier 1A, 1 or 2 prospects on the waiting list. This means that a tier 3 family may have to wait while the center offers an open spot to tier 1A, 1 or 2 families before they receive an offer of a space. The timing and prioritization of enrollment offers remains at the discretion of CCC after consultation with the center director.

Campus Child Care admits families regardless of race, creed, color, religion, cultural heritage, national origin, disability, gender identity, and regardless of parents' marital status, sexual orientation or political beliefs.

Apply online through our website at https://campuschildcareinc.org/

Application fees per CHILD:
Applying to 1 - 7 Centers = $100

Application fees can be paid online or sent to:

Campus Child Care, Inc.
P.O. Box 380354
Cambridge, MA 02138

Applications are accepted year-round. Enrollment begins in early April and can continue through the summer as spaces are filled. Offers of enrollment are based on affiliation with Harvard, as well as date of application and enrollment balance in a particular classroom. Center directors at individual programs have the authority to make enrollment decisions in the best interest of their centers.

Additional information about CCC and its centers may be obtained through the Harvard Office of Work/Life Resources.

Office of Work/Life Resources
124 Mt. Auburn Street, 4th Floor
Cambridge, MA 02138
617-495-4100
worklife@harvard.edu

Or by visiting our website at https://campuschildcareinc.org/

Contracts
Once agreed upon by the center and family, a contract will be drawn up for a specific space and time-slot in an individual program. Contracts are with Campus Child Care, Inc. and should be returned to the Central Office by email. All families will have the same contract terms and any special arrangements for an off cycle pay date or start dates must be negotiated with the Central Office.

Families are liable for the deposit and tuition to CCC even if the family withdraws the child from the center at any time after signing the contract, until the opening is filled by another family. A family remains liable if the space is not filled and for the remaining balance if the space is only partially filled.

Deposits

There is a deposit due at the signing of the initial contract of $3,500.00. The deposit will be held by the center for the duration of each child's enrollment, and will be applied to tuition due when the child completes his/her tenure at the center. The deposit for a part-time contract is $3,000. Should an additional child be enrolled, the additional deposit is $2,500.

Termination of Contracts

Every reasonable effort will be made by center staff and administrators to make accommodations that will allow each family to succeed and continue in their programs. There are times, however, when it is not in the best interest of the child, parent, or the center for the child to continue with the program.

CCC reserves the right to suspend or terminate a family's right to have their child attend for the following reasons: repeated infractions of center policies, non-payment of tuition, violations of the community code of conduct, health and safety issues surrounding a child's behavior (significant aggression, etc.), lack of cooperation with referral recommendations, or follow-through with other issues that CCC feels are inappropriate.

In the event that a center chooses to terminate enrollment for a child, the parent(s) will be notified in person. Written documentation of the center's reasons for termination will be presented to the parent(s) and a copy will be maintained in the child's file.

In the event that parents decide to terminate the enrollment of their child, financial arrangements should be made with CCC in accordance with the terms of the enrollment contract.

Full-time Monthly Tuition Rates for the 2024-2025 school year:

Age Group	Monthly Tuition
Infant	$3,660
Young Toddler (PTCC, SFPCC, WACC)	$3,360
Toddler 1	$3,240
Toddler 2	$2,960
Preschool 1	$2,600
Preschool 2	$2,340
Mixed Preschool Room (OSC)	$2,480

Please contact your center for specific fees for part-time or part-week tuition as available. Tuition is to be paid whether or not the child attends the center. There are no fee reductions for sick days, vacations, emergency closing, holidays, or departures prior to the end of the contract period. Tuition for a full-year contract is billed in 12 equal payments starting in August running through July and due by the 10th of the month. In August, the bill will reflect the tuition and fees for the next year. Half of August's payment will cover the tuition for the second half of

August at the start of the year, and half of this payment is a pre-payment of the tuition for the first half of the following August at the end of the year.

Late Payment of Tuition
If the tuition is not paid by the 10th of the month, there will be a $25 late payment fee assessed. Unpaid balances carried forward from a prior month will be charged an additional $25 late payment fee each month.

Scholarships and Financial Aid
If you are a benefits-eligible Harvard University employee, you may be eligible for financial aid for child care. For complete information, please visit:

http://harvie.harvard.edu/workandlife/children/paying-child care.shtml

Families who live in Cambridge should look at the website of the Office of Early Childhood to see if the preschool "Universal Pre-K" scholarships are appropriate for them.

Western Avenue Children's Center opened in June 2023. As part of Harvard's cooperation agreement with the City of Boston, a limited number of spots in this new center will be initially reserved for residents of Allston zip codes 02134 and 02135. In addition, families who reside in these zip codes — and who are not eligible for any other Harvard scholarship — may apply for a means-tested child care subsidy. For more information, please email the Harvard Office of Work/Life.

Children's Records:

Required Paperwork
Each child must have a complete file at the center on or before their first day that contains a

- child and family information form
- developmental history and background information
- transportation plan/walks around the neighborhood permission
- hopes, dreams and culture information
- emergency medical consent
- alternate pick up permissions and emergency contacts
- media and contact sharing permission form
- topical ointments/creams permission form
- current medical report
- current immunization record
- an individual health care plan as needed
- asthma action plan as needed
- allergy action plan as needed
- MA medication consent form
- infectious disease liability waiver
- a recent photo of your child

This information is gathered through a program called UpBup. It allows parents to enter and change their child's permissions and to only refresh the information annually that needs to be updated. Below are our State mandated guidelines around the use and protection of children's records.

Department of Early Education and Care (EEC) 7.04 - Children's Records Regulations:

(8) Confidentiality and **Distribution of Records Information** contained in a child's record will be **privileged and confidential**. The licensee 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 the written consent of the child's parent(s).

(9) Amending the Child's Record: (a) A child's parent(s) shall have the right to add information, comments, data or any other relevant materials to the child's record. (b) A child's parent(s) shall have the right to request deletion or amendment of any information contained in the child's record. Such request shall be made in accordance with the procedures described below: (i) 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, he shall have the right to have a conference with the licensee to make his objections known;(ii) The licensee shall, within one week after the conference, render to such parent(s) a decision, in writing, stating the reason or reasons for the decision. If his decision is in favor of the parent(s), he shall immediately take steps as may be necessary to put the decision into effect.

(10) Transfer of Records: Upon written request of the parent(s), the licensee shall transfer the child's records to the parent(s) or any other person the parent(s) identify, when the child is no longer in care.

(11) Charge for Copies: The licensee shall not charge an unreasonable fee for copies of any information contained in the child's record.

Availability of Information to the Department of Early Education and Care: Notwithstanding Section 7.04 upon request of an employee authorized by the Director (of EEC) and involved in the regulatory process, the licensee shall make available to the Office any information required to be kept and maintained under these regulations. Authorized employees of the Office shall not remove identifying case material from the center's premises and shall maintain the confidentiality of individual records.

Safety and Security:

There are always many people and cars in the parking lots and streets adjacent to the child care centers. We ask that parents take precautions in bringing their children to and from the center each day, making sure to have your child walk close to you when dropping off and picking up. Please never allow your child to run ahead, leave the building without you, or run through the parking lots to the centers or through nearby streets.

All centers have a card-tap security system in place at all entrances to the programs. Every enrolled parent will be asked to apply for a Harvard University picture ID to use with the tap card reader, allowing access to the center during regular operating hours. Parents must use these cards to enter the building at all times. **You are responsible for helping to limit access to the center to current parents and staff. Please DO NOT give these swipe**

cards to anyone who does not pick up your child consistently. Because many children are picked up by people other than their parents (people you may not know or recognize), we ask that for the safety of all of our children, that you do not hold the door open for anyone wishing to enter the centers who is unaccompanied by a child. It is recommended that you simply tell a person you do not recognize to wait and that you will alert the office that a visitor is at the door.
If your swipe card is lost or missing it is your responsibility to notify the center's administration **and Harvard ID Services immediately** so the card may be deactivated. The cost of replacing a card is a family's responsibility. Parents with current Harvard ID's can have their Harvard ID cards activated by the central office to provide program access. Babysitters and grandparents can gain access to the program by ringing the doorbell. An administrator or teacher will answer the door, but parents, please have your swipe card with you to avoid the frustration of having to wait and/or disrupting teachers who are responsible for the children.

Evacuation procedures in case of fire or any other building emergency are outlined and posted in each classroom and at each exit. These procedures are practiced with the children monthly. More information about center specific evacuations can be found in the individual centers' handbooks.

Policies for Health and Information About Child Illness

CCC's healthcare policy follows the requirements of the state licensing agency, the Department of Early Education and Care (EEC). There is minimal difference between our healthcare policy and those of similar childcare centers in Massachusetts. CCC is committed to protect the health and well-being of all children and staff and to comply with the requirements and recommendations of public health officials. As required by EEC, CCC has a pediatric healthcare consultant available to parents and staff for consultation. In the rare instance in which there is a disagreement between a child's healthcare provider and the healthcare consultant, the decision of the consultant will prevail.

Keeping children healthy takes daily commitment to good practices and paying close attention to behavior and symptoms. Every parent and child can make a significant difference in the overall health of their family and classroom by washing their hands every day as they enter and exit the school. But, when we mix the germs of all the families in the centers entering and exiting daily it is inevitable that children and families will spread some illnesses to each other.

If a child begins to feel unwell teachers will typically monitor symptoms to see if it is a passing moment or something more developing. If a child's condition worsens, he/she develops new symptoms or cannot be cared for adequately by the classroom teachers, a parent will be asked to come pick them up from the center. We understand that it is very difficult for parents/guardians to miss work or school when children are sick, but the centers cannot provide isolation and/or individual care without compromising the health and safety of the other children in our care. It is important for families to plan and make alternative childcare arrangements when their child is ill.

Plan for Mildly Ill Children
We are aware that children may have mild illness symptoms while at school. If a child's condition worsens they may have to go home to be properly cared for. Teachers, in consultation with the admin of the program, make the decision about whether a child is well enough to keep up with the activity of a group. It is imperative that the center have current phone numbers and emergency contact information. Whenever possible, children will rest in their classroom while waiting to be picked up. We ask that when you are called you arrange to come and take your child home within an hour of being contacted. In some situations, a child may be cared for in a designated program space by a staff member or in the director's office as a precaution for the rest of the group.

Guidelines on Child's Exclusion Due to Illness
This list covers the most common illnesses, but is not inclusive of all reasons for exclusion.

A child should not attend the center if he/she has any of the following symptoms:

- Unable to comfortably participate in the usual classroom and/or outdoor activities
- An illness resulting in greater need for care than staff can provide without compromising the health and safety of other children
  - Unusual lethargy, irritability, persistent crying, or other signs of serious illness
  - Severe cough, wheezing, or difficulty breathing
  - Fever of 100.4 degrees or more accompanied by a change in behavior, or other symptoms
  - Diarrhea: 2 or more unusually loose/watery stools that are unrelated to diet; unusually loose/watery stool not contained in the diaper or causing soiled clothing in toilet-trained children
  - Vomiting: 1 or more incidents of vomiting during the previous 24 hours
  - Rash with fever, behavioral changes, or other symptoms

*****If your child has any of these symptoms while at school, you will be called for more information and likely expected to pick up your child.*****

There may be instances in which CCC is advised by the Cambridge Health Department, the Massachusetts Department of Public Health, or the healthcare consultant to extend a child's exclusion for the protection of children and staff.

COVID 19
CCC has been through multiple phases of COVID mitigation and community safety planning since March 2020. At this time masks are not required but are encouraged for everyone over two years old who has cold or flu-like symptoms. CCC encourages all families to take a rapid test before attendance at the start of each week and for several days after travel, vacations or mingling with a large group outside of the childcare community. Rapid tests will be made available to staff at no cost, and to the extent we are able, will continue to be made available to families. If there is a positive COVID case in a classroom, we may require daily negative rapid tests for uninterrupted attendance of classmates. CCC reserves the right to return to more stringent testing and/or masking policies in the face of a viral surge or multiple community members testing positive in a short timeframe. We will be in communication with families with information as needed.

Criteria for a Child to Return to Group Care:
If a child is diagnosed with an infectious disease, CCC may request a note from the child's healthcare provider stating that the child is no longer contagious and may return to the center. A note written by a parent/guardian who is also a licensed medical provider will not be accepted. Typical return to school guidelines are listed below

- When the child can comfortably participate in usual program activities, including outdoor time
- Free of fever (without the use of fever reducing medication) for 24 hrs.
- Diarrhea: 24 hrs. after last episode, and return of normal stools; toilet-trained child is continent
- Vomiting: 24 hrs. after last episode, and when the child can tolerate solid food
- Illnesses requiring antibiotics: 24 hrs. after first dose of medication, or longer if advised by the child's healthcare provider (ex: conjunctivitis, strep throat, impetigo, ear infections)
- Rash due to an unknown source (not eczema or diaper rash) is deemed non-contagious by a medical professional
- Chicken Pox: when all lesions have dried and crusted
- Head Lice: after the first treatment, no live lice or visible nits remaining on hair
- Scabies: after first treatment
- Coxsackievirus: Fever free for 24 hours without fever reducing medication. No open or weeping sores.
- Conjunctivitis: Children are excluded for 24 hours after treatment begins.
- Impetigo: Excluded for 24 hours after treatment begins.

Immunizations
Each child is required to have a medical examination, which includes age-appropriate immunizations and a lead test for children at 9 months and again before kindergarten entry before entering the Campus Child Care centers. There is a pediatric consultant on call. Please review the CCC Health Care Policy for additional information.

	Birth	1 mo.	2 mos.	4 mos.	6mo.	12-15mo.	15-18 mos.	4-6 years
Hepatitis B	1st dose	2nd dose			3rd dose			
DTaP/DTP			1st dose	2nd dose	3rd dose		4th dose	5th dose
Hib			1st dose	2nd dose	3rd dose	4th dose		
Polio			IPV-1	IPV-2	Polio-3			Polio-4
MMR					1st dose			2nd dose
Varicella/ chicken pox					1st dose			

Medical Records

I. Physical Exam/Immunization Record: Every child is required by the State to have a recent complete physical exam (within six months of enrollment), including up-to-date immunizations, signed by his/her medical provider to attend the center. This information will be updated annually while the child is enrolled. If you have scheduled an appointment for an exam or have recently moved to the area, please speak with a director before your child's start date.

II. Lead Screening: EEC and the MA Department of Public Health require that all children, regardless of risk, be screened for lead poisoning at least once between the ages of 9-12 months and one between 2 and 3 years or before entrance to kindergarten.

III. Confidentiality: Each center is legally required to maintain the confidentiality of children who are carriers of certain blood borne diseases, including HIV and Hepatitis. For this reason, the center abides by the Department of Public Health and the Department of Education and Care's Universal Precautions Policy and OSHA blood borne pathogens protocol.

Medication

CCC must adhere strictly to EEC regulations dictating the administration of medication by childcare center staff. All staff are trained in the administration of medication provided by EEC. Parents must complete a Medication Consent Form to authorize staff to administer any medication. The first dose of any medication must be always given at home. All prescribed medications and written authorizations for both prescription and non-prescription medications must originate from the child's medical provider. Prescriptions or orders signed and written by a parent/guardian who is also a licensed healthcare provider cannot not be accepted. CCC may request to contact your child's healthcare provider for prolonged prescriptions, if there are any observed adverse reactions from a medication or to consult on potentially serious conditions.

All medication must be handed directly to a staff person; please NEVER leave medication in your child's cubby or lunch box. Any medicine that needs to be refrigerated will be stored in a container in the refrigerator or in an adult only access fridge. At the end of the treatment course, any unused medication will be returned to the parent/guardian. A written record of all medication administered to a child will be kept in the child's file. Staff members will record and sign with the date, time, and dosage given. Below is a brief summary of medication types and permissions required in early childhood environments.

Type of Medication Authorization Required	Written Parental Consent Required	Health Care Practitioner Authorization Required	Logging Required
All Prescription	Yes	Yes, must be in original container with original label containing the name of the child affixed	Yes, name of child,dosage, date, time, staff signature; missed doses must also be noted along with the reason(s)

			why the dose was missed
Oral Non-Prescription	Yes, renewed weekly with dosage, times, days and purpose	Yes, must be in original container with original label containing the name of the child affixed	Yes, name of child,dosage, date, time, staff signature; missed doses must also be noted along with the reason(s) why the dose was missed
Non-. Prescription for Mild Symptoms (e.g.,acetaminophen, ibuprofen, antihistamines)	Yes, renewed annually	Yes, must be in an original container with the original dosage, date time, parent signature label containing the name of the child affixed.	Yes, name of child,date, time, dosage, staff signature

Topical, non-Prescription (when applied to open wounds or broken skin)	Yes, renewed annually	Yes, must be in an original container with the original dosage, date time, parent signature label containing the name of the child affixed.	Yes, name of child,date, time, dosage, staff signature
Topical, non-Prescription (not applied to open wounds or broken skin)	Yes, renewed annually	No. Items not applied to open wounds or broken skin may be supplied by program with notification to parents of such, or parents may send in preferred brands of such items for their own child(ren)'s use	No for items used solely for prevention, such as sunscreen, insect repellent and Chapstick.

Prescription Medications: Staff may only administer medication prescribed by a physician or nurse practitioner in the original container and with the original pharmacy label that includes a current date, child's name, and name of the medication, dosage, directions for use, and the name and phone number of the prescribing provider.
Non-Prescription Medications: Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil), and other over-the-counter medications may only be administered by a designated staff member to a child with a written prescription or standing order from the child's healthcare provider. Written parent consent and authorization for medication and/or treatment by the medical provider is valid for one year.

Non-Prescription Topical Creams and Ointments: Staff may apply non-medicated topical creams (examples: diaper cream, insect repellent, or sunscreen) to intact skin according to the manufacturer's instructions with written permission from a parent/guardian. Written parent consent and authorization for medication and/or treatment by the medical provider is valid for one year.

Individual Health Care Plans

Any child diagnosed with a chronic medical condition must have an individual health care plan, which should include:

- A detailed description of the medical condition, including symptoms
- Any necessary medical treatment while the child is in the care of the center
- Any potential side effects of treatment
- Any potential consequences to the child's health if the treatment is not administered

We will make reasonable accommodations to incorporate the health care plan into the center's programming. The center's healthcare consultant and/or director may ask parents/guardians for permission to discuss the diagnosis and treatment plan with their child's medical provider. We may request that staff be trained by the child's healthcare provider, or with written authorization by the healthcare provider, by a parent/guardian and/or the center's healthcare consultant, to specifically address the child's medical condition and to administer routine medication and/or treatment. Written parent consent and authorization for medication and/or treatment by the medical provider is valid for one year.

The State licensing standards outline the following requirements.

All programs must maintain as part of a child's record an Individual Health Care Plan (IHCP) for each child with a chronic medical condition which has been diagnosed by a licensed health care provider as required by 606 CMR 7.11(3)(a)-(c). An IHCP ensures that a child with a chronic medical condition receives health care services he or she may need while attending the program.

Programs must develop an IHCP in collaboration with the parents/guardians, program educators and the child's licensed health care practitioner, who must authorize the IHCP.

The IHCP must include the following:

- description of the chronic condition which has been diagnosed by a licensed health care practitioner
- description of the symptoms of the condition
- outline of any medical treatment that may be necessary while the child is in care
- description of the potential side effects of the treatment
- outline of the potential consequences to the child's health if the treatment is not administered

An educator must have successfully completed training relative to a child's ICHP. This training must be given by the child's health care practitioner or, with the child's health care

practitioner's written consent, by the child's parent or the program's health care consultant. The training must specifically address the child's medical condition, medication and other treatment needs. Some examples of an ICHP would include children with asthmatic conditions, allergic reactions, ADHD, or diabetic conditions. IHCPs are not required for children without chronic conditions needing oral or topical medications.

In the event of an unanticipated, non-life-threatening condition requiring treatment (as specified in the IHCP) the educator must make a reasonable attempt to contact the parents/guardians prior to administering the unanticipated medication or beginning the unanticipated treatment. If parents/guardians cannot be reached immediately, they should be notified as soon as possible after the medication or treatment has been administered to the child.

Educators must ensure that they document the administration of all medications and medical treatments in the child's medication/treatment log.

Written parental and licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner and must be renewed annually, or when the child's condition changes, for administration of medication and/or treatment to continue.

Additional information regarding Individual Health Care Plans: A copy of the IHCP must be maintained in the child's file. It is recommended that a copy of the IHCP also be located in the classroom.
There must be one person trained in the implementation of a child's IHCP whenever the child is in the care of the program. In addition to a licensed health care practitioner, training to implement an IHCP may also be given by the child's parent or the program's health care consultant with the licensed health care practitioner's written consent.

Additional medication requirements to consider:
Emergency medication such as Epipens must be immediately available for use. For example, Epipens must be brought with children for outdoor play or walks as required by 7.11(2)(f). Training by a licensed health care practitioner for the specific administration of an Epipen is highly recommended but not required. All staff who administer medication of any kind must be trained in medication administration as required by 7.11(1)(b)2.

Child Abuse and Neglect
All staff members are mandated reporters of suspected child abuse and neglect per Massachusetts General Law C119, Section 51A. CCC must cooperate with involved agencies in all investigations of abuse and neglect. Below is the section of the regulations that pertain to early childhood staff.

Definitions: (From Department of Children and Families Regulations- CMR110, section 2.00):

Abuse: the non-accidental commission of any act by a caretaker upon a child under age 18 which causes, or creates a substantial risk of, physical or emotional injury; or constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent

upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting.

Neglect: Failure by a caretaker, either deliberately or through negligence or inability to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home setting).

Procedure:

a. If a staff member has a reasonable suspicion of abuse or neglect of a child, that person will immediately notify his/her immediate supervisor and a center administrator. b. If the suspicion involves a center employee, the suspected employee will be immediately removed from working directly with children and will be suspended until an investigation has been completed. The employee will be terminated if abuse or neglect is substantiated.

c. The staff member must document his/her observations including the child's name, date, time, child's injuries, child's behavior, and any other pertinent information. This information will be reviewed and discussed with the program director.

d. A verbal report will be made by the program director to the Department of Children and Families (DCF) within 24 hrs. followed by a written report (51A) within 48 hrs. The report will include dates, times, names of all involved parties (adults and children), place, and a description of the incident.

e. A written report will be made with EEC, the licensing agency.

f. A verbal and written report will be submitted to the Executive Director of CCC. g. Written documentation will be forwarded to DCF if requested. All information is confidential and will be kept in the child's file. The program director will communicate any concerns of abuse or neglect reported to DCF with parents/guardians unless contraindicated.

h. The center will comply with all requests from State agencies in an investigation.

DCF 24-hr. Child-At-Risk Hotline: (800) 792-5200

Inclement Weather

It is the policy of the CCC to provide child care in all types of weather. However, when the executive director, in conversation with the center directors, determines that the operation of the centers endangers the safety or health of the children or staff, then the executive director is authorized to close for all or part of the school day.

The executive director, in consultation with the directors, shall also have the discretion to take whatever steps necessary short of closing in order to insure the safety and health of the children or staff.

Air Pollution/Heat Wave: Children are encouraged to play outside as often as possible, especially in the spring and summer months. The center directors monitor temperatures on extremely warm days and determine the safety of children outside for extended periods of time. Air Pollution Indexes are also monitored when appropriate and a decision will be made on a daily basis as to whether children will be able to be outside.