

Fairmount Hill Childcare Handbook

Enrollment Procedure

We encourage parents to fill out an application prior to scheduling an in-person visit to tour the facility, so we can better discuss the particulars of their child's care. Once an opening becomes available and both parties agree to move forward, parents will sign an enrollment contract and provide payment for the first week and last two weeks of care. Withdrawal from the program requires written notification and two weeks' notice.

All enrollment forms must be completed, including 1) a statement from the child's pediatrician confirming the child has had her yearly physical, 2) immunization records in accordance with the Department of Public Health, and 3), if over 9 months of age, a statement from the child's pediatrician verifying that the child has been screened for lead. Prior to the first day of care, parents may choose to schedule a brief visit with their child to meet their caregivers and become familiar with the space.

Hours & Rates

Monday through Friday, 8am-6pm. Half days end or begin at 1pm.

0-12 months: \$104 per full day, \$52 per half day

Age 1: \$94 per full day, \$47 per half day

Age 2: \$85 per full day, \$43 per half day

Tuition Payments

Payment is accepted in cash, check, or direct deposit. Bounced checks will be subject to a \$35 fee, due in cash before your child may return to care. You may choose to be billed weekly or monthly. From that point on, your payment will remain the same for the duration of your child's enrollment, regardless of Fairmount Hill Childcare holidays and vacation times, or days or weeks when your child is unable to attend.

Changes to your child's care schedule require two weeks' notice and consultation with the program director. We will do our best to accommodate you, but we cannot go over our established ratios of supervision.

Your child's tuition is reduced by 10% each year. This discount will take effect on the Monday of your child's birthday week.

Parent-Caregiver Communication

Parents are encouraged to speak to me daily at pick-up and drop-off times. You may also reach me via email: TheLizInstitute@gmail.com, or you may reach me for urgent matters by phone or by text: 973.479.2012. We have an open door policy for parents, so you may visit anytime during daycare hours. Daily notes about food, planned activities, and learning themes will be written on the wipe board by the

door. Let us know if you would like occasional pictures of your child sent to your phone. You will receive a written progress report for your child at least every six months. Should your child suffer any injury, you will receive an injury report.

Signing In & Out

Whoever drops off and picks up your child must sign in and out. When you arrive for pick-up, we ask that you take charge of your child and enforce the rules of the house. This will help make the transition from daycare to home go as smoothly as possible.

If you would like any adult over 18 to pick up your child, please include them in your original application, or fill out an additional form to add them to your child's file. We will not release your child to anyone without your express authorization. In case of an unforeseen emergency, you may call ahead and authorize someone new over the phone, but we will require a photo ID and the car make and model when he or she arrives, and we ask that you fill out the form authorizing them for future pick-ups at your earliest convenience.

It is important that you pick your child up on time. Late pick-ups will be subject to a \$10 charge per 10 minutes late or fraction thereof. The late fee must be paid before your child may return for care. More than 3 late pickups within 30 days may be grounds for termination of enrollment without notice, refund, or credit.

Permission to Transport

From time to time, we may plan local field trips to the neighborhood playground and splash deck, the library, Houghton's Pond, Franklin Park Zoo, etc. Therefore, you will need to sign a Permission to Transport form, included in your application packet.

Curriculum

We will carry out a routine that is flexible and responds to the needs of the children in our care. We will meet the children's physical needs with at least 60 minutes of physical activity each day; opportunities for free play and educator-initiated activities; and daily outdoor play, weather permitting. Our curriculum will engage the children in developmentally appropriate activities and planned learning experiences. Your child will learn basic self-help skills that foster independence, and have opportunities to learn about proper nutrition, good health and personal safety, and to learn about the world around her through books, discussions, and structured learning activities. We will also encourage creativity through visual arts projects, songs, movement games, and dramatic play.

Supervision

The current ratio is set at 1:2 supervision. Should the program expand, ratios would be set at 1:2 supervision for infants; 1:3 supervision of toddlers; 1:4 supervision of 2-year-olds. Should I need to find coverage due to sickness, family emergency, jury duty, etc, you will be notified ahead of time, and you will have an opportunity to meet any assistant that will be working with the program. Should I use volunteers to assist me, you will be notified ahead of time, and they will only work under my supervision.

Behavior Management Policy

Children who are disruptive will be reminded of the house rules: we must all be respectful to one another; no hitting, biting, throwing toys or hurting others; no bad language. Food and drink must stay in the kitchen. Use indoor voices indoors. Don't go outside without permission. And we must all practice sharing and taking turns. When children have trouble following the rules, we will calmly explain how they are expected to behave, and if necessary they will be redirected to another activity. A supportive hold may be used when the child's safety or the safety of others is at risk. If a child is quietly removed to Time Out, he or she will not be unsupervised, and the amount of time will be no longer than one minute per year old. No child will be hit, humiliated, verbally or physically abused or neglected. Food will never be deprived or forced. Children will never be disciplined or embarrassed for any toilet training issues; they will simply be changed when soiled or wet. Positive behavior will be reinforced with praise.

Personal Belongings

We ask that you leave personal belongings at home if possible. If your child would like to bring a lovie for naptime, we will store it with her bedding.

Supplies

We will provide diapers, wipes, naptime bedding and food or formula, unless you would prefer to provide your own food, formula or breast milk, clearly labeled. All your child should need from home is a complete extra change of clothes, including seasonally-appropriate top, bottom, socks, and undergarments if out of diapers. If you feel your child is likely to need more than one change of clothes, please pack appropriately.

Meals

We will provide breakfast for infants as they arrive, and for toddlers at 9am. Lunch is at 11am for infants, 12pm for toddlers. Children under 2 have milk prior to their 2pm nap. Snack for toddlers is at 4pm, and dinner for infants is at 5pm. Bottle-fed infants will be fed on their own schedule, as determined by their parents. Meals will be provided but not forced. Please list any allergies or food restrictions your child has in your application packet, and be sure to notify us if any new allergies develop. No child under the age of 4 will be offered any of the following foods: hot dogs or meat sticks; whole grapes or cherry tomatoes; popcorn; raw peas; whole peanuts or seeds; hard pretzels; raw carrot rounds; meat larger than can be swallowed whole; candies that present a choking hazard such as hard candies, gummy bears or jelly beans.

Oral Health

Toddlers and young children will be assisted with tooth brushing after lunch. We will provide individual toothbrushes and children's toothpaste unless you would prefer to supply them yourself.

Naps

All infants are placed on their backs to sleep, with no extra bedding or other material, unless the child's physician specifies otherwise. Each child will sleep in her own crib, pack & play, or mat, supplied by me unless you would prefer to supply your own.

If your child is less than six months old, he will be directly supervised during naptime for the first six weeks of care. Older children will be checked on every 15 minutes during naptime. Infants and younger toddlers will be put down for morning and afternoon naps. Older toddlers will be put down for an afternoon nap at 2pm.

Diapering and Toilet Training

Children who wear diapers will be checked at least every two hours, and they will be changed at least three times per day - more if needed. If you plan to supply your own cloth diapers, the diapers must have an absorbent inner lining completely contained within an outer covering made of waterproof material. The diaper and outer covering will be changed as a unit. Cloth diapers and clothing soiled by urine or feces will be placed in a plastic bag and sent home that day for laundering.

Disposable gloves will be used for each diaper or soiled clothing change, and hands will be washed after disposing of the gloves. Until your child is old enough for a standing diaper change, she will be changed on her personal changing pad which will be laundered weekly.

When you feel your child is ready, I will do what I can to assist your child with potty training. Once your child is old enough to stand for diaper changes, diapering will take place in the bathroom, where your child will have the opportunity to use the potty if interested. Your child will also be reminded to use the toilet before she goes outside and before naptime. When your child first transitions to training pants or underwear, please be sure to include two changes of clothes each day.

Vacations and Absences

Paid vacation is an important benefit for all of us. It's necessary for people to take time to relax, recharge, and return to work with energy and enthusiasm. Our vacation/holiday schedule will match the Boston Public Schools calendar. We will be open in summer, but close on July 4th and for one vacation week. You can refer to our website, www.FairmountHillChildCare.com for our current vacation schedule.

If possible, please let us know in advance if you plan to take any family vacations during regularly scheduled childcare weeks. This will allow us to schedule staff development days without disrupting our schedule of care.

If your child has an unscheduled absence, please let us know. If we don't hear from you, in the interest of the child's well-being, we must contact you to verify the absence.

Sick Child Policy

Sick children must not attend daycare, since they run the risk of infecting the other children and caregivers. *All children must be properly immunized before the start of care.* In addition, according to the

American Academy of Pediatrics, these are the guidelines for excluding an ill or infected child from a daycare program:

Chicken pox: the child is no longer contagious five days after the onset of the rash, or when all lesions have dried and crusted, whichever is later.

Diarrhea that is not contained by diapers or controlled by toilet use, or stools that contain blood or mucus

Fever of 100 degrees Fahrenheit or higher

Head lice

Hepatitis A infection: the child may return one week after the symptoms have subsided, or once immune serum globulin has been administered to the rest of the children and caregivers, as directed by the health department

Impetigo: the child may return 24 hours after treatment has begun

Measles: the child may return 4 days after the rash appears

Mouth sores: if the child drools and has mouth sores, he may only return if the child's physician states that the child is non-infectious

Mumps: the child may return 9 days after the onset of gland swelling

Pertussis: the child may return after 5 days of appropriate antibiotic treatment

Pinworm Infection: the child may return 24 hours after the start of treatment

Purulent Conjunctivitis (pink eye): the child may return 24 hours after the start of treatment

Rash with fever or behavior change: the child may return if her physician states that the rash is non-infectious

Ringworm Infection: the child may return after treatment has begun

Rubella: the child may return 7 days after the rash appears

Scabies: the child may return after the completion of treatment

Strep throat: the child may return after 24 hours of treatment, and 24 hours without a fever

Tuberculosis: the child may not return until his doctor states that he is non-infectious

Vomiting: the child must stay home if she has vomited twice or more in the previous 24 hours, unless her doctor states that the vomiting is due to a non-communicable condition and the child is not in danger of dehydration

Medications

Written parental authorization is required for dispensing any medication. The signed consent form must be dated and indicate the time of day the medication needs to be administered, the dosage, and the number of days. If the medication is by prescription, a physician's written order is also required. The medication must be stored in the original package with a label specifying the child's name and dosage information. We will maintain a written record of the administration of any medication. All medication will be kept out of reach of children and under proper conditions for preservation.

If your child needs topical medication such as petroleum jelly, antibacterial ointment or diaper rash ointment, these medications require a note, and each container will be labeled for use solely for the individual child. If your child is old enough for sunscreen, please apply it before arriving at daycare. If you would like sunscreen or insect repellent re-applied during the day, a written note is required, good for up to one year.

Children's Records

I am required to maintain individual written records for every child in my care. These include the child's completed enrollment packet, as well as progress reports, incident reports, and other documentation such as updated immunizations, emergency contact information, persons authorized for pickup, and physician's instructions. Records are updated annually or more frequently as needed.

Plan for Meeting Potential Emergencies

In case of fire alarm, I will bring the children to the sidewalk in front of the house, or to our neighbor's yard to our right if more urgent. Parents will be notified whether or not their child needs to be picked up, unless it turns out to be a false alarm. We will do fire drills randomly so that the children are prepared for such events. If another emergency arises, parents or other authorized adults will be notified to pick up their child as soon as possible.

In the event of an evacuation emergency, I will contact the local authorities to determine whether or not to evacuate the building, or to shelter in place.

There are three exits from the childcare space: through the childcare entrance, through the garage, or through the kitchen and out the front door of the house.

In the event that a child goes missing from the program, I will immediately call the police, then notify the parent.

Should the program need to be evacuated in the case of a fire, natural disaster, loss of power, heat or hot water, or any other emergency situation, we will meet at Boston Fire Department Engine 48, Ladder 28, 60 Fairmount Ave., Hyde Park.

If the program needs to be evacuated, I will notify all parents as well as the appropriate authorities via my cellphone, using contact information provided by the parents on their emergency cards located in our first aid kit.

I will ensure that no child has been left at the program after an evacuation by taking attendance and a head count.

Parent Notifications

I am required to notify you of any of the following occurrences:

An injury to your child, or the administration of first aid to your child

Allegations of abuse or neglect regarding your child

If another educator will be caring for your child

Whenever a communicable disease has been identified in the program

If children are being taken off the childcare premises (field trips, etc.)

The existence of firearms in my home

If there are any changes in my household composition

If any pets are introduced into the program

Whenever special problems or significant developments arise

Maintaining a Safe Environment

I will maintain proper safety standards and precautions including: making dangerous materials inaccessible to children, covering outlets, having a first aid kit, practicing evacuation drills, gating stairs, windows or heating elements, posting emergency numbers, maintaining a clean, hazard-free indoor space, and maintaining a safe, hazard-free outdoor space with gates preventing access to a busy street, and preventing access to water, construction material, rusty or broken play materials, debris, glass, or peeling paint.

As an early childhood educator, I must provide you with information regarding the risks of lead poisoning. The following are some facts that all parents should know about lead and lead poisoning:

Lead poisoning is caused by swallowing or breathing lead. Lead is poison when it gets into the body.

Lead can stay in the body for a long time. Young children absorb lead more easily than adults. The harm done by lead may never go away. Lead in the body can hurt the brain, kidneys and nervous system; shut down growth and development; make it hard to learn; damage hearing and speech; cause behavior problems.

Most of the lead poisoning in Massachusetts comes from lead paint dust in older homes. Many homes built before 1978 have lead paint on the inside and outside of the building.

When old paint peels and cracks, it creates lead paint chips and lead dust. Lead dust also comes from opening and closing old windows.

Lead dust lands on the floor. Lead gets into children's bodies when they put their hands and toys into their mouths. Children can also breathe in lead dust. Children between the ages of 9 months and 6 years old are most at risk.

Important: Home repairs and renovations also create lead dust.

Most children who have lead poisoning do not look or act sick. A lead test is the only way to know if your child has lead poisoning. Ask your doctor to test for lead. Some children may have: upset stomach; trouble eating or sleeping; headache; trouble paying attention.

As mentioned earlier, if your child is over 9 months of age, you will need to provide documentation to me that your child has been screened for lead poisoning. Most children will be screened annually until either 3 or 4 years of age, depending on where the child lives.

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