



Department of Early Education and Care
Family Child Care Parent Handbook

Program Name: _____	Anju Sharma Rijal
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Dear Parent,

As a licensed Family Child Care Educator, I would like to congratulate you on choosing licensed Family Child Care. You have made an important child care decision for you and your family. The Department of Early Education and Care (EEC) and I invite you to join in a partnership with us to ensure a high quality child care environment. This parent handbook and enrollment packet outlines many of my policies and procedures that relate to the care of your child, as well as the information I am required to give to you when you enroll your child in my care. This handbook will also acquaint you with some of the key EEC standards designed to ensure a safe, healthy and educational child care experience.

I encourage you to maintain an open dialogue with me, as communication between parents and Educators is the foundation for a solid working relationship, and a good child care experience. Before filling out your child care enrollment form, please read through the information contained in this parent handbook.

A Word from EEC

EEC is the agency that oversees the early education and care and after school services for families in Massachusetts. As the agency that licenses child care, EEC has quality standards for all licensed programs to ensure high educational value, as well as health and safety. Having a license means that I have demonstrated that I meet the standards outlined in the EEC regulations.

To obtain your own copy of EEC Family Child Care Regulations, you may download them from the EEC web site at:

http://www.mass.gov/Eeoe/docs/EEC/regs_policies/20090122_606_cmr.pdf

For information about my regulatory compliance history, you may contact our local EEC regional office, whose contact information is as follows:

Department of Early Education and Care

100 Hancock St,4th Floor,Quincy MA 02171

Tel: 617-472-2881

Enrollment/Capacity

My current licensed capacity is 10, which is posted on my license. At any one time, I can only care for the number of children that I've been licensed for, which may include my own children, depending on their ages. In addition, EEC regulations state that I cannot care for more than three (3) children under the age of two (2) without an assistant, with one of those children being at least 15 months old and walking unassisted. If you have concerns or questions about the number of children in my care, please feel free to discuss them with me.

Use of Assistants

I may have an assistant to help care for the child care children, provided they are approved by EEC. If and when I use an assistant, I will let you know ahead of time, and you will have an opportunity to meet the assistant that will be working in the program. I may also use volunteers from time to time, and although they will not be directly responsible for the care of children in the program, they will be on the premises and assisting me.

[] I am not currently utilizing an assistant.

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

Name Certificate # (for assistants)

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Program Hours / Closures (See Attachment A)

Attached to this handbook is a parent / educator agreement that outlines my policies regarding hours of care, late fees and termination. We will review this together and note any additional information that is specific to you and the care of your child(ren).

Sick Policy

I can care for mildly ill children in my program, however there will be times when you will need to keep your children out of the program due to illness. If your child has a fever, diarrhea or vomiting, you should keep them out of care until those symptoms have resolved for 24 hours. My additional policies regarding caring for ill children are as follows:

I'll be constantly monitoring mildly ill children's symptoms and temperature. Please plan to pick up your children in an event when you receive a text/call from me stating your children is having fever, diarrhea, throw up or any other abnormal symptoms that I have noticed.

Plan for Meeting Potential Emergencies

EEC regulations require that I have a plan for meeting potential emergencies that may occur either during child care hours or at any time if they may affect the operation of the program.

In the event of an evacuation emergency, I will contact the local authorities to determine whether or not to evacuate the program, or to remain sheltered at the program.

The escape routes from each floor of the licensed child care space are as follows:

There is a main entrance at ground floor which is primarily use for Pick up/drop off is considered our main evacuation route. We are also using sliding door in the nap room which has access to back deck and the stairs which leads to the back driveway of the house. Similarly there is a door in the kitchen which also leads to the back yard. There is additional door in the basement which has access to the backyard. All doors are posted with the EXIT sign.

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

I'll immediately call 911 and explain the details to the police department, Then I will call parents as well as EEC to inform the situation.

Should the program need to be evacuated in the case of a fire, natural disaster, loss of power, heat or hot water, or any other emergency situation, we will meet at an alternate location. The designated meeting place(s) outside of the program for emergencies are:

1. My neighbor Rob Stefanini House which is next to my driveway located at 186 Scituate St, Arlington, MA 02476. His number is 508-523-6163
2. Brackett Elementary School which is located one block from my house and the address is 66 Eastern Ave, Arlington, MA 02476. Tel no# 781-316-3702

If the program needs to be evacuated, I will notify all parents, as well as the appropriate authorities (fire, police, etc.) and EEC. My method of doing that is as follows (cell phone, neighbor's phone, payphone, etc.):

I will be contacting using my cell phone 857-334-7610

I will ensure that no child has been left at the program after an evacuation by:

Myself and my assistants.

Children's Records

EEC regulations require me to maintain an individual written record for every child I have in care. These records include the information that parents complete at enrollment, as well as progress reports, incident reports and other documentation regarding your child's care. Records are updated at least annually, but may be updated as frequently as is needed.

As a parent, you have access to the record that I maintain for your child, and you have the right to add information or to request that information in your child's record be changed or deleted. You also have a right to receive a copy of your child's record; however I may charge a reasonable fee for that copy.

EEC regulations require that I make children's records available to EEC at any time that EEC may request these records, such as during a licensing/monitoring visit, a complaint investigation, or a financial review of my program. Failure on my part to provide these records to EEC could result in EEC citing me for regulatory non-compliance or taking legal action against my license. When EEC staff members review children's records in order ensure that I am in compliance with EEC regulations, at times they may copy and keep the information found in these records in order to review my compliance with all EEC regulations and policies applicable to my program. This information will be kept in my EEC Licensing file or in EEC's financial monitoring file if the information involves issues related to subsidized care. EEC is required by law to keep confidential any personally identifiable information found in children's records collected and maintained by EEC staff members. EEC has a Privacy Policy which discusses how EEC keeps such information confidential. That policy can be found by going to the EEC website at http://www.eec.state.ma.us/docs1/20101124_eec_privacy_policy.pdf.

Please let me know about any questions you have regarding your child's record.

Maintaining a Safe Environment

EEC has a number of licensing standards related to safety in a Family Child Care Home. Most of these standards outline common safety precautions such as making dangerous materials inaccessible to children, covering outlets, having a first aid kit, practicing evacuation drills, gating stairs, windows, or heating elements, posting emergency numbers, and maintaining a clean, hazard-free indoor space. Also, the outdoor space must be safe and hazard free and there should be no access to a busy street, water, construction materials, rusty or broken play materials, debris, glass, or peeling paint.

Lead Poisoning Prevention

All Family Child Care Educators are required by EEC to provide parents with information regarding the risks of Lead Poisoning. The following are some facts that all parents should know about lead and lead poisoning:

- Lead poisoning is caused by swallowing or breathing lead. Lead is poison when it gets into the body.
- Lead can stay in the body for a long time. Young children absorb lead more easily than adults. The harm done by lead may never go away. Lead in the body can:
 - Hurt the brain, kidneys, and nervous system
 - Slow 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 in their mouths. Children can also breathe in lead dust. Children between the ages of 9 months and 6 years are most at risk.
- Important: Home repairs and renovations also create lead dust.
- Most children who have lead poisoning do not look or act sick. A lead test is the only way to know if your child has lead poisoning. Ask your doctor to test your child for lead. Some children may have:
 - Upset stomach
 - Trouble eating or sleeping
 - Headache
 - Trouble paying attention

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

I am required to disclose to you if I am aware of any known sources of lead in my home. Information regarding known sources of lead in my home is as follows:

NA

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

Supervision

Supervision is critical to keeping children safe. I and any assistants in my program will appropriately supervise children in order to ensure their health and safety at all times. I will use good judgment and consider several factors in determining the appropriate level of supervision for children including age, developmental needs, behavioral characteristics, the nature of activities and the space we are using, as well as the number of caregivers present at any given time. If you have any questions about how I supervise the children in my program, feel free to ask me.

Safe Sleep

Supervision of children is equally important during the times that a child is sleeping at the program, particularly when that child is an infant. EEC has very specific regulations around safe sleep practices. All infants are placed on their backs to sleep, unless a child's physician orders otherwise (such an order must be given to me in writing). I check on children every 15 minutes during naptime. If your child is less than six months old, I will directly supervise them during naptime for the first six weeks they are in care. For more information regarding Safe Sleep, please feel free to review the 'Family Child Care Policies' section of www.eec.state.ma.us.

Curriculum and Progress Reports

All Family Child Care Educators must carry out a routine that is flexible and responds to the needs and interests of children in care. The routine must include things such as; meeting the physical needs of children in care, sixty minutes of physical activity every day, child-initiated and Educator-initiated activities and daily outdoor play, weather permitting. Additionally, the Educator must develop a curriculum that engages children in developmentally appropriate activities by planning specific learning experiences. The curriculum must include things such as; learning self-help skills that foster independence, opportunities to gain problem solving and decision making competencies and leadership skills and opportunities to learn about proper

nutrition, good health and personal safety. I am also responsible for providing an environment that promotes cultural, social and individual diversity.

In addition, progress reports must be completed periodically for all children in care. For infants and children with identified special needs, I will be completing progress reports every three months. For toddlers and preschoolers, those reports are completed every six months, and school age children will have a yearly progress report completed for them.

I will be sharing your child's progress reports with you, as well as offering an opportunity to meet and discuss your child's progress. Feel free to ask me about curriculum and progress reports and how they are implemented in my program.

Child Guidance

When it comes to interactions and the guiding of children's behavior, the goal of all Educators is to maximize the growth and development of children, as well as keep them safe. My Child Guidance Policy is as follows:

Please go through Child Guidance Policy at the back of the document.

Medication Administration

EEC has regulations requiring Educators to have a policy regarding the administration of medication to children in care. As a licensed Family Child Care Educator, I am also required to take medication administration training. The following guidelines are common to all programs that are licensed by EEC:

Prescription Medication

- Prescription medication must be brought to the program in its original container and include the child's name, the name of the medication, the dosage, the number of times per day and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.
- The program will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.
- The parent must fill out the Authorization for Medication Form before the medication can be administered.

Non-prescription Medication

- The program needs written parental authorization to administer oral non-prescription medication. The parent must fill out the Authorization for Medication form, which allows the Educator to administer the non-prescription medication. The statement must be renewed on a weekly basis.
- In the case of unanticipated non-prescription medication that is used to treat mild symptoms (e.g., acetaminophen, ibuprofen), the program must still have written parental authorization, however it must be reviewed annually.
- The Educator will make every attempt to contact the parent prior to the child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

Topical Ointments and Sprays

- Topical ointments and sprays such as petroleum jelly, sunscreen, diaper rash ointment and insect repellent will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.
- When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Educator will follow the written procedure for non-prescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form signed by the parent.

All Medications

- The first dose must be administered by the parent at home in case of an allergic reaction.
- All medications must be given to the Educator directly by the parent.
- All medications will be stored out of the reach of children. All medications that are considered controlled substances must be locked and kept out of reach of children.
- The Educator will be responsible for the administration of medication. In his/her absence, the designated person will be TBD.
- The program will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to unbroken skin) which will include the child's name, the time and date of each administration, the dose, and the name of the person administering the medication. This completed record will become part of the child's file.

- All unused medication will be returned to the parent if possible, or disposed of in accordance with Department of Public Health guidelines.

My additional policies regarding medication administration are as follows:

Parents must give the first dose of the medication

Oral Health

Proper oral health begins at home, and I will be reinforcing good oral health practices with your child each day. If your child is in care for more than 4 hours per day, or he/she will be receiving at least one meal while in care, I am required to assist your child with tooth brushing at the program.

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

I will be providing tooth brushing materials at the program.

Parent Notifications

I am required by EEC regulations to notify you of certain information about my family child care home. These notifications include, but are not limited to:

- an injury to your child;
- allegations of abuse or neglect regarding your child;
- if another educator will be caring for your child;
- the administering of first aid to your child;
- whenever a communicable disease has been identified in the program;
- children being taken off the child care premises;
- the existence of firearms in my home;
- if there are any changes in my household composition,
- prior to any pets being introduced into the program;
- whenever special problems or significant developments arise.

Mandated Reporting

As a licensed Educator in Massachusetts, I must operate my program in a way that protects children from abuse and neglect. As such, I am a mandated reporter (under M.G.L. c.119 s51A) and must make a report to the Department of Children and Families (DCF) whenever I have reasonable cause to believe a child in the program is suffering from a serious physical or emotional injury resulting from abuse inflicted upon the child, or from neglect, no matter where the abuse or neglect may have occurred or by whom it was inflicted.

What I Need From You

The first day your child attends child care, I need a copy of the attached Family Child Care Enrollment Packet. Without these completed documents, which must be updated annually, I cannot care for your child. The reason for this is so I have all the important information and phone numbers I will need in order to provide the best possible care for your child.

Medical Information

Medical information about your child must be given to me within one (1) month from the day your child begins care. There are three (3) pieces of medical information I will need:

1. A statement from a physician or health care professional that says that your child received a physical exam within the past year;
2. Evidence that your child has been immunized as recommended by the Department of Public Health;
3. If your child is nine (9) months of age or older, a statement from a physician or health care professional which says that your child has been screened for lead poisoning.

Please note: Your child's immunization record must be updated and given to me in accordance with the Department of Public Health's immunization schedule. Also, your child's lead screening report must be updated as required by Department of Public Health Regulations. This report must also be given to me. If your child is school age, I can accept a written statement that the required information is on file with the child's school.

Communication and Staying Involved

It is important to keep an open dialogue with me as your child's Educator, and to maintain an active role in your child's care. Feel free to visit, not just at pick up and drop off time, but at a variety of times during your child's day—it's your right as a parent. Please also make sure to follow-up with me if you have any questions about the program or your child's care.

I look forward to working with your family and providing a great experience for your child(ren)!

ATTACHMENT A---PARENT / EDUCATOR AGREEMENT

Anju Sharma Rijal

Program Name: _____

Name of Child(ren): _____

Program Address: 184 Scituate St, Arlington MA 02476

Program Hours / Closures

My normal hours of operation:

Monday to Friday 7:30am to 5:30pm

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

Please follow contract document

If for any reason the program will be closed, I will notify you by:

Text or call

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

Additional schedule for extra hours, holidays, vacation, scheduled appointments will be well communicated with parents in advance.

Child Guidance Policy

To ensure that my home Day Care is providing a safe environment, the following policies and steps will be implemented with the underlying principle that all children will be treated with respect and kindness. The behavior of the Day Care Staff will always be gentle and courteous with age-appropriate explanations.

Combined with set limits, positive guidance, consistency and assurance to make the children feel loved, regardless of their behavior, are our behavior management strategies. A detailed description of our Behavior Management Policy, that is always followed, is explained and discussed with Day Care Staff and Parents (This policy is also included in the Parent and Staff Handbooks).

1. At all times, the Day Care Staff is aware that they act as role models for children. Accordingly, they engage in positive social behavior, respecting the stage of the children's development.
2. The Staff will use "active listening" to acknowledge the children's feelings.
3. Positive messages are used when guiding children's behavior.
4. The Staff will provide a healthy, safe and developmentally appropriate environment that supports and encourages children's exploration and positive interactions.
 - a. Children are provided opportunities to make choices and age-appropriate decisions.
 - b. Transition periods are used to help children make smooth changes in their daily routine.
 - c. Developmentally appropriate materials and experiences are provided to enable children to experience success and eliminate frustration.
 - d. Sufficient play materials are provided to give children the opportunity to play together or alone, if they choose.
 - e. The play environment is changed in response to the children's interests, behaviors and needs.
 - f. The children are provided with long periods of "child initiated" play. This enables the children to experience meaningful play and fully extend their ideas and interests throughout the day.
5. The Staff will provide a safe environment by setting limits and expectations that will enable the children to develop a sense of responsibility for themselves, others and the surroundings provided for them.

a. Through communication with Parents/Guardians, Staff will be able to understand issues that may affect children's behavior.

b. Staff are flexible with limits - keeping in mind the children's developmental level. Children are given the opportunity to offer solutions to problematic situations.

c. Using effective communication skills.

6. The Staff set reasonable consequences for inappropriate behavior. Consequences must be immediate yet respectful and in relation to the child's behavior and individual needs. Adults then explain the consequences for inappropriate behavior in language the child is able to understand.

7. The Staff uses problem solving strategies which in turn, encourages children to reduce conflicts with one another. Problem solving strategies also help develop self-control, a sense of responsibility and recognition of the needs of other children.

8. When there are situations of continued inappropriate behavior, I'll will meet with the child's Parents/Guardians to develop a common strategy to deal with the behavior.

During early childhood years, children are learning to be in charge of their own behavior. We believe in establishing consistent, easy-to-understand limits and in having teachers who respond to inappropriate behavior with insight, sensitivity, and skill. When clear, consistent and appropriate age limits are present; children increasingly become responsible for themselves. When out-of-bound behaviors do occur, we believe it is important for children to understand why the behavior is inappropriate and how to modify it. The range of activities will give your child the freedom and ability to experience success and become self-directed. Teachers are also trained to skillfully direct behavior along appropriate channels. Children are encouraged to verbalize their feelings to learn to positively work through strong emotions. Teachers act as role models and encourage children's appropriate behaviors. Under no circumstances is corporal punishment permitted. Discipline will not be associated with food, rest or toileting.

We believe that it is our responsibility to provide children with positive guidance and in our experience, most children will respond well to our approach. In the event that a child does not respond, we will notify the parents and work closely with them to develop a plan to help the child gain self-control and a positive attitude toward their peers and teachers. Should the child's continued negative behavior put themselves, their peers or their teachers at risk for physical harm or, if the child damages Center property, we reserve the right to ask the parent to withdraw the child from the Center. While we understand the developmental tendencies of children experimenting with inappropriate language to shock others,

withdrawal may also be requested for those children who are verbally abusive, including the repeated use of inappropriate language with other families consider offensive.