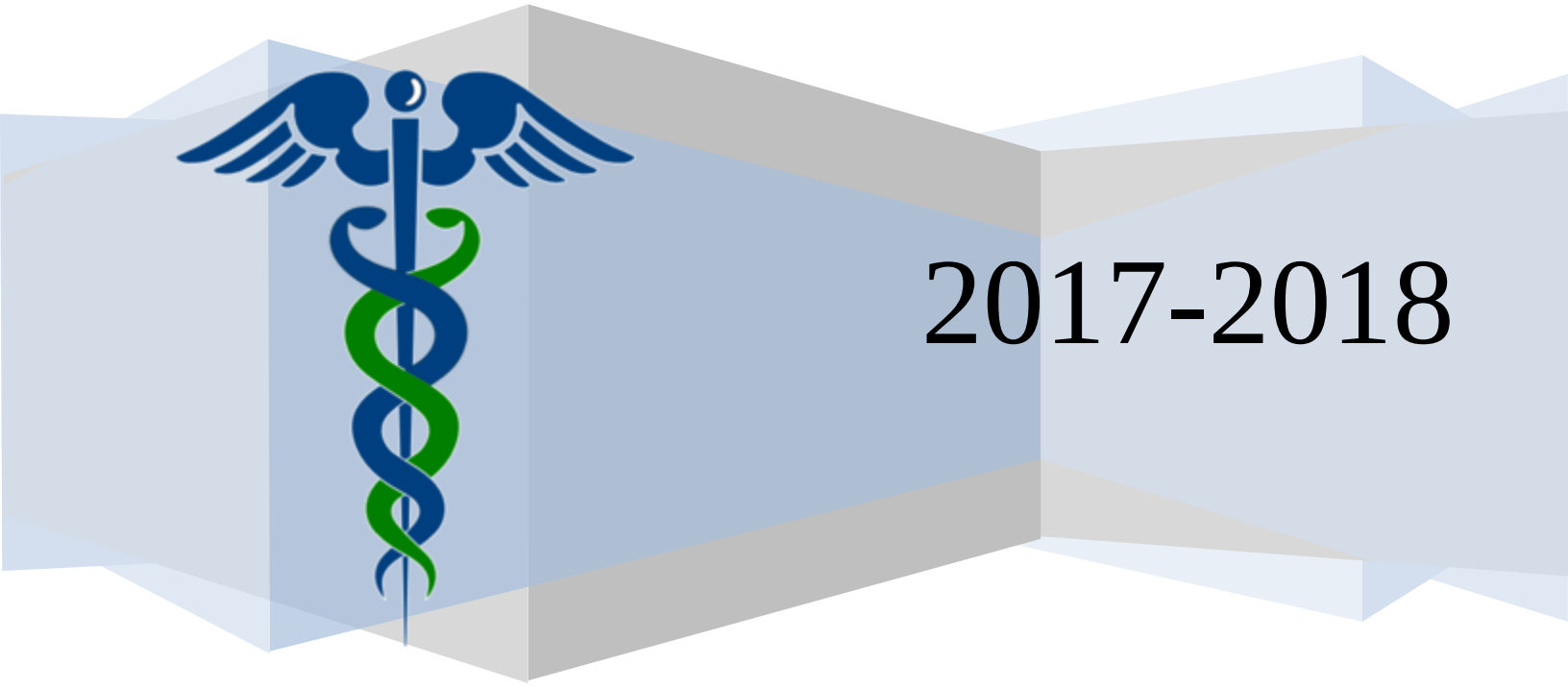
Framingham Centre Nursery School

Healthcare Policy

[606 CMR 7.11(19)(a,c), 7.11(5,7,9,16)]

Jacey Norton



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FCNS, Inc. Healthcare Policy [606 CMR 7.11(19)(a,c), 7.11(5,7,9,16)]

This Healthcare Policy is provided to each staff member and is posted on the side of the office mailboxes. The completely equipped first aid kit is kept in the upper drawer of the large filing cabinet in the office; the outdoor first aid kit is kept by the door to the playground and is moved to the playground to hang on the fence above the sandbox; there is a first aid kit present in the gym and music room during those classes. Each classroom has its own first aid kit.

Framingham Centre Nursery School will adhere to the general and group-specific requirements of the MA Department of Early Education and Care for care of children:

I. [606 CMR 7.11(19)(a)1.] Location of: **Framingham Centre Nursery School, Inc. – 508-875-8260**
First Parish in Framingham Unitarian-Universalist Church
24 Vernon Street
Framingham, MA 01701

Corner of Edgell Road and Vernon Street on the Common in Framingham Centre. Nursery School is on the lower level of the low building. Entry is in the rear of the building by the playground through a number-pad protected door.

II. [606 CMR 7.11(19)(a)1.] Emergency Telephone Numbers

A. Healthcare Consultant – Anne Ferrari-Greenberg, RN BSN
158 A Pond St., Ashland, MA 01721
MA Lic. #15840
508-641-1984 (cell)
508-881-5107 (W CPR Services)

B. **Fire Department – 911**
C. **Police – 911**
D. Ambulance/Rescue – 911
E. Poison Control Center – 800-222-1222
F. **Metrowest Medical Center – 508-383-1000** - 115 Lincoln Street, Framingham
G. **Children's Hospital** – 617-355-6000 - Longwood Avenue, Boston
H. **Designated adult** – At least two staff members are on the premises at all times during hours of school operation. All staff are trained in the Healthcare Policy, emergency and evacuation procedures, standard precautions, and hold a current certification in basic first aid and CPR for children. At least one on site at all times is trained in medication administration procedures.

III. Information to Be Given to 911 Dispatcher in the Event of an Emergency

A. Name
B. Nature of emergency
C. Telephone number
D. Address
E. Brief directions
F. Exact location of injured person

DO NOT HANG UP BEFORE OTHER PERSON HANGS UP

IV. [606 CMR 7.11(19)(a)2.] In the Event of Injury or Severe Illness:

A. An unstable child is transported via ambulance with a familiar adult from FCNS. The Parent or emergency contact person is notified by office staff. Emergency Authorization and Release form ("Green Sheet") will accompany the child.

B. When a stable child's condition can be maintained, the parent or emergency contact person will be notified and will transport the child in their car. The "Green Sheet" permission form will be taken along by a person other than a parent.

V. Other Telephone Numbers

A. NSTAR Gas and Electric (Trouble and Emergency) — 800-592-2000
B. Boston Gas (Emergency) — 800-572-9337; (Service/Heating) — 800-572-9330
A. John Dempsey (Plumbing) — 508-653-6940
D. Al Jones (Electrician) — 508-429-2053

VI. [606 CMR 7.11(19)(a)2.] Procedures for Medical and Dental Emergencies and Illness. Available to parent(s) at child's admission in the Parent Handbook at www.fcnsma.org.

A. Method of transportation and notification of parents

1. A teacher (all are **trained** in emergency policies and evacuation procedures, and standard precautions; Directors, designated administrators and the office office assistant/floater are trained in medication administration) will assess a child to determine if he/she is stable.
   a) If the child is unstable, 911 is immediately called. While the child is waiting for 911 a teacher is with him/her. All teachers are trained in first aid and at least one per each group of children are trained in CPR. Every effort is made to notify a parent by calling emergency telephone numbers designated by him/her. If the parents cannot be reached, parental designates are called. These numbers are on the "Green Sheets" kept in the green accordion folder on the shelf above the office assistant's desk. If a parent/designate has not arrived at school by the time the ambulance arrives, an adult familiar to the child (teacher or a director) accompanies the child to the Framingham campus of Metrowest Medical Center and remains with the child until the parent/designate arrives at the hospital. The child's Emergency Authorization and Release Form ("Green Sheet"), which contains insurance information for the child, will be taken by the teacher to the hospital.
      (1) Emergency transportation is handled by the town of Framingham after 911 is called. Our closest and designated site of emergency care is the Framingham campus of Metrowest Medical Center. The hospital has been so informed.
   b) If the child is stable, then a parent is notified by calling emergency telephone numbers designated by him/her. These numbers are on the "Green Sheets" kept in the green accordion folder on the shelf above the office assistant's desk. The parent is required to come to school. If necessary, the child's physician is called and an assessment is made as to whether or not it is safe for the child to be transported by the parent. If it is not appropriate for the parent to transport the child, 911 is called.
   c) If a parent cannot be reached and the child is stable, the child's physician is called to help determine whether immediate medical attention is required. If it is, 911 is called and a familiar adult (teacher or a director) accompanies the child to the hospital. The child's Emergency Authorization and Release Form is taken by the familiar adult to the hospital. If immediate medical attention is not required, parental designates are called. If no one can be reached, the familiar adult remains with the child until someone can be reached and arrives at the hospital.
   d) If a child has a dental emergency and a tooth has been knocked out, a parent/guardian is called immediately and the tooth is put in a tooth-saver kit. If we cannot reach a parent, the dental emergency is urgent and puts the child at risk for becoming unstable, the same emergency procedures are followed as in a medical emergency. If the child is stable the same procedures are followed as in a medical emergency.
   e) Emergency procedures for field trips — There is a policy of no field trips at FCNS except for the spring school bus ride for pre-K children. A first aid kit and the Emergency Authorization and Release Form for the children will accompany them in the vehicle(s). Children will wear tags with their names and contact information for FCNS.
2. Staff will be transported similarly. Each staff member has relevant emergency information in the front of her personnel file.

VII. [606 CMR 7.11(19)(a)3.-4.] Care of Mildly Ill Children and Those with More Severe Symptoms (children who become ill at school). [Health and Safety 606 CMR 7.11(8)]

A. [606 CMR 7.11(19)(a)3.] Mild symptoms with which ill children may remain in care – children whose behavior and appearance looks consistent with that of a well child with the exception of a lightly running nose or infrequent cough, or whose Healthcare providers have examined them and determined they are not contagious and are well enough to be at school may remain with their classes.

A. **[606 CMR 7. (19)(a)4.]** More severe symptoms with which ill children may not remain in care – children who state that they don't feel well or who don't look well are evaluated for fever, headache, runny nose, sore throat, abdominal pain, etc. If any significant signs or symptoms are identified, the family is notified and required to pick up the child. Ill children with temperature greater than or equal to 100.6° F, vomiting, diarrhea or irritability are not permitted to remain at school. In addition, children who are too ill to participate in program activities are also unable to remain at school. In the intervening period there is a quiet space in the office where the child rests on a washable mat apart from the other children and is cared for by a director or office staff until he/she is picked up. All staff members have been trained in the following areas:

1. Recognition and documentation of symptoms of illness
2. How communicable diseases are spread
3. Handling bodily fluids
4. Handwashing
5. First aid

B. The directors and office assistants have been trained in the following areas:

1. General practices and procedures for the care and comfort of sick children
2. When and how to call for medical advice
3. Taking children's temperature

C. The mat is then disinfected with bleach solution (as per TA-OFC-01, posted over the sinks in the hall closet and in the furnace room) or a commercial anti-bacterial agent.

D. Specific precautions taken with children who demonstrate gastrointestinal, conjunctival, skin, respiratory or direct contact infections

1. Children with gastrointestinal, conjunctival, respiratory or skin infections are separated from the group and their parent(s) are requested to pick them up since these illnesses are primarily spread through direct contact or possibly via fomites.
2. Toys and other objects that have been handled by these children are removed from use and disinfected with standard bleach solution or a commercial anti-bacterial agent.

VIII. [606 CMR 7.11(19)(a)5.] <u>Medication Training</u>. [606 CMR 7.11.(1)(b)]

A. The directors, acting administrators and office assistant/floater have been trained, evaluated and approved annually by the FCNS Healthcare Consultant on safely administering medication (other than topical) as follows:

1. The five right practices are documented each time medication is administered, verifying:
    1) The right child (first and last name) receives
    2) The right medication
    3) In the right dose
    4) At the right time
    5) By the right method
2. In addition, the director or acting directors will check the school allergy list to be sure the child is not allergic to the medication. If there are any questions, we will call the child's Healthcare provider.
3. If the child has a rash after medication is administered, the director or acting directors **cannot** continue to administer the medication.
4. FCNS staff will watch the child for 15 minutes after medication is administered in case the child reacts in an unexpected way.
    a) If the child has unexpected anaphylaxis and we have no on-site EPI-PEN for that child, FCNS staff will call 911 immediately and will perform CPR if the child loses consciousness and stops breathing.
5. If the director or acting directors must use a child's EPI-PEN, the time is noted and 911 is called immediately. We cannot administer a second EPI-PEN should the child have one on-site, but it can be administered by EMTs.
6. FCNS will document that medication is returned to parents at the end of each day.
7. FCNS will document when a medication has been changed in mid-medication period.
8. FCNS will document that we have fulfilled our responsibility to administer a medication if the child's Healthcare provider rescinds the medication order before completion of the prescribed medication period.

B. At least one educator with training in medication administration is present at any and all times when children are in care.
C. Each person who administers any medication, other than oral or topical medications and epinephrine auto-injectors, will be trained by a licensed Healthcare practitioner and must demonstrate annually to the satisfaction of the trainer, competency in the administration of such medications.
D. FCNS will ensure that each educator, including those educators who do not administer medication, receives training in recognizing generic medication side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program.

IX. [606 CMR 7.11(19)(a)5.] Policy for Administering Medication. [606 CMR 7.11(2)] Available to parent(s) at child's admission in the Parent Handbook at www.fcnsma.org..

A. The FCNS Policy for Administering Medication provides for administration of any medication **only** if ordered by a child's Healthcare provider and with the permission of the child's parents /guardians. Non-prescription topical sunscreen, insect repellent or skin cream are the only exceptions and require written parental consent alone.
B. All medication of any kind administered to a child will be provided by the child's parents, unless noted in [606 CMR 7.11(2)(e)]
C. All prescription medications will:
    1. be in the containers in which they were originally dispensed, with their original labels affixed with the date the prescription was filled
    2. or the recommendation was obtained from the child's licensed Healthcare provider,
    3. the expiration date of the medication of the period of use of the medication,
    4. the name and strength of the medication,
    5. instructions on how to administer and store it.
    6. Over-the-counter medications will be in the original manufacturer's packaging.
D. The educator will not administer any medication contrary to the directions on the original labeled (prescription) container, unless so authorized in writing by the child's licensed Healthcare practitioner. Any medications without clear instructions on the container will be administered in accordance with a written physician or pharmacist's descriptive order.
E. Unless otherwise specified in a child's individual Healthcare plan, the educator will store all medications out of the reach of children and under proper conditions for sanitation, preservation, security and safety in the locked first aid drawer in the office during the time the children are in care (FCNS does not transport children).
    1. Those medications found in United States Drug Enforcement Administration (DEA) Schedules II through V will be kept in a secured and locked place at all times when not being accessed by an authorized individual.
    2. Prescription medications requiring refrigeration will be stored in a way that is inaccessible to children in a locked refrigerator maintained at temperatures between 38°F and 42°F.
F. Notwithstanding the provisions of 606 CMR 7.11(2)(e), emergency medications for a child such as epinephrine auto-injectors will be immediately available for use as needed by being carried on the person of the assistant responsible for that group of children.
G. Medication Disposal Policy. FCNS will ensure disposal of all pertinent medications in accordance with policies of the Department of Public Health (DPH), Drug Control Program.
H. When possible, all unused, discontinued or outdated prescription medications will be returned to the parent and such return will be documented in the child's record. When return to the parent is not possible or practical, such prescription medications must be destroyed and the destruction recorded by a manager or supervisor in accordance with policies of FCNS and the DPH, Drug Control Program.
I. No staff member shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.
J. Each time medication is administered, the educator must document in the child's record the name of the medication, the dosage, the time and the method of administration, and who administered the medication, except as noted in 606 CMR 7.11(2)(k) below.
K. The educator will inform the child's parent(s) at the end of each day whenever a topical medication is applied to a diaper rash.

L. All medications must be administered in accordance with the consent and documentation requirements specified in the medication chart on p. 5 (FCC is Family Child Care)

Regulation Number and Type of Medication	Written Parental Consent Required	Healthcare Practitioner Authorization Required	Logging Required
7.11(2)(l)1 All Prescriptions	Yes	Yes. Must be in original container with original label containing the name of the child affixed.	Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.
7.11(2)(l)2 Oral Non-Prescriptions	Yes, renewed weekly with dosage, times, days and purpose	No in FCC **Yes in Large** and Small **Group** Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.
7.11(2)(l)3 Unanticipated Non-Prescription for Mild Symptoms (e.g., acetaminophen, ibuprofen, antihistamines)	Yes, renewed annually	No in FCC **Yes in Large** and Small **Group** Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature
7.11(2)(l)4 Topical, non-Prescriptions (when applied to open wounds or broken skin)	Yes, renewed annually	No in FCC **Yes in Large** and Small **Group** Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature.
7.11(2)(l)5 Topical, non-Prescriptions (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 not applied to open wounds or broken skin.

X. [606 CMR 7.11(19)(a)6.] Individual Healthcare Plans. [606 CMR 7.11(3)] Includes children with disabilities. FCNS will maintain as part of a child's record, an individual Healthcare plan for each child with a chronic medical condition, which has been diagnosed by a licensed Healthcare practitioner. The plan will describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if the treatment is not administered. **Available to parent(s) at child's admission in the Parent Handbook at www.fcnsma.org.**

A. Procedure for identifying children's specific Healthcare needs, including allergies

1. Parent(s) will identify individual health needs and allergies of their child on the "Green Sheet", developmental history, health form and application. This information becomes part of the child's file, which is maintained with all other health files in the office. The health files are updated at least quarterly and as needed. Typically they are updated every 6 weeks or so because of the size of our school.
   a) Parents will designate in writing to whom they give access to their child's health records. This invariably includes the director, office assistant and the child's teachers. Also having access are the child's parent(s)/legal guardians and regulatory authorities on request.
   b) In the case of an allergy that may present a problem at school, the parent and physician will fill out an Allergy Action Plan (as an Individual Healthcare Plan) for staff to follow to prevent contact with an allergen or steps to take if the child has an allergic reaction.
   c) In the case of a non-allergy specific health need, the parent and physician will provide an Individual Healthcare Plan so that school staff have necessary information and are trained on any procedures necessary to ensure the child's continuing good health. See **[606 CMR 7.11(19)(a)7.**]
2. Any allergy finding or specific Healthcare need recorded by the child's physician on the physical examination form or by parents on other forms is noted. This information is recorded on a list teachers post covered in accessible but not public places where they may refer to the list while not compromising children's privacy.

B. Procedure for protecting children from exposure to foods, chemicals or other materials to which they are allergic or which are not contributors to a healthy environment. FCNS has taken the proactive step of becoming a peanut/tree nut-safe environment.

1. A complete list of allergies and chronic medical conditions is compiled by the office staff and the directors. This list is posted in each classroom and in the office in accessible places protected from the public view where children's privacy is not compromised
   a) The cumulative list of children and their specific precipitant allergens or chronic medical conditions is reviewed prior to the beginning of each school year and periodically throughout the year.
   b) Every effort is made to avoid precipitant allergens or triggers for each child. At times, modifications to our program may be necessary.
   c) Parents will supply appropriate snacks for a child with complex food requirements in order to avoid error.
   d) Signs will be posted outside each classroom notifying parents and staff of the presence of specific allergens for children assigned to that space.
2. Areas that have been recently renovated in the nursery school (painted, carpeted, tiled, etc.) are well-ventilated before they are used by children.
3. Management of outside air pollution
   a) Staff must always be aware of air quality alerts even though Framingham is fortunate to be far enough away from Boston to be protected somewhat from the air pollution that results from the negative effects of car exhaust as people commute from the suburbs to work downtown or in immediately adjacent towns.
   b) On days when there is smog or other air pollution alerts, staff limit children's outdoor and physical activity. If a safer window of time during the day (earlier morning as opposed to near noon) is forecast, staff would change the schedule (after warning the children) to get children outside during that safer time period.

c) We have found that our building says cooler if we close the windows during the heat of the day, which also limits air that is more likely to be unhealthful.

C. Trained staff may administer routine, scheduled medication or treatment to the child with a chronic medical condition in accordance with written parental consent and licensed Healthcare practitioner authorization.

1. Notwithstanding the provisions of 606 CMR 7.11 (I)(b)2., staff will have successfully completed training, given by the child's Healthcare practitioner, or, with his/her written consent, given by the child's parent or the program's health consultant, that specifically addresses the child's medical condition, medication and other treatment needs.
2. In addition to the requirements for the routine, scheduled administration of medication or treatment set forth in 606 CMR 7.1 1(3)(a), any unanticipated administration of medication or unanticipated treatment for a non-life-threatening condition requires that staff must make a reasonable attempt to contact the parent(s) prior to administering such unanticipated medication or beginning such unanticipated treatment, or, if the parent(s) cannot be reached in advance, as soon as possible after such medication or treatment is given.
3. Staff will document all medication or treatment administration, whether scheduled or unanticipated, in the child's medication and treatment log.

D. The written parental consent and the licensed Healthcare practitioner authorization shall be valid for one year, unless withdrawn sooner. Such consent and authorization must be renewed annually for administration of medication and/or treatment to continue. All educators must be aware of the contents and requirements of the child's individual Healthcare plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program by being carried in the educators allergy backpacks.

E. Older child carrying/administering own medication. **NA**

XI. [606 CMR 7.11(19)(a)7.] Plan to Allow Parents to Train Staff in Implementation of Their Child's Individual Healthcare Plan

A. FCNS directors, designated administrators and office staff have successfully completed training given by our Healthcare consultant to administer oral medication and epinephrine auto-injectors. FCNS directors, designated administrators and office staff will successfully complete training given by the child's Healthcare practitioner, or, with his/her written consent, given by the child's parent or the FCNS health consultant, that specifically addresses a child's medical condition requiring any other medication and treatment needs.

XII. [606 CMR 7.11(19)(a)8.] Plan to Ensure All Appropriate Specific Measures Will Be Taken to Ensure Health Requirements of Children with Disabilities are Met – See Healthcare Policy [606 CMR 7.11(19)(a)6.] Individual Healthcare Plans. [606 CMR 7.11(3)] above.

XIII. [606 CMR 7.11(19)(a)9.] Plan for SIDS Reduction NA

XIV. [606 CMR 7.11(19)(a)10.] Procedures for Notification of Mandated Reporting and Preventing, Identifying and Reporting Suspected Child Abuse or Neglect to the MA Department of Children and Families and the MA Department of Early Education and Care [606 CMR 7.11(4)]. Any form of abuse or neglect of children while in care is strictly prohibited. The directors and staff of FCNS operate the Nursery School in ways that protect children from abuse and neglect. **Available to parent(s) at child's admission in the Parent Handbook at www.fcnsma.org.**

A. All childcare workers are mandated reporters of suspected cases of child abuse and neglect. This means that in order to insure the well-being of the children in our care, anyone working for FCNS has a continuing duty under state law to report incidents of possible neglect or abuse, including physical, sexual and psychological abuse, to the director or a Nursery School Board member. A report will then be filed by the director with the Massachusetts Department of Children and Families (DCF). Moreover, in grievous cases, we may refer the matter directly to the police or consult with the District Attorney as well.

1. We do not have discretion in this matter, but must make such referrals whenever we have reasonable cause to believe that a child might have been harmed by anyone, including non-family members. We may be subject to criminal penalties if we fail to report such possible harm. Cooperation in the investigation of any alleged abuse or neglect cases will be fully provided by the Nursery School. The Department of Early Education and Care (EEC) will be informed of any 51A report that is filed.

B. The Nursery School shall protect the children in its care and custody from abuse and neglect in the following ways:

1. Train staff to be sensitive and perceptive.
2. Build a trusting, sharing relationship with parents.
3. Make families aware of community agencies that provide needed support services:
   a) DCF — (Local Office) 508-424-0100
   b) DCF after hours line for reporting child abuse— 800-792-5200
   c) Parents Helping Parents — 800-882-1250 (support group information)
   d) Toll free Parental Stress Hot Line 1-800-632-8188
4. Share information about child development and child rearing techniques with families.
5. Let parents know if signs of stress are recognizable in their children.
6. Encourage mutual sharing of concerns about children between staff and parents.
7. Teach children about their rights to say "No".
8. Teach children that a trusted adult can and should be told about an abusive experience.

C. Telephone numbers of the Department of Children and Families

1. Local office — 508-424-0100
2. DCF after hours line for reporting child abuse— 800-792-5200

D. Identification of suspected abuse or neglect — the staff refers to pp. 271-275 in the *Health and Safety in Child Care* publication

1. Indicators of child neglect — in identifying neglect, the Nursery School shall be sensitive to different cultural expectations and values and different child rearing practices.
   a) Lack of supervision
   b) Lack of adequate clothing and good hygiene
   c) Lack of medical or dental car
   d) Lack of adequate education
   e) Lack of adequate nutrition
   f) Lack of adequate shelter
2. Physical indicators of child abuse
   a) Bruises and welts
   b) Burns
   c) Cuts, tears or scrapes
   d) Injuries to head and face
3. For more serious injuries, we will immediately confer with Anne Ferrari-Greenberg, our Healthcare consultant.
   a) Behavioral indicators of child abuse (physical or emotional)
   b) Overly compliant, passive, undemanding, shy, withdrawn, affectionless, listless, detached
   c) Nervous, hyperactive, aggressive, disruptive, destructive, irritable
   d) Unusually fearful of adults
   e) Fearful of going home or of being left in someone's care
   f) Child may have:
      (1) Repeated nightmares
      (2) Phobias, fear of darkness or bathrooms
      (3) Chronic complaints such as stomach aches
4. Indicators of sexual abuse
   a) Physical indicators
      (1) Difficulty in walking or sitting
      (2) Torn, stained or bloody underclothing
      (3) Complaints of pain, itching or swelling in genital area
      (4) Bruises or bleeding in external genitalia, vaginal or anal areas, mouth or throat
      (5) Vaginal discharge
      (6) Venereal disease or vaginal infections
   b) Behavioral indicators

(1) Unwilling to have clothes changed or to be assisted with toileting
(2) Holds self, wants to be changed although not wet
(3) Extreme changes in behavior such as loss of appetite
(4) Withdrawn or infantile behaviors; may go back to earlier behaviors (such as bedwetting, thumb sucking)
(5) Extremely aggressive or disruptive behavior
(6) Unusual interest in or knowledge of sexual matters; expressing affection in ways inappropriate for a child of that age
(7) Poor peer relationships
(8) Fear of a person or a strong dislike of being left somewhere or with someone
(9) Child reports sexual assault by caretaker

E. Written procedures for the documentation and reporting of any suspected incidents of child abuse and neglect as required by M.G.L. c. 119, § 51A

1. To assure that the documentation and reporting goes smoothly and to avoid confusion, the staff members responsible for the care of a particular child and the director are involved in the filing of a report.
2. Concerns are documented immediately by means of written staff observations.
3. As much detail as possible is recorded regarding the following information:
   a) The name(s), address, present whereabouts, date of birth or estimated age and sex of the reported child(ren) and of any other children in the household
   b) The names, addresses and telephone numbers of the child's parents or other persons responsible for the child's care
   c) The principal language spoken by the child and the child's caretaker
   d) Recording staff's names, addresses, telephone numbers, profession, and relationship to the child
   e) The full nature and extent of the child's injuries, abuse, or neglect
   f) Any indications of prior injuries, abuse or neglect
   g) As assessment of the risk of further harm to the child, and if a risk exists, whether it is imminent
   h) If the above information was given to staff by a third party, the identity of that person, unless anonymity is requested
   i) The circumstances under which staff first became aware of the child's alleged injuries, abuse or neglect
   j) The action taken, if any, to treat, shelter or assist the child
4. Procedure for filing reports of suspected abuse or neglect
   a) The staff understands that, as mandated reporters, we must make a report if we have reasonable cause to believe that:
      (1) A child is suffering from serious physical or emotional injury resulting from abuse inflicted upon him/her, including sexual abuse
      (2) A child is suffering from neglect, including malnutrition
   b) Once the staff has decided a report must be made, the local office of the Department of Children and Families is called immediately, pursuant to M.G.L. c. 119, § 51A. This is followed by a written report to DCF within 48 hours.
   c) The Nursery School will cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the school; providing consent for disclosure to the Department of Early Education and Care of information from, and allowing EEC to disclose information to, any person and/or agency EEC may specify as necessary to the prompt investigation of allegations and the protection of children. The Nursery School understands that failure to cooperate may be grounds for suspension, revocation, or refusal to issue or renew a license.
5. Staff who report suspicions of child abuse or neglect at FCNS are immune from discharge, retaliation or other disciplinary action for that reason alone unless it is proven that the report is malicious.

F. Development and maintenance of written procedures for handling any suspected incident of child abuse/neglect by staff

1. All prospective staff, interns and volunteer or former staff substitutes are carefully screened and background record checked (CORI, DCF) to insure that no unsuitable candidate is hired. Proper staff supervision and regular observations by parents provide for safeguards.
2. Educators are responsible for abuse and neglect if:
   a) The educator admits to causing the abuse or neglect, or
   b) The educator is convicted of the abuse or neglect in a criminal proceeding, or
   c) EEC determines, based upon its own investigation or an investigation conducted by the Department of Children and Families subsequent to a report filed under M.G.L. c. 119, §§ 5IA and 5IB, that there is reasonable cause to believe that the educator or any other person caused the abuse or neglect while children were in care.
3. A director will notify the Department of Early Education and Care immediately after filing a 51A report, or learning that a 51A report has been filed, alleging abuse or neglect of a child while in the care of the Nursery School.
4. The accused staff member is required to take a paid leave of absence until DCF makes the screening decision *(which must occur within 24 hours of the report)*. If the report is screened out *(not enough evidence to investigate)* and EEC permits upon completion of its investigation, the staff member is allowed to resume her position. If the report is screened in *(enough evidence to be investigated – DCF has 10 calendar days to complete the investigation)* the staff member must continue her paid leave of absence until an investigative decision is made by both DCF and EEC. If the allegation is unfounded, the staff member may return to her job. If the allegation is upheld, the Nursery School Committee will make a decision on further steps to take on a case by case basis using DCF and EEC recommendations and requirements as guidelines.

XV. [606 CMR 7.11(19)(c)] Plan for the Implementation and Monitoring of Compliance with Infection Control Procedures [606 CMR 7.11(10])

A. Infection control plan – all educators are trained in infection control
   1. Proper hand washing is to be utilized at all times to help minimize the spread of infectious disease. Hand washing is periodically monitored with adults and closely monitored with children. Teachers wash their hands upon arriving at school each morning. Parents are asked to wash their children's hands upon arrival at school. Volunteers are asked to wash their hands upon entering the school.
   2. Staff members and those children developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored. Educators promote hand washing procedures and health precautions. Staff assists children as needed. Staff and children wash their hands, including back of hands, wrists, between fingers under and around jewelry and under fingernails with liquid soap and running water using friction for at least 20 seconds (children count to 20, sing "Happy Birthday twice or sing the ABC or hand washing song). Hands are rinsed well and dried with disposable towels. The towel is used to cover the faucet while turning water off to avoid re-contaminating hands. Staff and children wash hands at least at the following times:
      a) Before and after water play
      b) Before and after eating or handling food (a wet wipe may be used afterwards only if the classroom has no sink or taking the group back to the bathroom is logistically difficult)
      c) After toileting, diapering or assisting a child with toileting
         (1) Facilities used for hand washing after toileting or diapering are separate from facilities and areas used for food preparation and service
      d) After coming into contact with bodily fluids or discharges (includes sneezes, coughing). Adults should always wear non-latex disposable gloves when in contact with bodily fluids. Wearing such gloves is an optional supplement at any other time, but is not a substitute for washing hands at any time hand washing is required.
      e) After handling animals or any materials contaminated by contact with animals
      f) Before moving to a group with toddler/twos
   3. Staff additionally washes hands:
      a) Before and after administering medication

b) After handling garbage, cleaning tasks or using cleaning products

4. The following precautions are taken to ensure that communal water play does not spread infectious disease: children are not permitted to drink the water; children with sores on their hands are not permitted to participate in the same water other children are using; fresh potable water is used; water is changed before a new group of children participates; when water play is completed the water is drained and the equipment is washed and disinfected.
5. Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized. Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease. When spills of body fluids occur, staff clean them up immediately by washing and sanitizing. After cleaning, staff sanitize such nonporous surfaces as changing pads. Carpet is cleaned by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning. Contaminated materials are sealed in a plastic bag and disposed of in a closed, foot-pedal operated garbage can lined with a plastic bag.
6. Specified equipment, items or surfaces are washed with soap and water and then with disinfectant as needed to maintain a sanitary environment. The disinfectant is either a self-made bleach solution (as per TA-OFC-01, posted over the sink in the hall and in the furnace room) or a commercially prepared product such as Lysol Direct, Pine Sol, or Clorox Disinfecting Wipes that combines detergent and disinfectant (registered by the EPA as a sanitizing solution and used precisely as directed on the label). Equipment, items and surfaces are allowed to air dry. Specific washing/sanitizing schedules are as follows:
   a) After each use:
      (1) Toilet seat inserts
      (2) Sinks and faucets used for hand washing after the sink is used for cleaning a toilet seat insert
      (3) Diapering/changing surfaces
      (4) Mops used for cleaning body fluids
      (5) Bibs **NA**
      (6) Forehead thermometers
      (7) Water table and equipment
      (8) Play/snack tables (also before snack)
   b) As necessary when dirty, a child puts it in his/her mouth or when contaminated by body fluids:
      (1) Toys – if it can't be done immediately, items may be put away until they can be washed and sanitized before being used by another child
   c) Personal items intended for individual use by children, including but not limited to bottles, pacifiers, toothbrushes and sleeping materials, must be labeled with the name of the child for whom they are intended.
   d) Must be monitored for cleanliness and washed and disinfected at least daily:
      (1) Toilets and toilet seats
      (2) Containers, including lids, used to hold soiled disposable diapers
      (3) Sinks and sink faucets
      (4) Drinking fountains **NA**
      (5) Play tables
      (6) Washcloths and towels **NA**
      (7) All non-carpeted floor areas after being swept. Carpeted areas are vacuumed daily.
      (8) Mops used for cleaning
   e) At least weekly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:
      (1) Resting mats
      (2) Sheets, blankets, other coverings – parents provide daily **NA**
      (3) Non-porous floors and mops – see daily above
7. All disinfectant solutions are stored in accordance with manufacturer's instructions and in a secure place out of the reach of children. Disinfectants are stored by the Convenient Cleaning Service in the locked

furnace room on top of the metal supply cabinet out of the reach of children. The detergent/disinfectant used in each classroom is stored on shelves out of the reach of children.

8. Preventing contact with bodily fluids and discharges – **UNIVERSAL PRECAUTIONS** Disposable non-latex gloves provided by FCNS shall be worn by staff while assisting a child with bodily fluids/discharges from an injury, illness or being changed. Disposable non-latex gloves shall also be worn by staff for the clean-up of blood spills and bodily fluids. The contaminated area shall be disinfected. Educators must wash hands thoroughly with soap and water after cleaning up the contaminated area. Used gloves shall be thrown away in a lined, covered container. Bloody or contaminated clothing shall be sealed in a plastic bag, labeled with the child's name and returned to the parents at the end of the day.
9. Storage of individual towels or washcloths **NA**

B. Implementation of infection control plan
   1. During staff orientation, new staff is trained in the previously stated infection control procedures. Returning staff review these procedures prior to the start of each school year.

C. Monitoring of infection control plan
   1. Written procedures and practices for infection control have been evaluated by our Healthcare specialist Anne Ferrari-Greenberg, RN BSN.
   2. The movement of staff within the school permits frequent communication about and observation of infection control practices. If one of the teachers or a director identifies a break in technique, it is discussed at the end of the day or is included in a staff update sent out the next morning. When a child with a specific communicable illness is identified, nursery school policy is reviewed and implemented. Whenever a new situation arises our Healthcare specialist is consulted regarding specific procedures to be implemented.

XVI. [606 CMR 7.11(5)] Injury Protection and Wellness

A. All staff members will be aware of and alert to any hazards needing to be kept out of the reach of children, including danger of electrical shock; burns or scalding from hot liquids, foods and appliances; slipping, tripping, or falling, and sharp or hazardous objects, areas or equipment.

B. The use of any substance that may impair the educator's alertness, judgment or ability to care for children during child care hours is prohibited.

C. Drinking alcoholic beverages on the premises (indoor and outdoor) during child care hours is prohibited. FCNS is an entirely smoke-free facility (indoors and outdoors). Smoking is not permitted in the presence of children.

D. Firearms are not permitted on the premises of FCNS.

E. A cell phone is located in office of the school office to provide a second line for the Nursery School's use.

F. Children and adults must be protected from all unsafe situations. Staff members are to advocate for themselves as well as the children. Anything dangerous or potentially dangerous should be removed, including sources of indoor air pollution. The directors and/or First Parish Chairman of Maintenance Council are to be informed immediately so that repairs, removal, etc. can be made as soon as possible.

G. Close supervision of children by staff, particularly near equipment where injury could occur, serves as an important preventative measure.

H. However, since injury does sometimes occur even under the most preventative conditions, FCNS ensures that the following are easily and readily available at all times, and accompany the children anytime they leave their classroom as a group to go to music/gym or the playground or the building in the care of staff, including during an evacuation and the Pre-K bus safety demonstration and ride:

1. First aid kits – will contain an adequate supply of these items at a minimum:
   a) Adhesive tape
   b) Bandaids
   c) Gauze pads
   d) Gauze roller bandage
   e) Disposable non-latex gloves
   f) Instant cold pack
   g) Scissors
   h) Tweezers

i) Thermometer
j) CPR mouth guard

2. Current family contact information;
3. Information about allergies and known medical conditions;
4. Emergency/life-saving medications for any children (Epi-Pens, inhalers)
5. Phone numbers for emergency services;
6. Authorization for emergency care for each child.

I. Staff members are also encouraged to be vigilant with their own health in following good hygiene and body mechanics practices, including avoiding lifting children and advising the directors of any special health needs. Staff must follow the same exclusion rules when ill as children.

1. Staff who is pregnant must advise the director of any disease exposure contraindicated so that they may be excluded should such an illness present in the school.
2. Resources and referrals are available to support FCNS staff as they are to our families.

J. Central injury, behavioral incident, and action plan logs are located in a labeled notebook on the lower shelf above the office assistant's desk in the school office. Injuries are reported to the office and documented concurrent with said injury by the teacher who administered first aid. Any unusual or serious incidents including behavioral incidents, injuries, property destruction or emergencies are recorded by staff responsible for the child involved. Entries are then made immediately in the the appropriate central log(s) by the office assistant based on the teacher's written incident or accident form. Events frequent or serious enough to require an action plan for management flagged in the central incident log and are recorded in the central action plan log. The directors are responsible for monitoring these logs monthly.

K. Staff are also vigilant to ensure that children's clothing (strings, laces or jewelry) is free from entanglement and strangulation hazards both on and off the playground.

L. To protect against cold, heat, sun injury and insect-borne disease, the Nursery School ensures that:

1. Children wear clothing that is dry and layered for warmth in cold weather. We do not go outdoors to play if the temperature is 20° F or less (wind chill included).
2. Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied sun protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so). Children almost always come to school with skin protection already applied by parents. FCNS can apply sunscreen provided by parents with written permission. Teachers may be asked to re-apply sun protection for a full-day child.
3. **When public health authorities recommend** use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET (staff may apply no more than once a day and then only with written parental permission to do so) are used. Children almost always come to school with insect repellent already applied by parents. FCNS can apply repellent provided by parents with written permission. Teachers may be asked to re-apply insect repellent for a full-day child.

M. Parent(s) will be informed by the staff member involved at the child's dismissal time, verbally if possible, and via an Injury Report Form attached to the child's school bag. We try to get a parent's signature on the form at pick-up. Phone calls to parent(s) are made immediately if the injury is more than a minor mishap. A copy of the form given to the parent(s) is placed in the child's file.

N. Location of storage of hazardous items

1. Toxic substances — all cleaning items are stored out of the reach of children on top of the metal storage cabinet in the locked furnace room or on an upper shelf on the right side of the supply closet.
2. Medications are stored in a canvas bag suitable for evacuating kept with the first aid kit in the locked top drawer of the filing cabinet in the office under proper conditions for sanitation, preservation, security and safety.
3. Matches are stored out of the reach of children on an upper shelf on the right side of the supply closet.
4. Sharp knives are stored out of the reach of children on an upper shelf on the right side of the supply closet or in the small kitchen, which is off limits to children. Teachers keep sharp scissors out of the reach of children.
5. Care is taken to assure that toxic plants are not brought into the school or onto the playground.

O. Protection against environmental hazards such as air pollution (see XI.B.3.), lead and asbestos.
   1. Lead and asbestos abatement has been carried our throughout FCNS space, including the adjacent furnace room.

XVII. [606 CMR 7.11(7)] Emergency Preparedness – Available to parent(s) at child's admission in the Parent Handbook at www.fcnsma.org.

A. Staff will handle all emergency situations in an appropriate manner.

B. All FCNS employees are able to communicate basic emergency information to emergency personel.

C. A school cell phone **(774-279-6448)** is kept charged and in the office along with the emergency backpack with a copy of the children's "Green Sheets' containing emergency phone numbers for parents – the land line number **(508-875-8260)** is the main line of communication. The cell phone is used for communicating with emergency management authorities (to receive instructions for us and/or to give notification we have evacuated) and parents (our location after evacuation).

1. We follow the directions of the Framingham emergency management authorities via reverse 911 system in every case regarding evacuation or sheltering in place.
2. Exit signs are posted in rooms having direct access to the outdoors.
3. Evacuation drills are held monthly, are as varied as possible, and are recorded with all details.
4. Our emergency preparedness plan (below) considers as many scenarios possible, is kept current and meets the needs of all children enrolled, including those with disabilities and those who may need additional assistance evacuating. Parent(s) of a child with known medical or developmental problems or other conditions that might require special care in an emergency participate in developing individual emergency care plans for their child.
5. Cribs **NA**

D. In an emergency if the directors are temporarily absent, the designated acting administrator will take responsibility and institute action. In the director's absence, Program Director Kim Kinz is designated the Primary Acting Administrator of FCNS for 2015-2016 and Peggy Bannon is designated the Secondary Acting Administrator.

E. Evacuation of the building - in an emergency that would require evacuation of children from their classrooms, the following procedures will be followed:

F. Teachers will carry at all times a list of children presently in their care and will also have a backpack or bag when they evacuate containing emergency contact information for those children, first aid kit, diapers (if appropriate) rubber gloves, tissues, wipes, paper cups, graham crackers, liter bottle of water, and a book or game to keep children occupied and calm, plastic bag for diapers or trash. Evacuation procedures will start and end with counting children and matching names to attendance lists (teacher's and master) before the children leave their classroom and after the group arrives at the designated meeting place on the sidewalk at the end of the school parking lot.

G. The directors and office assistants will keep two backpack disaster kits ready at all times for evacuation.
   1. One is for emergency contact information (Green Sheet file), any needed medication, master attendance lists, a first aid kit, the FCNS key ring and an emergency cell phone belonging to the school.
   2. The other is for books and games to keep children occupied and calm, graham crackers, liter bottle of water, paper cups for snack, and other emergency materials (flashlight, tissues, etc.).

H. Primary evacuation route - see attached diagram of exit routes from classrooms and other spaces. Diagrams are posted at each classroom exit.

1. An alarm will be started by the Framingham Fire Department representative, the FCNS directors (or the person acting for them) or by a fire. The Fire Department will be alerted automatically if a real fire/smoke situation should occur.
2. The students in classroom #1 will stay to the left in the hall and will exit out of the center door leading onto the hardtop part of the playground located behind the building. They will then file through the single gate of the chain link fence, up the handicap accessible ramp and along the sidewalk to the end of the parking lot. The teacher in the lead will direct the group along the sidewalk to the destination area at the end of the main parking lot so that everyone will be together.
3. The students in classrooms #2 (Floater will assist) and 6 will stay to the right in the hall and will exit out of the center door leading onto the hardtop part of the playground located behind the building. They will

then file through the single gate of the chain link fence, up the handicap accessible ramp and along the sidewalk to the end of the parking lot.

4. The students in classrooms #3, 4 and 5 will exit through the outside door located in room #4 also leading onto the playground, then through the single gate of the chain link fence, up the handicap accessible ramp and along the sidewalk to the end of the parking lot.
5. The students in classroom #7 will exit through the hall door and file up the parish office stairs, out the door at the top of the stairs, down the front handicap accessible ramp leading to the parking lot sidewalk and along the sidewalk to the end of the parking lot.
6. All groups will vacate the building in a quiet and orderly fashion. One of the two teachers for each class will lead the way out of the building after being sure that all children present that day are with her and the other teacher will be at the end of the group closing the classroom and building doors behind them. A teacher will be assigned responsibility for each disabled child if the disability is such that the child needs assistance evacuating the building safely.
7. One of the teachers is to carry the class attendance list and the class emergency backpack with her to the destination area located at the end of the main parking lot adjacent to the playground area where each group will stand with their teachers to be counted, etc. In inclement winter weather or if there is a heavy snowpack, classes will assemble in the church.
8. The directors will check the bathrooms, Rm #7, the library wing hallway, the Music Room and the Dorothea Dix Room; the office assistant will check Rms #1-6, the small bathroom, the Nursery School wing hallway and the stair well hallway, closing doors as they proceed.
9. Classes will take their emergency backpacks with them to out to the playground, and to gym and music.
    a) If any of the classes are located in the Music Room/"O. Brown" (Wednesday and Thursday) they will also evacuate the building with their emergency backpacks by filing up the parish office stairs, out the door at the top of the stairs, down the front handicap accessible ramp leading to the parking lot sidewalk and along the sidewalk to the end of the parking lot.
    b) If a class is upstairs from the Nursery School main facilities in Scott Hall (gym class on Monday and Tuesday) they will leave the building with their emergency bags/backpacks through the front doors leading to the courtyard. The teacher in the lead will direct the group to the same destination area in the parking lot next to the playground so that everyone will be together.
10. Staff will evaluate the situation with the emergency authorities on site as to the best action to be taken in the present situation.

I. Secondary routes - see attached diagram of exit routes from nursery school rooms. Diagrams are posted at each classroom exit.

1. If any of the primary route exits are blocked or unsafe, teachers would use the remaining lower level exits available or even windows, if necessary.
2. If exiting the back of the building onto the playground is dangerous, teachers from classrooms #1,2,6 and 7 would take their classes up the stairs nearest the church office and out the office door into the parking lot. Teachers from classrooms #3,4 and 5 would take their classes up the stairs nearest Scott Hall and out the front doors into the parking lot. The Teacher in the lead will direct the group to the same destination area in the parking lot next to the playground so that everyone will be together.

J. Once safety is reached, parents will be notified by cell phone using the numbers on the emergency release/authorization form. Authorized emergency contacts will be called if parents cannot be reached.

K. The town of Framingham uses a reverse 911 System to alert residents, schools and businesses to specific emergency situations that affect the whole town or particular areas of it. The emergency system also specifies the safest response that should be made by citizens. Contingency plans and procedures for the following emergency situations:

1. Sheltering in place in the Nursery School – in the event of a hazardous chemical spill, gas leak, hurricane, storm or other reason that would make it unsafe to leave the school building, children will be kept inside in their classrooms with windows closed or in an interior hallway with closed doors, if necessary because of expected high winds.
2. Immediate area evacuation of the Nursery School and/or situations that that would prevent children from re-entering/remaining in the school building until such time as their parents usually pick them up

a) In the event of fire, natural disaster or situation necessitating evacuation from the school building, classes would be taken by the teachers to the church. Access to the church is always possible with a key on the Director's Nursery School key ring. The church phone or the school cell phone will be used to notify parents/caregivers that their children need to be picked up. Emergency phone numbers will be used if parents/caregivers are unavailable.
b) In the event of a loss of power/heat during school hours and if the temperature falls below 65°, dependent on the time of year and time of day, parents/caregivers will be notified by phone that their child needs to be picked up. Emergency phone numbers will be used if parents/caregivers are unavailable.
c) In the event of a loss of water during school hours, parents/caregivers will be notified by phone that their child needs to be picked up. Emergency phone numbers will be used if parents/caregivers are unavailable.
d) In the event of a loss of power, heat or water before school opens, school will be closed until the problem has been corrected.

3. Neighborhood evacuation of the Nursery School and/or situations that would prevent children from remaining in the immediate area until such time as their parents usually pick them up.
   a) In the event that sheltering in the First Parish Meeting House puts children at risk, we would alert neighboring Plymouth Church (508-875-1364 x101 Administrator Pam Davis in church office, 508-875-1001 Plymouth House Nursery School, 87 Edgell Road) that we needed to shelter there. The church phone or the school cell phone will be used to notify parents/caregivers that their children need to be picked up. Emergency phone numbers will be used if parents/caregivers are unavailable.
4. General evacuation of Framingham
   a) If available, Framingham Public Schools busses would evacuate the children and staff from FCNS to safety. The Framingham Police Department would set this plan into action and would notify us via Framingham's reverse 911 phone system what to do.
   b) If FPS busses are not available, we would put children in teachers' cars and evacuate to a safe designated meeting area according to any FPD directive. Safety and specific circumstances will dictate the meeting area, but several FCNS staff live within a mile of the school and could provide a safe place out of the immediate neighborhood. As we are in the center of Framingham, evacuation at a further distance would necessitate our knowing which direction was safest to proceed.

L. Alarm system and evacuation drills
1. The entire Parish House building that houses FCNS is equipped with a smoke/fire alarm system wired directly to the Framingham Fire Department.
2. The directors are responsible for assuring that evacuation drills from each floor level are held at different times of the program day and are practiced with all groups of children and staff every month. Alternative exits are also practiced. Other emergency procedures are practiced annually.
3. The directors are responsible for maintaining documentation of the date, time, route, number of children, and effectiveness of each evacuation drill in an evacuation log kept in the blue EEC loose-leaf binder.
4. Drills are typically conducted using a triangle rather than the alarm system.

M. Emergency reponse codes for other emergencies
1. **"CODE RED"** – All groups should leave the building immediately via their assigned classroom evacuation routes.
2. **"CODE YELLOW INTERNAL"** – Lockdown (we call 911 for an intruder threat or other; get children together away from windows in the hallways)
3. **"CODE YELLOW EXTERNAL"–** Lockdown (reverse 911 where police call us about a neighborhood emergency; get children together away from windows in the hallways)
4. **"ALL HANDS ON DECK"** – Plan for finding lost or missing children
   a) Teachers carry real-time lists of children in attendance. Children are counted frequently during the day to be sure all who should be present in a group are, in fact, with the group.
   b) The moment a child is determined to not be where he/she is expected to be, a teacher reports the missing child to the office.
   c) A director will go without delay to the classroom involved.

d) If the child is not immediately found in the vicinity of his/her classroom the director will broadcast by text message to all classrooms, "All hands on deck." One teacher from each classroom will go to the office right away to help in the search. The other teacher will stay with her group.
e) Teachers will fan out across the school, checking in nooks, behind doors and in other spaces a child might think to hide.
f) The director will call 911 and then the child's parents if the child is not immediately found.

XVIII. [606 CMR 7.11(9)] Management of Infectious Diseases – Available to parent(s) at child's admission in the Parent Handbook at www.fcnsma.org.

A. Inclusion/exclusion from school — sickness policy

1. Respiratory viruses (cold viruses) spread easily, particularly at nursery school where children are in close contact with each other. If a child appears ill (cranky, lethargic or feverish) he/she should stay home until his/her Healthcare provider has been consulted. A child with a contagious condition (strep throat, impetigo, etc.) for which antibiotics have been prescribed may not attend school until he/she has had several doses of medicine (at least 24 hours worth). A child on antibiotics with a non-contagious condition (otitis media, sinusitis, etc.) may return to school as soon as he/she feels better. FCNS, may administer medication with your permission and that of your child's Healthcare provider, but we may not administer the first dose.
2. Children with the following symptoms or illnesses should be kept at home until the illness has cleared up:
   a) Fever — When a child has a fever of 100.6° F or more, he/she should stay home until the fever has been normal **without medication** for 24 hours.
   b) Runny nose — If the mucous from a child's nose is discolored, this may be a sign of infection. The child's Healthcare provider should be consulted to determine if specific treatment is necessary.
   c) Beginning signs of a runny nose or watery eyes
   d) Cough that is new or a constant cough
   e) Vomiting – A child should stay home until there is no vomiting **without medication** for 24 hours.
   f) Diarrhea – A child should stay home until there is no diarrhea **without medication** for 24 hours.
   g) Impetigo and conjunctivitis — These are very contagious conditions and must be treated with antibiotics before the child may return to school.
   h) Strep throat — A child with strep must stay home until he/she has had several doses of antibiotics (at least 24 hours worth).
   i) Chicken pox, mumps, etc. — A child who has been exposed to a contagious disease may attend school during the incubation period. The school must be informed if a child contracts the illness so that other families can be told. A child with the illness must stay home until all contagion has passed.
   j) Head lice and pinworm — A child with lice may not return to school until his/her hair has been treated and the eggs have been combed out. A child with pinworm must be treated by a doctor and he/she may not return to school until the pinworms are gone.
   k) All contagious conditions must be reported to the school so that the information can be shared with other families.
3. Staff is trained to notice early signs of illness, particularly at arrival times so as to avoid exposure.
4. Children who present with the above symptoms/illnesses during the day are removed from the classroom as per the FCNS Plan for Care of Mildly Ill Children (children who become ill at school) [606 CMR 7.11(19)(a)3. and 7.11(8)]. Parent(s) are called to pick up their child.
5. **After any illness a minimum of 24 hours with no fever and no fever-reducing medication is required before a child is permitted to return to school.** All children spend part of each day outdoors, weather permitting. It is not possible to make provisions for one child to remain inside when all the other children are being supervised outside. Parent(s) are advised to keep this in mind when deciding whether or not a child has recuperated sufficiently to return to school.

B. All parents are notified verbally and in writing via an email notice of:

1. Reportable communicable diseases (i.e. chicken pox, measles, whooping cough, salmonella, etc.)
2. Any unusual level or type of communicable disease to which their children were exposed

3. Signs, symptoms, mode of transmission, period of communicability and control measures that are being implemented at school and that families should implement at home.

C. Within one month after a child begins school at FCNS, parents must present a current health form documenting a physical examination within the past year and all immunizations and lead testing required by the Commonwealth of Massachusetts(CDC-USPHS). The child's health form must note normal and/or abnormal findings from the exam and/or screening tests. Any abnormal findings must be noted in the child's records and will be flagged for FCNS follow-up on the EEC Children's Records Master Checklist.

1. When a child is overdue for any routine health services, parents, legal guardians, or both must provide evidence of an appointment for those services as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemptions.
2. The only two cases in which a child may remain in school without required immunizations are:
   a) If child's Healthcare provider documents that immunization of the child is medically contraindicated;
   b) If the child's parents document that immunizing their child is against their deeply held religious beliefs.
   c) Such documentation becomes part of the child's records.
3. The office assistant in charge of children's records keeps a list of children who are under-immunized because of a medical condition or the family's religious beliefs. Those children will be excluded immediately and for such time as our health consultant advises if a vaccine-preventable disease to which children are susceptible occurs in the program.

XIX. [606 CMR 7.11(16)] <u>Requirements for Pets</u>.

A. FCNS has few resident pets in our program. More are likely to visit with families. All pets will be appropriate for the children in care. Before introducing a pet to the program, the Executive Director will consider the effect on the children's health and safety, including possible allergies, and notify parents in advance, or prior to the child's enrollment.

B. Educators will closely supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals.

C. If pets are kept in the program, the educator will:

1. Ensure that animals, regardless of ownership, are free from disease and parasites and are licensed and/or vaccinated as prescribed by law;
2. Not allow children to take part in the cleaning of the animal's cage;
3. Keep litter boxes inaccessible to children;
4. Ensure that pets are kept in a safe and sanitary manner.

D. Children will not come into physical contact with reptiles because of the risk of <u>Salmonella</u>. Reptiles, if any, in the program must be kept in accordance with Department of Public Health guidelines.