SUNNY DAYS ACADEMY 2025

Sunny Days Academy
25 Merchants Drive Unit 1
Walpole, MA 02081

INTRODUCTION

ABOUT SUNNY DAYS ACADEMY

Sunny Days Academy was established in 2016 by two women, Michelle Fellini and Elizabeth (Betsy) Emerson. Michelle and Betsy met several years before, working as nannies. It was that working experience that gave them a glimpse into the challenges that many families face while searching for quality childcare. The two began planning a developmentally appropriate and education based program, where families would have a real connection with those who are caring for their children.

Sunny Days Academy is dedicated to working with each family to benefit each individual child. We firmly believe in a Team Approach, where communication is key.

MISSION AND PHILOSOPHY STATEMENT

We believe that Sunny Days Academy should promote and provide support for the social, emotional, physical and cognitive growth of each child. Our teachers are committed to helping children ages 0-5years old reach and surpass each milestone, while instilling confidence, respect, and self-awareness. These qualities will help all children flourish in future school settings. At Sunny Days Academy, children learn while playing, allowing them to experience the world at their level, from their own eyes. Our mission will be met by engaging children in developmentally appropriate activities and play, and supporting and encouraging them to explore the world around them.

DEPARTMENT OF EARLY EDUCATION & CARE

Sunny Days Academy is licensed by the Massachusetts Department of Early Education and Care (EEC). For any questions please do not hesitate to contact the EEC directly.

Region 5 - Southeast/Cape and Island Regional Office

1 Washington Street, Suite 20, Taunton, MA 02780
Phone: 508-828-5025; Fax: 508-828-5235

WHO WE SERVE

Sunny Days Academy serves no more than 10 children at a time between the ages of Birth-5 years old.

STATEMENT OF NON-DISCRIMINATION

Sunny Days Academy does not discriminate against any person in providing services to children and their families, or in its employment practices, on the basis of his or her race, gender, age, handicap,

disability, religion, cultural heritage, sexual orientation, national origin, ancestry, political beliefs, marital status, or military status, except that as to the age of the children, the provisions of any license issued to the corporation by any municipality of the Commonwealth shall govern the policy of the corporation. Toilet Training status is not an eligibility requirement for enrollment. Our enrollment and employment practices are consistent with the Americans with Disabilities Act.

GENERAL INFORMATION

ORGANIZATIONAL STRUCTURE

Sunny Days Academy is a mixed aged program serving no more than 10 children at a time, and only 3 of those children may be under 15 months of age. The staff will consist of 2 full time lead teachers, 2 assistant teachers, and 2 substitute lead teachers that will be on call to cover in the event of a regular teacher taking vacation or sick time. The children will go through daily activities as a group with developmentally and socially appropriate modifications for all children.

AVERAGE STAFF RATIOS

School as a whole: 2:10

Under 15 months of age: 1:3

15 months-5yrs: 1:7

Please note these are our minimum ratios. The goal ratio would ideally include a certified assistant changing the ratios to: 3:10, 1:3, and 2:7

HOURS AND DAYS OF OPERATION

Sunny Days Academy is open year-round Monday-Friday 7:30-5:30.

HOLIDAY, VACATION, AND EMERGENCY CLOSINGS

Sunny Days Academy will be closed for all recognized state and national holidays.

Sunny Days Academy will be closed for the following vacations:

Winter Break: This will vary year to year and will follow the Walpole Public School calendar.

Summer Break: We will be closed the first week in July (this may possibly include the end of June- depending on the calendar that year).

We are closed Fridays from mid June-Labor Day (not included in tuition).

Payment is required for these scheduled closings

SDA also reserves the right to close for "Personal" days which will be announced at MINIMUM 24 hours in advance and will not be days we charge for. We will ALWAYS give as much notice as possible but given an emergency situation that we could not find coverage for, we would need to close. This excludes closings mandated by the Walpole Public Schools. Sunny Days Academy will follow Walpole

Public Schools emergency closing and delays. Payment is required in the event of emergency closings & delays

FEES AND TUITIONS

Sunny Days Academy offers a rolling enrollment.. Families may choose the number of days and whether they want full days or half day care at registration. All holidays and vacations are included in tuition. Payment is still required if your child is absent for any reason (illness, family vacations, etc.)

Full Day Care (10 hours):

$90.00 / day

LATE POLICY

There is a 10 minute grace period for your first late pickup. After that you will be charged $5/minute that you are late for pick up. Payment is due within 24 hours. After 1 late pickup you will be charged $5/minute, beginning at 5:30pm

DEPOSITS

A 2 week Non-refundable Deposit is required upon registration. No spot in the program is guaranteed unless a deposit has been paid. This deposit will be applied to, and serve as payment for, your final two weeks.

PAYMENT COLLECTION POLICY

Invoices are sent monthly via PayPal. You are not required to pay via paypal. We accept your direct bank transfers and checks (Made payable to Sunny Days Academy). There is a $35 fee for any returned checks. Payment is due prior to your child attending that week:

Monthly Payments: due first day of month that your child care

Weekly/Bi-weekly: due first day of week your child is in care

HARDSHIP POLICY

In the event of an extended absence due to a family emergency, each family will be offered a 2 week grace period free from payment. The 2 weeks must be used consecutively and are for **emergency use only**. This Hardship Policy is only available once per calendar year.

TERMINATION & SUSPENSION

Voluntary: At least two weeks written notice is required if you decide to terminate care. This will allow us to help with any transitions for your child.
Involuntary: Grounds for immediate termination of care:

- If a child's behavior poses danger to him/herself or others despite repeated efforts by staff to modify behavior.
- Nonpayment of fees.
- Failure to adhere to agreed contract/Handbook..

It is our goal to avoid termination due to challenging behavior. In the event that such a situation occurs SDA will:

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

Once all options have been exhausted and it is deemed that SDA is unable to offer the type of support that the child needs, we will attempt to work with the family to find an alternative program. If Sunny Days Academy chooses to suspend or terminate a child for any reason, the program must provide written documentation to the parents of the specific reasons for the proposed suspension or termination of the child and the circumstances under which the child may return, if any In event of termination due to behavior, any remaining deposit will be returned.

CHILD ASSESSMENT, REPORTS & CONFERENCES

Sunny Days Academy continually assess each child's growth and progress. We will use a variety of formal and informal methods including but not limited to: daily observations, written assessments, and teacher/child interactions. We will meet with parents at least twice per school year to discuss each child's progress and future goals.

Learning Objectives 7.06(1)

Social Emotional 1. Regulates own emotions and behaviors 2. Participates in group situations 3. Establish positive relationships **Language** 1. Listens and understand increasingly complex language. 2. Uses language to express needs 3. Uses appropriate conversational skills **Science and Technology** 1. Demonstrates understanding of living things 2. Uses tools to perform tasks **Social Studies** 1. Demonstrates self-knowledge and awareness 2. Shows basic understanding of people and how they live	**Physical** 1. Demonstrates balancing skills 2. Demonstrates gross and fine motor skills 3. Develop basic self-care skills **Cognitive and Literacy** 1. Demonstrates positive approaches to learning 2. Responds to and understands books 3. Uses classification skills 4. Uses and understands symbols as representation 5. Demonstrates knowledge of the alphabet **The Arts** 1. Explores visual arts 2. Explores dance and movement concepts 3. Explores musical concepts through expression

PARENT INVOLVEMENT POLICY

Sunny Days Academy works in a partnership with parents and families. Parents are always welcome on-site and feedback is encouraged.

TRANSPORTATION

Sunny Days Academy does not provide transportation. In the event of an emergency, staff will walk with children to our Evacuation Meeting Location at: **JFF Concrete 20 Merchants Drive Unit, Walpole, MA**

SAFE ARRIVAL

In the event that a child does not arrive within 30 minutes of their regularly scheduled arrival time, and the parent/guardian has not provided notification of absence or delay, Sunny Days Academy will contact the child's parent/guardian. If the parent/guardian cannot be reached, SDA will contact the child's emergency contact person. Once the child is located, SDA will note the location of the child, name of individual spoken to, and the time on the attendance sheet.

HEALTH CARE POLICY

PLAN FOR INJURY PREVENTION

To prevent injury and to ensure a safe environment, the staff member who opens each classroom is responsible upon arrival each day for monitoring the environment and for the removal of any hazards. Any needed repairs or unsafe conditions should be reported to the Director

The Program Director will monitor the outdoor playground and remove any hazards prior to any children using the space.

No smoking is allowed on the premises.

Toxic substances, sharp objects matches and other hazardous objects will be stored out of the reach of children.

A first aid kit and emergency contacts and telephone numbers for the children will be taken on all field trip. First Aid Kits are located in the office, in both bathrooms, and in the outdoor container (to be brought outside each time)

An injury report for any incident which requires first aid or emergency care will be maintained in the child's file. The injury report includes the name of the child, date, time and location of accident or injury, description of injury and how it occurred, name(s) of witnesses, name(s) of person(s) who administered first aid and first aid required. Staff should use the Accident/Injury Report Form to record the above information. Staff should submit the completed form to the Program Director for review.

Once the Program Director has reviewed the Accident/Injury Report form and has signed it, it should be given to the parent. The parent should be allowed to review it, sign it, and then be given a copy.

The staff member should then log the report in the Central Log of Injuries and then file the report in the Child's file.

Only staff who have a current First Aid will be allowed to administer first aid no matter how minor the injury.

Communicating with Emergency Personnel
In case of a medical emergency, SDA staff call 911 and communicate needed information to the dispatcher, who summons appropriate emergency services.

Staff provide emergency personnel with the following information:

- Caller's name
- The nature of the emergency
- SDA's phone number:
- SDA's address: 25 Merchant Drive unit 1, Walpole, MA

Staff are prepared to communicate and document the following information:

- What was the child doing?
- What equipment was involved?
- Was another child involved?
- Were any hazards involved?
- Were there any witnesses? What did they see?

MINOR INJURIES
A teacher will notify a family about minor incidents at the end of the day and will provide them with an Injury Report to return to the teacher with a signature. All incidents are logged in the office. If your child receives a more serious injury, the teacher will contact you immediately.

Biting
Biting is unfortunately not unexpected in toddler classrooms and can be emotionally charged. Toddlers bite for many reasons and we work to prevent biting in the classroom. If a child is bitten, we administer appropriate first aid and notify parents immediately. Teachers complete both an injury report for the child who received the bite and an incident report for the child who did the biting. Both forms require parent signatures and are documented in a log with copies filed in the child's file. If a child bites 2x in one day , they will be asked to be picked up. They may return the next day.

INJURY REPORTS PROCEDURE
Staff complete an injury report for every injury. If the injury is significant, the staff member calls the parent immediately. Parents receive a copy of the injury report to sign and return to the teacher. The teacher submits the report to the administrative assistant, who logs the report on the injury log and files the report in the child's file. We are required to report injuries treated by a physician to our licensing authority, the Massachusetts Department of Education and Care, within two business days. Any illness or injury that occurs at Fort Hill and requires overnight hospitalization must be reported immediately to the EEC..

FIRST AID & TRANSPORTATION TO HOSPITAL

The following procedures apply to events requiring first aid or further treatment:

- In the case of an emergency or illness (such as seizure, a serious fall, or serious cut), the teacher in charge will begin administration of emergency first aid while the supporting teacher takes the other children to another area or room.
- A supporting teacher sends for assistance and notifies the office of the emergency.
- The office calls 911.
- Calls are made to emergency back up staff for assistance.
- A supervising staff member contacts the parent to come and pick-up the child, or if time is a factor to have the parent meet the child and accompanying staff at the emergency room of NORWOOD HOSPITAL.
- If the emergency is life-threatening, the child is transported to the hospital by ambulance, accompanied by a teacher and the child's file, along with all permission forms, medications, and emergency information.
- If the emergency is not life-threatening, and the parent needs assistance in transporting the child, a staff member offers to accompany parent.
- If parents cannot be reached, staff leave messages on all parents' contact numbers, call the emergency contacts, and continue to attempt reaching parents.
- The incident is documented in writing with a copy placed in the child's file.
- The director notifies EEC

PLAN FOR MANAGING INFECTIOUS DISEASE

Staff will take extra special precautions when children who are ill are diagnosed at the Center and when children who are mildly ill remain at the Center.

Children who exhibit symptoms of the following types of infectious diseases, such as fever, gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the Center if it is determined that any of the following exist:

1. the illness prevents the child from participating in the program activities or from resting comfortably;
2. the illness results in greater care need that the child care staff can provide without compromising the health and safety of the other children,
3. the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of serious illness;
4. diarrhea; more than 1 very loose BM while at care result in child being sent home for day. They may return the following day if symptoms do not continue.
5. vomiting 2 or more times , or vomiting combined with loose stools in the previous 24 hours at home or once at the center;
6. mouth sores, unless the physician states that the child is noninfectious;
7. rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease;
8. purulent conjunctivitis (defined as pink or red conductive with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for readmission, with or without treatment,
9. tuberculosis, until the child in non-infectious;
10. impetigo, until 24 hours after treatment has started or all the sores are covered;
11. head lice, free of all nits or scabies and free of all mites;

12. strep infection, until 24 hours after treatment and the child has been without fever for 24 hours;
13. chicken pox, until last blister has healed over.
14. A fever of 100.5 or greater means exclusion of care for at least 24 hours . Child must be fever free without fever reducing medication for a full 24 hours before returning to care .

A child who has been excluded from child care may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no serious health risk to him or her or to the other children. Children must be fever free (without any fever reducing medicine) for 24 hours before returning to care. SDA may make the final decision concerning the inclusion or exclusion of the child.

If a child has already been admitted to the Center and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc.), he/she will be offered their mat, cot, or other comfortable spot in which to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interests of the child that he/she be taken home, his/her parent will be contacted immediately and asked to pick the child up as soon as possible. Payment is still required if your child is absent for any reason (illness, family vacations, etc.)

When a communicable disease has been introduced into the Center, parents will be notified immediately, and in writing by the Program Director. Whenever possible, information regarding the communicable disease shall be made available to parents. Program Directors shall consult the Health Care Policy for such information. DPH must be contacted when there is a reportable communicable disease in our program.

The program requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health's recommended schedule. No child shall be required, under 102 CMR 7.00 to have any such immunization if his parent(s) object, in writing, on the grounds that if conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contradicted. This must be maintained in the child's file. No child will be admitted into the program without the required documentation for immunizations. (Childhood Lead screening must be done on all children; it is not considered an immunization). The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded from attending when a vaccine preventable disease is introduced into the program. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is 1-888 658-2850.

PLAN FOR INFECTION CONTROL

The program director shall ensure that staff and children wash their hands with liquid soap and running water using friction. Hands shall be dried with individual or disposable towels. Staff and children shall wash their hands minimally at the following times:

- Before eating or handling food;
- After toileting;

- After coming into contact with bodily fluids and discharges; c. After handling center animals or their equipment;
- After cleaning.

The program director or lead teacher shall ensure that the specific equipment, items or surfaces are washed with soap and water and disinfected with a fresh, standard bleach solution (1/4 teaspoon per 1 qt.) using the following schedule:

1. After each use:

- Sinks and faucets used for hand washing after the sink is used for rinsing
- a toilet training chair;
- Toys mouthed by children;
- Mops used for cleaning bodily fluids; and
- Thermometers

2. At least daily:
- Toilets and toilet seats;
- Sinks and sink faucets;
- Drinking fountains;
- Water table and water play equipment; e. Play tables;
- Smooth surfaced non-porous floors;
- Mop used for cleaning;
- Cloth washcloths and towels.

3. At least monthly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:
- Cots, mats or other approved sleeping equipment;
- Sheets, blankets or other coverings;
- Machine washable fabric toys.

All staff should wear non-latex gloves when they come into contact with blood or body fluids. Specifically, gloves should be worn during diapering, toileting, when administering first aid for a cut, bleeding wound, or a bloody nose, or when feeding an infant breast milk.

Gloves should never be reused and should be changed between children being handled.

Proper disposal of infectious materials is required. Any disposable materials that contain liquid, semi-liquid, or dry, caked blood will need to be disposed of in the secured trash receptacle located in the janitor's closet and marked "Biohazardous waste." The bags should be removed and securely tied each time the receptacle is emptied.

Cloth items that come into contact with blood or bodily fluids will be double bagged and sent home.

Each staff member will be trained in the above Infection Control Procedures upon employment and before working with the children and then annually.

PROCEDURES FOR USING AND MAINTAINING FIRST AID EQUIPMENT

Location of first aid kit - First Aid kits are located in the Office and in the Child Care Area. Its location will be marked by a red cross contacted on the front of the container. The first aid kits are stored out of the reach of children but easily accessible in case of emergency.

Portable first aid kits used on field trips will include: first aid supplies, children's emergency contacts and telephone numbers, and change for a pay telephone.

The first aid kit is kept supplied by the program director. First aid kits will be inspected monthly but supplies will be replaced as needed. Staff should report missing items to the program director.

Staff certified in first aid and in accordance with recommended procedures will use all first aid supplies and/or equipment. All staff must be first aid certified within six (6) months of employment. One staff member certified in CPR must be on the premises during all hours of operation.

Contents of first aid kit: Band-Aids, Gauze Pads, Adhesive Tape, Tweezers, Compress, Scissors, Disposable non-latex gloves, Gauze Roller Bandage, Instant Cold Pack, Thermometer, CPR shields

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PLAN FOR ADMINISTRATION OF MEDICATION

Prescription Medication

Prescription medication must be brought to school in its original container and include the child's name, the name of the medication, the dosage, the number of times per and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.

SDA 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

Non-prescription medication will be given only with written consent of the child's physician. The Center will accept a signed statement from the physician listing the medications), the dosage and criteria for its administration. This statement will be valid for one year from the date that it was signed.

Along with the written consent of the physician, the Center will also need written parental authorization. The parent must fill out the Authorization for Medication form, which allows the Center to administer the non- prescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.

The Center will make every attempt to contact the parent prior to be child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

Topical Ointments and Sprays

Topical ointments and sprays such as petroleum jelly, sunscreen, and bug spray, etc. will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.

When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Center will follow its 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 dosage must be administered by the parent at home in case of an allergic reaction.

All medications must be given to the teacher directly by the parent.
All medications will stored in the office, out of the reach of children (in the right upper cabinet or on the refrigerator door shelf if refrigeration if necessary). All medications that are considered controlled substances must be locked and kept out of reach of children.

Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38° F and 42 ° F.

Emergency medications such as epinephrine auto-injectors must be immediately available for use as needed.

The Lead Teacher will be responsible for the administration of medication. In his/her absence, the Program Director will be responsible.

The Center will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time and date of each administration, the dosage, and the name of the staff person administering the medication. This completed record will become part of the child's file.

All unused medication will be returned to the parent.

PLAN FOR MILDLY ILL CHILDREN

Children who are mildly ill may remain in school if they are not contagious (refer to Plan For Infectious Disease) and they can participate in the daily program including outside time.

If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Program Director will contact the child's parent(s). The parent(s) will be asked to pick up the child. The child will be cared

for in a quiet area, a classroom or in the Center's office by a teacher qualified staff member or by the Program Director until the parent(s) arrive to take the child home.

Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH NEEDS

Individual Healthcare Plans
State law requires Individual Health Care Plans (IHCP) for children with chronic medical conditions that may require treatment during program hours. IHCPs must be developed in collaboration with the child's physician and the program's health care consultant. The IHCP must specify the symptoms of the child's condition, the treatment required, the possible side effects of the treatment, potential consequences of failure to provide the recommended treatment, and the training required for staff to give the treatment, as well as who will give the training ....the physician, or with the physician's consent, the program's health care consultant or the parent.

During intake, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly.

All allergies or other important medical information will be posted in each classroom, on the refrigerator in the kitchen, and on the snack storage cabinet. Allergies list will be updated as necessary - new children enroll, unknown allergies become known.

All staff and substitutes will be kept informed by the Program Director so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.

For a child with specific food allergies, the cook will inform the classroom staff of substitutions for snacks and lunches when completing weekly snack and lunch menus.

The names of children with allergies that may be life threatening (ie - bee stings) will be posted in conspicuous locations with specific instructions if an occurrence were to happen. The Program Director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

TRAINING
Parents are allowed, with the written permission of their child's health care practitioner to train staff in implementation of their child's individual healthcare plan.

Staff will be evaluated annually regarding the ability to administer medication.

PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

All staff members are mandated reporters according to Massachusetts General Law C119, Section 51A. This means that if a staff member has a reasonable suspicion of abuse or neglect of a child he/she must file a report with the Department of Child & Family Services

The following procedure will be followed:

A staff member who suspects abuse or neglect must document her observations including the child's name, date, time, child's injuries, child's behavior, and any other pertinent information. The staff member will discuss this information with the Program Director.

The Program Director or the staff member with the assistance of the Program Director will make a verbal report to DSS, to be followed by a required written report 51A within 48 hours.

Department of Child & Family Services # is (508) 668-3679

If a staff member feels that an incident should be reported to DCF, and the Program Director disagrees, the staff member may report to DCF directly.

All concerns of suspected abuse and neglect that are reported to DCF will be communicated to the parents by the Program Director unless such a report is contra-indicated.

PROCEDURE FOR IDENTIFYING & REPORTING CHILD ABUSE/NEGLECT WHILE IN CARE OF SDA

It is SDA's commitment to protect all children in care from abuse and neglect. The following are procedures for reporting suspected child abuse/neglect while the child is in the Center's care.

Any report of suspected abuse or neglect of a child will be immediately reported to the Dept. of Child & Family Services and the Department of Early Education and Care. A meeting will be held with the staff member in question to inform him/her of the filed report.

Dept. of Child & Family Services telephone # is (508) 668-3679
Department of Early Education and Care (508) 828-5025.

The staff member in question will be immediately suspended from the program with pay pending the outcome of the DCF and EEC investigations.

The staff person may not return until the DCF investigation is completed and for such further time as the Dept of EEC requires.

The Program Director and staff will cooperate fully with all investigations.

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. All infants are placed on their backs to sleep, unless a child's physician orders otherwise (such an order must be given in writing). Infants are napped in an individual crib, portacrib, playpen or bassinet, that have have firm, properly fitted mattresses with clean coverings, and do not contain any potential head entrapment areas. Cribs, porta cribs,

playpens or bassinets used for sleeping infants under the age of 12 months do not contain pillows, comforters, stuffed animals or other soft, padded materials.

BACKGROUND RECORD CHECK POLICY

The following people have been approved by the Massachusetts Department of Early Education and Care (EEC) to conduct and review Background Record Checks (BRCs):

Licensee	Michelle Fellini
Reviewers	Elizabeth Emerson

The Licensee and reviewers are approved by the EEC every two years. If there is a change in Licensee or Reviewers, the Licensee will submit the appropriate forms to the EEC.

EEC now requires Sex Offender Registry Information (SORI) checks and fingerprint-based national and state criminal history database checks in addition to Criminal Offender Record Information (CORI) and Department of Children and Families (DCF) background record checks

BRCs are conducted on all employees, student workers, volunteers, substitutes, and interns every two years, or whenever the program receives information that may indicate that a new SORI, CORI, fingerprint check and/or DCF background records check is appropriate.

An applicant may be conditionally hired and have unsupervised contact with children only after all three initial checks -- CORI, DCF, and SORI -- have been approved.

Prior to offering a position, a BRC is completed for every new employee over the age of fifteen. The candidate submits a Request/Consent from for a BRC with a photocopy of a government-approved photo ID. The Licensee/Reviewer submits the Request/Consent form to BRC via mail or online. The decision to hire is made after receiving a "no record/no finding" response to the CORI and DCF check. The "New Interim Optional Policy" regarding the DCF finding is implemented as necessary. If the result is other than "no record/no finding," further review is conducted. If the result is "pending," the candidate is not be offered a position requiring unsupervised contact with children until the pending issue is resolved.

If there is an adverse CORI finding, the candidate is notified of the finding and given a copy of the BRC results. A discretionary review may be conducted and the candidate is offered the opportunity to provide additional information, e.g., a letter of recommendation, a letter from a probation office or information from a mental health professional.

If there is an adverse DCF finding, the candidate is notified of the finding and asked if s/he would like to continue with the hiring process. If s/he chooses not to continue, s/he is considered ineligible for hire. If the candidate wishes to continue, the appropriate box on the EEC notification is

checked and the formed is returned to the EEC BRC unit. Once the redacted copy of the 51B is received, the hiring process continues.

Personnel files include the original Request/Consent for BRC Form, a copy of the photo ID, and one of the following:

- Statement that CORI, SORI and DCF review was completed prior to hire
- Web BRC receipt page signed and dated after the review

If a Discretionary Review is conducted, the information is maintained in a separate and secure location accessed only by the Licensee or Reviewers.

NUTRITION PLAN

The Massachusetts Department of Early Education and Care regulations require programs to follow USDA guidelines for nutrition and food service. All educators at SDA are trained in the USDA nutrition requirements and food choking hazards. The program administrator manages the food program and prepares the snack menu, which emphasizes whole grains, fruit, and vegetables. Snack menus are posted on the website (pending) and on the Parent Bulletin Board in the front entrance. If the menu changes, or if a parent is providing food for the classrooms, classrooms post a note one week in advance listing the ingredients. Teachers wear food service gloves whenever handling or serving food to children. Children frequently participate in preparing food for snack and teachers ensure safe food handling procedures. Filtered water for drinking is obtained in the kitchen and is always available to children. Paper napkins and disposable silverware and dishes are provided for snacks.

Oral Health Care

All children at Sunny days Academy are required by state law to brush their teeth during the school day unless parents sign a form requesting that they not brush at school. Toothbrushes are labeled and stored without touching one another. Toothbrushes are discarded if they fall on the floor, if a child is sick, or after three months.

Preparing Food for Children

In accordance with EEC policy, parents prepare children's food in small, manageable, "ready-to-eat" portions according to USDA choking guidelines. The EEC brochure, Tips to Prevent Choking, may be helpful. The EEC also provides a list of foods that are considered choke hazards. The list is available below, Foods to Avoid to Prevent Choking, and we ask parents to please review the list and be sure that foods are properly prepared if they are sent to school, and to avoid sending foods that present choking hazards. While some of these foods may be eaten at home with close supervision, the situation is very different in a group setting. For example, grapes must be cut in half (quarters for infants and toddlers), the skin must be removed from apples, string cheese is prohibited for children under four-years-old, popcorn is prohibited, etc. We do not allow string cheese for children, regardless of their age. If you would like your child to eat mozzarella, please slice it lengthwise and

then cut it into small portions. Please note that food for preschoolers must be less than 1/2" in length, and smaller for toddlers.

Children determine the order in which they will eat their food. Please pack only food that you are comfortable in having your child eat at any time. For example, if you pack a sweet treat, your child may choose to eat the treat before eating more nutritious food.

Suggestions of healthy lunch foods for preschoolers and toddlers are listed below.
Some children prefer only a few foods, but all children learn to eat a varied diet when new foods are offered more than once.

All items from home such as lunchboxes, thermoses, food containers, or utensils must be clearly labeled with children's names.

Food Allergies
Please be aware that some children have allergies. For this reason, we ask children not to share food with others and may restrict certain foods from the building. Individual teachers may inform parents of any particular food allergies as necessary. We encourage parents whose children have food allergies to provide a supply of non-allergenic snack foods to be kept at SDA. We have determined that *we will be a peanut-free school.* Alternatives to peanut butter include soy nut butter or almond butter.

INFANTS
Parents provide all the food necessary for infants, including baby foods and prepared formula or breast milk. All provisions are stored in the refrigerator. Infants' bottles need to be taken home and washed each day, as there are not adequate facilities for sterilizing bottles or preparing formula. Bottles of breastmilk or formula are refrigerated until right before eating. Prepared bottles of powder formula should be discarded after 24 hours. We will cover, refrigerate, and discard after 48 hours any open containers of concentrated formula. Unused breast milk can be frozen for up to 3 months. Bottle warmers, microwaves, and/or crock pots can not be used by SDA for bottle warming.

Infants are always held when they are drinking from a bottle. We do not prop bottles up nor do we allow children to carry bottles around. Teachers transfer food for babies from original containers to dishes at feeding time. Teachers will not offer new food until after it has been given at home. All items from home such as bottles, food jars, and other containers must be clearly labeled with children's names.

Teachers maintain a current feeding schedule and document the use of either breastmilk or formula, if applicable, new foods introduced, food intolerances and preferences, voiding patterns, and observations related to developmental changes in feeding and nutrition.

TODDLERS AND PRESCHOOLERS
Parents of toddlers and preschoolers provide all the food (parents also provide utensils for preschoolers) necessary for lunch for their children. SDA provides an afternoon snack for toddlers and preschoolers. The snack menus are posted one week in advance online, on the Parent Bulletin Board in the front hall, and on the refrigerator in the kitchen. The snack includes food from two food groups and rice cakes are available as an alternative if children do not like the planned snack. We

offer cereal to infants and young toddlers who are unable to eat rice cakes. Parents send beverages of their own. Filtered water is always available.
Toddler lunches are stored in a refrigerator. We will return substantial leftovers to children's lunch boxes so parents will know what children have or have not eaten. Smaller quantities of leftovers will be discarded.

SNACK AND LUNCH PROCEDURES

Teachers sit with the children during lunch and snack to make these meal times relaxed and warm, with conversation. In this way, the children begin to participate in the social aspects of eating.

We ask parents to prepare lunches that are nutritious and appealing to the child. Please follow the EEC and USDA guidelines in preparing food for your child's lunch.

- Provide small portions, cut in pieces that the child can manage without assistance and that meet the EEC guidelines for chokeable foods (Please see below)
- Choose items you know your child likes.
- Send beverages in a thermos or juice box (no glass bottles, please).
- Do not send food with peanut butter as an ingredient, candy or gum.

Sample Ideas for Prepared Foods

Pureed soups or stews (butternut squash, potato, tomato)
Stir fries with rice and steamed veggies
Pasta with marinara, cheese, beans, or cooked veggies mixed in
Mashed sweet potato or butternut squash
Macaroni and cheese
Guacamole
Smoothies
Cracker sandwiches with thin layer of nut butter or cream cheese
Toast or sandwich with butter, nut butter, cream cheese and jam
Grilled Cheese
Hummus with cooked veggies or chips for dipping
Oatmeal or hot rice cereal
Tortilla rolled up with filling (cut crosswise into very thin pieces)

Additional Suggestions for Healthy Lunch Foods

Vegetables/Legumes (Please boil or steam these so they are soft, and then cut into pieces - pea-size pieces for infants): Carrots Peas Green Beans Sweet peppers Broccoli Cauliflower Cucumber Sweet Potato Beans (need to be cut in half - garbanzo, kidney, white,	**Fruit** (Please remove all peels and seeds and cut into pieces - pea-size for infants) Apples Bananas (may be served with peels) Avocado Cantaloupe/Honeydew Seedless Grapes (okay to leave skin on if cut up small) Strawberries Blueberries Raspberries Peaches

black, pinto, lima) Lentils	Seedless Watermelon Seedless Clementines/Oranges Dehydrated fruits (the kind that melt and turn to mush in your mouth) Apple Sauce Pear Sauce NO raisins, craisins, dried cranberries, or other tough dried fruits for infants and toddlers
Grains (Please send broken or cut into bite-size pieces for infants and toddlers) Crackers Whole grain Bread/Toast No-salt Rice Cakes Cheerios or other cereal Chex Whole grain Waffles or Pancakes Whole grain bagels Graham Crackers Rice Pasta (cut into pieces; pea-size for infants) Couscous / Orzo Bulgur, Quinoa, Other small grains	**Dairy/Meat** Yogurt (without chunks of fruit) Cottage cheese Cream Cheese Cheese (no large chunks; shredded or cut into pea-size pieces for infant – mozzarella, cheddar, etc.) Cold cuts (cut into small pieces, with any tough skin removed) NO string cheese
Other Hummus or Bean dip Low-sugar fruit spreads or jam Soy nut butter or other nut butters (only spread very thinly on something; not in a large chunk)	

Food Served at SDA: **Grains** Kashi crackers Whole wheat bagels Whole wheat English muffins Organic whole wheat waffles Organic Graham crackers Rice cakes Rice Chex **Fruit** Watermelon Apple sauce Peaches Blueberries Strawberries Seedless grapes Cantaloupe Bananas Apples **Vegetables** Cucumbers Carrot Green beans Sweet peppers Garbanzo beans **Dairy** Stonyfield yogurt tubes Fruit spread - low sugar	**Do NOT serve these foods to children at SDA:** Peanuts or other nuts Seeds Spoonfuls of peanut butter or other nut/seed butters Whole kernel corn Popcorn Chewing gum Whole Cherry tomatoes Hard or chewy candy, lollipops Whole grapes, berries, cherries Fruit with pits Whole pieces of canned fruit Apple slices with peel Large chunks of cheese Sausage Hard pieces of partially cooked vegetables Plain wheat germ Fish with bones Tough or large chunks of meat Cookies Hotdogs (whole or sliced into rounds) Raw carrots (in rounds) Potato/corn chips, pretzels Whole beans Marshmallows, Whole olives Peas and other raw vegetables Ice cubes Cooked vegetables that are stringy or hard to chew

Cheddar cheese Mozzarella cheese No fat organic milk **Other** Hummus	String Cheese

Child Care Emergency and Evacuation Plan

Sunny Days Academy
25 Merchants Drive Unit 1
Walpole, MA 02081

Call 911 for ALL emergencies

Poison Control: 617 232- 2120 and 1 800 682-9211
Walpole Police: 508 668-1212
Walpole Fire Department: 508 660-7307

LANDLORD: Joe Fellini

DCF: (781) 641-8500

EEC: (508) 828-5025

Walpole Water/Sewer Dept: 508 520-4915

Heating-: 1 800 645 4328
Electricity- 1 800 322-3223

Emergency Alert System stations: Dean (FM 88.3) & WBZ (AM 1030)
American Red Cross: 617 375-0700

Local Hospital:
Norwood Hospital
800 Washington St
Norwood, MA 02062

Emergency Care Provider: Jennifer McGrath
(508) 921-3366
(781)258-1859

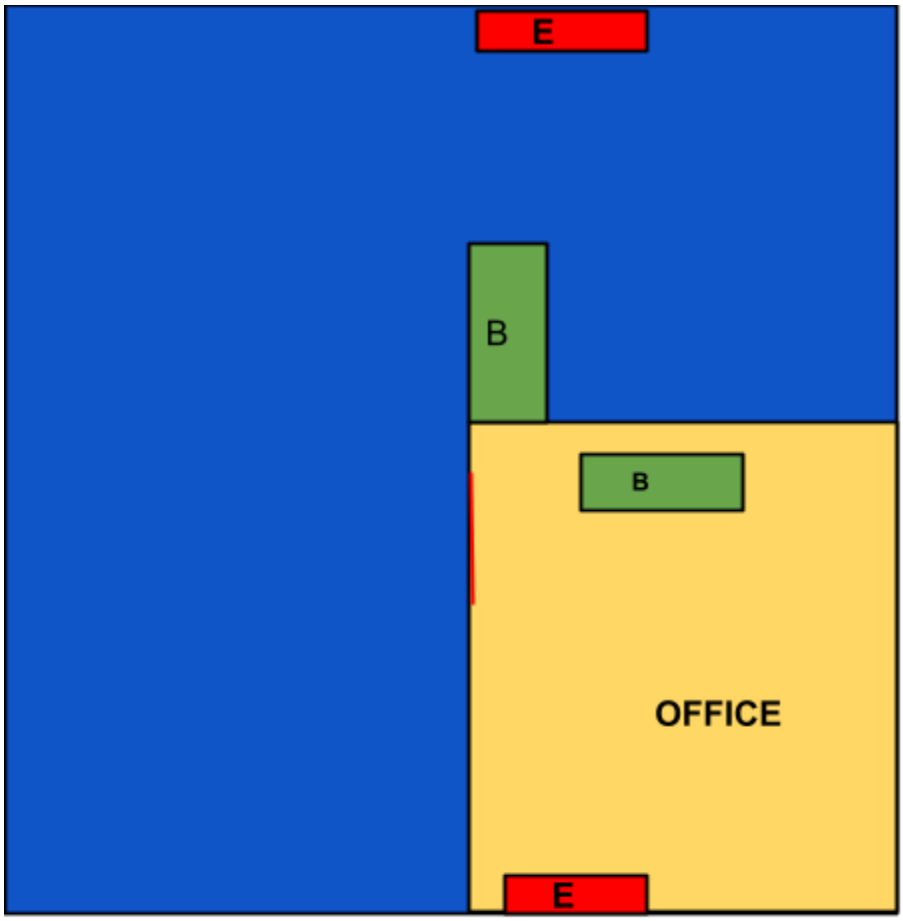
Evacuation Meeting Location: JFF Concrete 20 Merchants Drive Unit, Walpole, MA

Children and staff will be alerted by three (3) blows of the safety whistle and/or the sounding of the smoke alarm.
All must immediately line up single file and walk, NOT RUN, towards the specified Exit. Order must be maintained at all times to effectively communicate instructions.
Primary Evacuation Route: Out the Front Door,
Secondary Evacuation Route: Out the Back Door
Take Attendance
Call **911**
Notify Parents.
Notify EEC.
Reminders: The SAFE evacuation of children is the first priority. Children must never be left without adult supervision.

Call 911 for ALL emergencies

Child Care Emergency and Evacuation Plan
Site Map

Posted in office, bathroom, and classroom



Key:
E-Exit
B-Bathroom
Blue Area- Child Care Area

Emergency Preparedness Plan
This plan must be kept current and will change if needed to accommodate those with special needs

Evacuation Process

When the decision is made to evacuate the Center facility, the Director will make the announcement in the most expeditious way possible that all persons are to evacuate to their assigned assembly area and await further instruction. The building is to be evacuated completely. The Director will notify appropriate personnel and communicate what type of emergency is present.

In the event of an actual fire, the Director will be responsible to notify 9-1-1 of the emergency from a cell phone outside the building once the evacuation is complete.

Center staff will evacuate their children as follows:
Infants
The Infant Supervisor shall put infants in an evacuation crib and move to the designated evacuation assembly area. Upon arriving at the designated evacuation assembly area, all infants must be physically accounted for against the sign-in log and the results reported to the Director immediately.

The Infant Supervisor is responsible to bring all attendance sheets, child rosters, and information sheets. For inclement weather, if possible, take appropriate supplies to protect the infants.

Toddlers and Preschool
The Toddler Supervisor shall be responsible to gather their children in a group and supervise an orderly evacuation to the designated assembly area. The Group Leader is also responsible to bring all attendance sheets, child rosters, and information sheets. Upon arriving at the designated evacuation assembly area, all children must be physically accounted for against the sign-in log and the results reported to the Director immediately.

For inclement weather, if possible, take appropriate supplies to protect the children.

*Note: Under no circumstances are staff to stop for any of their own or children's personal belongings, including, jackets, shoes, purses, etc.

Procedures For Conducting a Fire Drill

1. Inform the staff in advance. The Center Director informs the staff that there will be a fire drill later in the day/week.
2. Familiarize the children with the fire drill. Teachers talk to the children in their classroom about the bell/alarm, rules, and procedures for vacating the building.
3. Evacuate the building. The Director will sound the alarm and the Center will be evacuated.
4. Evacuating Infants and Toddlers: The designated member of the management team goes to the infant/toddler area.

Infants are placed in an evacuation crib and the crib is wheeled outside by the Infant Nursery Supervisor to the designated area.

Toddlers(walkers) proceed immediately with their Group Leader to the outside-designated area.

Group Leaders will count their children and take attendance sheets, emergency information and cell phones with them.

The Center Director or designee checks bathrooms, closets, and "hiding places" for "lost children" and for possible sources of smoke or fire during a real alarm.

The Center Director retrieves the official daily sign-in sheet and cell phone.

Time the drill. The Center Director times how long it took to vacate the building.

Verify accurate recount of all persons. The Center Director or designee checks

with each group to verify an accurate recount of all persons.

Return to the building. The Center Director or designee gives approval to reenter the building. The Center Director or designee helps with infants and toddlers.

Document the completed fire drill. The Center Director completes written documentation that contains the specifics of the drills: date, time and location of fire and the length of time required to vacate building.

Fire drill will be practiced at least once in a month, at different times of the day. All children should have the experience of a practice fire drill to be better prepared for a real emergency.

ASSIGNMENTS OF STAFF

Evacuation Supervisor – Director
Play space operations – Asst Teacher
Pick-Up Assignments, Communications, First Aid – Director

Evacuation Supervisor Assignment: Director
1)Make sure all children are accounted for
2) Determine the safest location for continued operations until children can be picked up and the safest path for all staff and children to get there.
3)Activate the parent/guardian pick-up point assignment. This should be the best location away from the play space areas and first aid station.
4)Activate the communications assignment and provide specific phrases for the caller and information about the parent/guardian pick-up point – when possible, be the one to make contact with those families whose children are injured as a result of the event.
Key Materials: Cell phone, official daily sign-in sheets

First Aid Assignment: Director
Administer First Aid as necessary
Key materials: Complete First Aid Kit, flashlights, batteries, cell phone, and radio contained in a bright, labeled bag.

Communications Assignment: Director
Contact and Confirm all parents/emergency back-up contacts have been actually spoken to.

Play Space Assignment: Assistant Teacher
Determine where to set up different groups of children
Determine the nearest and safest bathroom and arrange for supervision.
Key materials: Prepared Emergency Evacuation Kit (see Emergency Kits and Supplies, Attachment C) including some play materials.

Pick-Up Assignment: Director
Establish an area away from the primary play area and first aid areas to control access.
Key materials: Sign-in sheets; marker/pens and paper

Shelter-in-Place

Shelter-in-place may be ordered to provide emergency protection in the event of a hazardous materials accident or other airborne threat. The public would be advised to remain indoors. Information from local police officials at the scene or over the Emergency Alerting System (EAS) would advise the public concerning seeking shelter and for how long.

Lock Down

Lock down may be necessary to protect children and staff from an intruder or dangerous person in the vicinity. If threatened by an intruder or notified of a dangerous person in the vicinity, the Lock Down procedure is necessary, proper steps will be followed to keep children and staff safe within the facility until police or other emergency responders can respond and eliminate the threat. At Sunny Days Academy, our safest area is the bathroom located in the main classroom.This bathroom has concrete walls & does not have any windows. This bathroom also stores emergency supplies, diapers, etc. A cell phone remains on the Director/Lead Teacher in charge at all times & is brought into the bathroom.

Lock Downs are called by the director/Lead Teacher in charge. **Director/Lead Teacher in charge calls 911.** Director/Lead Teacher ensures all Staff will be notified verbally that a Lock Down is necessary. Each teacher does a head count of the children they are responsible for. Each teacher will gather the individual children that they are responsible for at the time.
Step One: Gather children in bathroom & ask them to quietly sit on the floor, backs against the walls
Step Two: Upon entering the bathroom/safe space, each teacher takes attendance.
Step Three: Turn off lights and close door.
Step Four: Use changing table to barricade door

In the event that the bathroom is not accessible (blocked by intruder), each teacher will evacuate with their children, using whatever door is closest. Teachers are instructed to meet at our emergency meeting place- JFF Concrete. Attendance is taken at the meeting place

When the emergency situation has concluded:
Step One: Attendance is taken again
Step Two: Parents are called
Step Three: Dept of EEC is called

Utility Disruption (water, heat, electricity, other)

The director or person-in-charge contacts utility provider (list by phone in office)if there is a disruption in heat, power, or water.
SDA closes when a disruption in utilities is projected to extend longer than one hour. The director, or person-in-charge, sends an email and makes necessary phone calls to all staff and families announcing the immediate closing and noting that further details, including the anticipated re-opening time, will be sent through email when available.

Snow and Ice Storm
SDA follows the Walpole Public Schools pertaining to closings due to inclement weather. Families are expected to arrive as soon as possible after being notified.

Tornado
Tornadoes occur in Massachusetts, with late spring and summer presenting conditions where tornadoes can form. Weather fronts that can produce tornadoes may also generate severe rain, wind and hail that can cause serious damage. A Tornado Watch means that a tornado is likely over a large area, A Tornado Warning means that a Tornado has been sighted, or is indicated on weather radar in a specific area.
WHAT TO DO IN CASE OF A TORNADO WARNING:
Direct children and staff to an interior area to interior bathrooms if necessary.
Bring to the shelter area:

- Cell phones
- Classroom roster, staff, visitor and student sign-in clipboards
- Classroom Emergency Kit, including children's medications
- Laptop computer
- Battery-operated radio
- Emergency bag from office

Close doors and windows and pull down shades.
If unable to reach a sheltered area, seek protection under a desk or table. If outdoors, seek shelter in a low-lying area, hollow, or culvert, ensuring that everyone lies flat on the ground.

Hurricane
Hurricane season lasts from June through November, but the period of August-September has seen the most hurricanes with an impact on New England. Hurricanes generate winds from 74 to 160 miles per hour. Hurricanes may also trigger tornadoes. If a hurricane warning is issued for Walpole, SDA will alert parents of early closing through the mass notification system.
WHAT TO DO IN CASE OF A HURRICANE WARNING:

- Bring the children indoors
- Secure outside equipment
- Check status of battery powered radio (located in the studio), and flashlights
- Remain indoors until storm passage is confirmed Hurricanes often have a lull as the eye of the storm passes
- Prepare to shelter in the interior spaces with remaining children if necessary

Earthquake
Minor earthquakes are common throughout New England. There is some potential for more serious earthquakes. Damage to structures, and utilities and injury to people from falling debris can be expected.

WHAT TO DO DURING AN EARTHQUAKE: (adapted from the Federal Emergency Management Agency (FEMA) website)

Be aware that some earthquakes are actually foreshocks and a larger earthquake might occur. Minimize your movements to a few steps to a nearby safe place and stay indoors until the shaking has stopped and you are sure exiting is safe.

If indoors

- DROP to the ground; help children take COVER by getting under a sturdy table or other piece of furniture; and tell them to HOLD ON on until the shaking stops. If there isn't a table or desk nearby, tell children to cover their faces and head with their arms and

crouch in an inside corner of the building.

- Stay where you are unless you are under a heavy light fixture that could fall. In that case, move the group to the nearest safe place.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Use any nearby pillows to give children to protect their heads if sheltering in a doorway. Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, loadbearing doorway.
- Stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.

Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
If outdoors

- Stay there.
- Move away from buildings, streetlights, and utility wires.
- Once in the open, stay there until the shaking stops.

The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related casualties result from collapsing walls, flying glass, and falling objects.

If trapped under debris

- Do not light a match
- Do not move about or kick up dust
- Cover your mouth with a handkerchief or clothing
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

After an Earthquake:
Keep calm and ensure that others do the same. Prevent any panic situations.

- Check whether anyone is hurt; give them any necessary first aid. The seriously injured should not be moved except if you have the knowledge to do so; in the event that the situation worsens (fire, landslide, etc.) move the patient with care.
- Check the condition of water, gas and electricity conduits, both visually and by smell; never start machinery. In the event of any anomaly or doubt, turn off the mains switches, and inform the technicians or authorities.
- Do not use the telephone. Only do so in the event of an extreme emergency. Turn the radio on to receive information or instructions from the authorities.
- Be careful opening closets —some objects may have been left in an unstable position.
- Use boots or shoes with thick soles to protect yourself from objects which are sharp or may cut.
- Do not repair damage immediately, except if there is broken glass or bottles containing toxic or inflammable substances.
- Put out any fires. If you cannot control them, contact the fire brigade straight away.
- After a very violent tremor leave the building where you are in an orderly and gradual fashion, especially if the building is damaged.
- Keep away from damaged buildings. Move to open areas.
- After a strong earthquake, other smaller aftershocks follow which may cause additional destruction, especially to damaged buildings. Stay away from such buildings.
- If there are urgent reasons to enter damaged buildings, do so quickly and do not remain inside. Do not enter buildings with serious damage until it is authorized to do so.
- Take care when using tap water since it may be contaminated. Drink bottled and boiled

water.

Flooding
Flooding may result from heavy precipitation and build over several days or occur rapidly in the form of flash foods. Dam failure can inundate downstream areas. SDA may close or evacuate in the event of flood warnings.

Bomb Threat, Suspicious Article or Threatening Message
A threat to personal safety is never discounted as a hoax. Depending on the nature of the threat, immediate action is taken to protect the children. This may include evacuation.
Calls of a threatening nature are recorded as accurately as possible and reported to the police.
Staff report suspicious articles or communications to the director or person-in-charge, who calls the police- they do not attempt to move a suspicious article, package, or letter.

Missing Child
If a child is unaccounted for, staff rapidly search the facility and immediate surrounding area and check the sign-in/out roster to see if a family member picked up the child. If the child was not picked up, staff immediately call 911and continue to search.
If a child is missing or severely hurt, the CECE director will immediately notify

- Massachusetts Department of Early Education and Care (EEC): (508) 828-5025
- Department of Children and Families: (781) 641-8500

Unauthorized/Suspicious Person
The police will be called in the event that an unauthorized or suspicious person is on the property. Staff will not engage with the person.

Incapacitated Adult /Kidnapping
Children are released only to persons designated in writing by custodial caregivers. Documentation of permissions is maintained in the office. If a person is unknown to the staff, and is on the list of persons with permission for a specific child, the staff request an official picture identification before releasing the child. If a person who has not been identified by a custodial caregiver attempts to take a child, emergency procedures for kidnapping are implemented. If a caregiver arrives to pick up a child and staff question his/her capacity to safely care for the child, emergency procedures for incapacitated adult may also be implemented.
No staff member should put herself in a dangerous situation. Call 911

Incapacitated Adult
If a person arrives to pick up a child and the staff member suspects the person is not capable of safely caring for the child, she approaches the caregiver and engages them. If the staff member determines that the child should not leave with the caregiver, the staff member suggests alternative arrangements for the child. If denied, the staff member calls 911 and reports the incident to the Department of Children and Families (781) 641-8500

Kidnapping
If a person arrives to take a child and does not have permission to take that child, staff deny permission for the child to leave. If the person refuses to leave without the child, staff call 911