



Learning is Fun

Family Child Care

Parent's Handbook.

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Mission-

My program's mission is to provide children with a quality education; raise children with strong cultural values, ethics, and morals; teach and aid them in developing their physical, personal, emotional, and social abilities; aid in developing the language skills that will define their educational success in the future; and providing them with the necessary wisdoms both about themselves and their environment so that they grow up both happy and healthy.

Vision-

Learning is Fun has the means to project integral formation processes, aimed at the social and psychological development of the child, taking into account individual differences, and the principles and values that give kids integrity and make them successful in the future.

Philosophy-

The philosophy of my program is that any and all children under my care feel as though they are in an extension of their own home. The atmosphere I will offer them will serve as an emotional bridge between home and their learning center. With my philosophy, one can ensure that the quality of life for these children will be enriched through learning and positive experiences; as well as the parent's peace of mind that together we can create the optimal conditions for the child's development and ultimately their future. My philosophy is a rigid one, and it strictly adheres to these values: teaching and caring for with love, instilling respect, fostering warm and affectionate relationships, and promoting tolerance, coexistence, and solidarity.

Dear parents,

As an educator of licensed family child care, I'd like to congratulate you on having chosen a qualified program. You've taken a very important decision in your child's care. The Department of Early Education and Care and I invite you to join us to ensure a high quality child care environment. This Parent's manual, along with enrollment packet, describes many of my policies, and procedures regarding your child's care as well as the information I am obligated to disclose to you if, and when, your child enrolls under my care. This manual will also communicate many of the standards set by the EEC to ensure that your child's experience with the program is a healthy, safe and educational one.

I encourage you to keep an open dialogue with me, since the communication between parents and teachers is the basis for a solid working relationship and a good child care experience. Before completing the registration form, please read the information enclosed within the parent's manual.

About EEC

EEC is the agency that oversees early childhood education and care and after school services for families in Massachusetts. As an child care licensing agency. The EEC has quality standards for all licensed programs to ensure high educational value, as well as health and safety. For information about my history of compliance, please feel free to contact the Department of Early Education and Care Northeast (Region 3) office located at 360 Merrimack Street building 9, 3rd floor, Lawrence, MA 01843. They can also be reached at by Telephone: (978) 681-9684 or by Fax: (508) 798-5181.

Agency Affiliation

Currently, I am member of a family child care agency called **Community Action Inc.** The Agency is located in 3 Washington Sq, Haverhill, MA 01830. The Agency's phone number is (978) 373-1971. Through my affiliation, I receive normal registrations, subsidized vouchers and DCF registrations, as well as monthly security checks to ensure that my facility is kept up to standard. All people in my household have a CORI reviewed by the EEC.

Obtaining a license demonstrates that I have complied with all of the standards and regulations set by the EEC. To obtain a copy of these standards and regulations, you can download them at the EEC's Website: <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/licensing/licensing-resources-for-family-child-care-providers/licensing-regulations-for-family-child-care-providers.html>

Registration/ Capacity

My current licensed capacity is 8, which is published on my license. At any given time I can care for the number of children that I have been granted in the license. In addition, the regulations of the EEC stipulate that I cannot care for more than three (3) children under two (2) years of age without an assistant, with one of those children being at least 15 months and walking without assistance. If you have concerns or questions about the number of children under my care, please do not hesitate to contact me. My service hours are 7:00 am to 5:00 pm.

Holidays, Emergencies, and Closures

On the days I am scheduled to receive professional training and on holidays there will not be any care, therefore you are responsible for the children. Also, every year I take two weeks of vacation. In the event that I have a personal medical emergency, the children will be provided with substitute care by the Agency, or they can remain with you, but that will be your decision.

Use of assistants

I can have an Assistant to help care for the children in child care, provided they are approved by the EEC. Whenever I use an assistant, I will let you know ahead of time, and you will have the opportunity to meet the assistant which will be working in the program. I also use volunteers from time to time, and even if they aren't directly responsible for the care of the children in the program, they will be on the premises and will help. [*] Currently I'm not using an assistant.

Illness policy

I can care for slightly ill children in my program; however, there will be times when the children will have to be kept out of the program due to illness. If your child has fever, diarrhea or is vomiting, they should be kept out of the care until symptoms have been resolved for 24 hours. Doctor's notes may be requested for care.

Contingency plan to meet potential emergencies

The EEC regulations require me to have a plan to meet potential emergencies that may occur during the hours of child care or at any time if they could affect the performance of the program.

Enclosed with this Parent's manual is a copy of my emergency evacuation plan.

Children's records

The regulations of the EEC obligate me to maintain an individual written record for each child in care. These records include information which parents fill out to register, as well as progress reports, incident reports and other documentation relating to the care of the child. Records are updated at least annually, but can be updated as often as necessary. As a parent, you have access to the file that I maintain for your child, and you have the right to add information or request information on the record to be changed or abolished.

You are also entitled to receive a copy of the record; EEC regulations require that records of the children are available to the EEC anytime that the EEC may request these records, for example, during a licensing / monitoring visit, complaint investigations or a financial review of my program. Failure on my part to provide these records to the EEC could result in my being cited by the EEC for a breach of the rules or the EEC taking legal action against my license.

When EEC staff members are reviewing the records of children to ensure compliance with EEC regulations, they can sometimes copy and retain the information from these records to review my compliance with all the regulations and policies of the EEC that apply to my program. This information will be kept in my EEC license file or the EEC's financial monitoring file if the

information involves matters relating to subsidized care. The EEC is obliged by law to keep secret any personal identifying information that is found in the records of the children collected and maintained by members of the EEC. The EEC has a privacy policy that discusses how the EEC keeps such information confidential. This policy can be found on the EEC website at http://www.eec.state.ma.us/docs1/20101124_eec_privacy_policy.pdf

Please let me know about any question about your child's record..

Maintaining a safe environment

EEC has a number of licensing rules relating to safety in a family child care home. Most of these standards describe common safety precautions such as making the hazardous materials inaccessible to children, covering outlets, having a first aid kit, practicing drills, as well as maintaining open stairways, and clear windows, heating elements, and interior space.

In addition, the outdoor space must also be safe and free of hazards. It must not have access to a busy street, water, construction materials, rusted or broken toys, peeled paint, broken glass or debris. Lead poisoning prevention is required of all family child care educators. Educators are also required by EEC to provide parents with information about the risks of lead poisoning. The following are some facts that all parents should know about lead poisoning:

- Lead poisoning is caused by swallowing or inhaling lead. Lead is poisonous when it enters the body.
- Lead may remain in the body for a long time. Children absorb lead more easily than adults. The damage done by the lead may never go away. Lead in the body can: damage the brain, the kidneys, and the nervous system. It can stunt growth and development, make it difficult to learn, damage hearing and speech, and cause behavioral problems.
- The majority of lead poisoning cases in Massachusetts come from the inhaling of lead based paints in old houses. Many homes built before 1978 have lead paint on the interior and exterior of the building.
- When the old paint cracks and splits, it creates chips of lead and lead powder. Lead dust is also spread from the opening and closing of old windows.
- Lead dust falls to the ground. Lead enters the bodies of children when they put their hands lead covered areas and lead covered toys that they put into their mouths. Children can also inhale lead dust. Children between the ages of 9 months and 6 years old are the most at risk.
- Important: Repairs and renovations in the home also create lead dust.

The majorities of children with lead poisoning are neither seen nor get sick. A lead test is the only way to know if your child has lead poisoning. Ask your doctor to test your child for lead. Some children may have: stomach discomfort, trouble eating, sleeping, headaches, or problems paying attention as mentioned above. If your child has more than nine (9) months of age, you will need to document that your child has been tested for lead poisoning. Most of the

children will be inspected annually up to the age of three (3) or four (4), depending on where the child lives. I am duty bound to notify you if I know of any known sources of lead in my home. For more information about lead poisoning, visit <http://www.mass.gov/dph/clppp> or call program of to the (800) 532-9571 childhood lead poisoning prevention.

Supervision

Supervision is essential to keep children safe. I, along with any assistant in my program, will properly monitor the children to ensure their health and safety at all times. I will use good judgment and will consider several factors to determine the appropriate level of supervision for the children, including age, development needs, behavioral characteristics, the nature of the activities and the space that we are using, as well as the number of caregivers present at the time. If you have any questions about how I monitor the children in my program, please do not hesitate to contact me.

Safe sleep

The supervision of children is equally important during times in which a child is asleep, particularly when that child is an infant. EEC has very specific regulations on safe sleep practices. All babies are placed on their backs to sleep, unless otherwise ordered by a child's doctor (this order should be given to me in writing). I check the children every 15 minutes during their nap. If your child is less than six months of age, I will supervise him/her sleep directly during the first six weeks they are under my care. In addition, if a child is turning onto his/her stomach on his/her own, I will keep a record and continue monitoring.

For more information about safe sleep, please, do not hesitate to check the "Family Child Care Policies" section of <http://www.nichd.nih.gov/sts/Pages/default.aspx#skipnav>.

Curriculum and progress reports

All family child care educators must carry out a routine that is flexible and responsive to the needs and interests of the children in the care.

The routine should include things such as: meeting the physical needs of the children, 60 minutes of physical activity every day, activities initiated by the children and by the educators, as well as daily outdoor activity, weather permitting. In addition, the educator must develop a curriculum that engages the children in appropriate activities for development through the planning of specific learning experiences. The curriculum should include things such as; learning self-help skills that promote independence, opportunities to gain skills in problem solving and decision making and leadership skills, and opportunities to learn about proper nutrition, good health and personal safety.

Curricula are made weekly. A theme is selected based on the interest of the children and / or what is happening in our environment. I complete the curriculum based on the skills of the children and their current goals. They are regularly individualized to help the children meet the developmental milestones. Suggestions and contributions from the parents are always welcome!

I am also responsible for providing an environment that promotes individual, social, and cultural diversity. Here are the ways in which I monitor each child's progress:

- In the first 45 days after the enrollment of the child, I will be doing an ASQ (ages and stages questionnaire). Once completed, I will be reviewing the findings with parents using a parents and teachers conference report, which requires parents to sign.
- Remarks: Observations will be made on an ongoing basis. These observations will help with the competence of assessments and individualizations.
- Teaching Strategies Gold (TSG): will be used as a quarterly evaluation. Once completed, I will be reviewing the findings with parents using a parents and teachers conference report, which requires parents to sign.
- School-age children require progress reports:
 - At 45 days a progress report will be completed and will be reviewed with the parents. Parents must sign the report.
 - At 6 months another progress report will be completed and will be reviewed with the parents. Parents must sign the report.

I'll be sharing your child's progress with you, and I will also offer the opportunity to meet and discuss your child's progress report. Feel free to ask me about the curriculum and progress reports and how they are implemented in my program at any time.

Child's Orientation Policy

When it comes to interactions and guiding children's behavior, all educators aim to maximize the growth and development of the children, as well as to keep them safe. I think that it is very important that the development of a child is nurtured with care, patience and understanding. I understand that occasionally children will find themselves with defiant behavior, but hitting, kicking, spitting, hostile verbal behavior and other behaviors that will harm another child are not allowed.

In response to these behaviors, I will not use:

- Threats or bribes.
- Corporal punishment, even if the parents request it.
- Deprive your child of food or other basic necessities.
- Humiliation or isolation.

In response to misconduct, I:

- Will respect your child.
- Will establish clear rules.
- Will be consistent in enforcing the rules.
- Will use positive language to explain the desired behavior.
- Will speak calmly while getting down to your child's eye level.
- Will give clear choices.
- Will redirect your child to a new activity.

If your child's behavior is very damaging to him/herself or to the other children, I will discuss the problem with you in private and will make the appropriate references if necessary. If the situation can be resolved, the child may remain enrolled. It is very important that we work together now and are open to receiving feedback and try new strategies to help our children achieve a successful social emotional life.

Drug Administration

EEC has regulations requiring educators to have a policy regarding the administration of medication to children in the care. As a licensed family child care educator, I also receive training in drug administration. The following guidelines are common to all programs licensed by the EEC: prescription medication: the prescribed medication must be brought to the program in its original packaging and include the child's name, the name of the medication, the dose, the number of times it must be given daily and the number of days that it will be administered. This label of prescription will be accepted as written authorization from the doctor.

The program will not give any medication contrary to label directions, unless permitted by the child's doctor with a written order.

The parent must fill out a medication authorization form before medication can be given.

Over-the-counter medication

The program requires written permission from parents to administer oral medication without a prescription. The parents must complete the medication authorization form, which allows the educator to manage medication without a prescription. The authorization must be renewed every week.

In the case of non-prescribed medications that are used to treat mild symptoms (e.g., acetaminophen, ibuprofen), the program you must have written permission from the parents; however, it should be revised annually.

The educator will make every effort to contact the parents before the child is administered medication without a prescription, unless the child urgently needs the medication or if contacting the parents will delay care in unreasonable way.

Ointments and topical sprays:

Topical ointments and aerosols such as Vaseline, sunscreen, ointment for erythema and insect repellent will be given to the child with written parental permission. The signed parent authorization shall be valid for a year and will include a list of topical medications without a prescription.

When topical ointments and sprays are applied to wounds, skin rashes or broken skin, the educator will follow the procedure written for the medication without a prescription, which includes the written order from the doctor, which is valid for one year and the drug authorization form signed by the parent. All medications must be administered by the parent at home in case of an allergic reaction. All drugs should be given to the educator directly by the parent. All medications will be stored out of the reach of the children. All drugs that are considered controlled substances must be locked and kept out of the reach of the children. The educator will be responsible for the administration of the medication and the program will keep a written record of the administration of any medication (excluding topical ointments and sprays applied to intact skin) which will include the child's name, the time and date of each administration, the dosage and the name of the person who administers the medication. This completed registration will become part of the file of the child. All unused medications will be returned to the parents if it is possible, or eliminated in accordance with the guidelines of the Department of Public Health.

Oral health

Good oral health begins at home, and I reinforce of good oral health practices with your child every day. If your child is in the care for more than 4 hours per day, or if he / she will receive at least one meal while in the care, I am obligated to help your child with tooth brushing. I will keep the toothbrush in a safe and sanitary location in the program. I will be providing materials for tooth brushing in the program, as long as the parents authorize it. Otherwise I will provide a letter, which will need to be signed, specifying that you do not agree and that tooth brushing will be done at home.

Parent notifications

The EEC Regulations require me to notify you of certain information about my family child care home. These include, but are not limited to: walks or excursions; throughout the year, we will conduct walks in the community and in places of interest for the children (Zoo, library, museums, parks etc.). I will send a letter home ahead of time, informing the parents about the place we will be visiting, time and date and requesting consent, which must be returned and signed. The parents are always invited and welcomed to attend the walks with us. Parents will also be notified if there is an injury to your child, allegations of abuse or negligence with regard to your child, if another educator will take care of your child, the administration of first aid, the identification of a contagious disease in the program, the children that have been removed from

care, the existence of guns in my house, if there are changes in the composition of my home, if pets are introduced into the program, and if special problems or significant developments arise

As an educator licensed in Massachusetts, I must operate my program in a way that protects children from abuse and neglect. As such, I am a mandatory reporter (under MGL c.119 s51A) and I must make a report to the Department of children and families (DCF) whenever I have reasonable cause to believe that a child in the program suffers from a physical injury or an emotional injury resulting from abuse, or neglect, regardless of where it occurred or by whom it was inflicted. On your child's first day in the child care, you will need a completed copy of the attached family child care registration packet. Without these completed documents, which must be updated annually, I cannot care for your child.

The reason for this is so that I have all the important information and phone numbers that I will need to provide the best possible care for your child. Medical information about your child is to be given within one (1) month from the day when your child begins to receive care. There are three (3) pieces of medical information that I will need:

1. A statement from a physician or health care professional that says that your child received a physical examination in the past year;
2. Evidence that your child has been vaccinated as recommended by the Department of Public Health;
3. If your child has nine (9) months of age or more, a statement from a physician or health care professional that says that your child has been tested for lead poisoning.

Please note: your child immunization registry must be updated and given to me in accordance with the Department of Public Health immunization program. In addition, the report of your child's lead testing must be updated as required by the Department of Public Health's regulations. This report should also be given to me. If your child is of school age, I can accept a written statement that the required information is on file with the child's school.

It is important to maintain an open dialogue with me as the educator of your child, and maintain an active role in the care. Feel free to visit, not only during drop off and pick up time, but in a variety of times during the day. Please also be sure to follow up with me if you have any questions about the program or about the care of your child. I look forward to working with your family and providing a great experience for your children!

By signing this, you are documenting that we are in accordance with all of the previous information.

Parent Signature

Date

Provider Signature

Date