



SELA

The International Private School

The School of Early Global Education
2025-2026 School Year Health Care Policy

Health Care Policy

SELA: The International Private School maintains an on-going relationship with a local pediatrician to assure that all health policies are current and that the implementation of procedures for those policies is sound. As required by the Massachusetts Department of Early Education and Care (EEC) a qualified health care consultant reviews all policies required at the time of re-licensing and is available for consultation at all times. In addition, SELA: The International Private School maintains a full time staff of certified or licensed health care professionals within the program to maintain and oversee the implementation of these policies.

The health care policy is reviewed annually to ensure that it is current and aligns with recommendations set forth by the Massachusetts Department of Public Health (MDPH), the Centers For Disease Control (CDC) and the Massachusetts Department of Early Education and Care (EEC).

The health care policy includes the following:

1. The name, address and telephone number of the local health care consultant and local health authority
2. The telephone number of the fire department, police, ambulance, nearest health care facility and the Poison Control Center
3. The telephone number and address of the program, including the location of the program within the building
4. The procedures to be followed in case of illness, injury or emergency, method of transportation, notification of parents, and procedures when parent(s) cannot be reached including procedures to be followed when on field trips
5. A list defining mild symptoms with which ill children may remain in care and more severe symptoms that require notification of the parents or back up contact to pick up the child
6. A plan for the care of mildly ill children at the program
7. A plan for dispensing medication, including;
 - a. Annual evaluation of any staff authorized to administer medication to follow the medication administration procedures specified
 - b. A requirement that parents provide written authorization by a licensed health care practitioner for administration for any non-topical, non-prescription medication to their child. Such authorization shall be valid for one year unless earlier revoked.
 - c. A requirement that parents provide written authorization by a licensed health care practitioner for administration of any prescription medication to their child. For short term prescriptions lasting 10 (ten) days or less, the prescription label may be used as the health care practitioners authorization
8. A plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting and protecting them from exposure to foods, chemicals or other materials to which they are allergic
9. A plan to allow parents, with the written permission of their child's health care practitioner, to train staff in the implementation of their child's individual health care plan
10. A plan to ensure that all specific measures will be taken to ensure that the health requirements of children with disabilities are met when children with disabilities are enrolled
11. Notification to parents that educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families

12. The procedure for identifying and reporting suspected abuse or neglect to the Department of Social Services and to the Department of Early Education and Care
13. The procedures for using and maintaining first aid supplies;
14. A plan for evacuation;
15. A plan for injury prevention;
16. A plan for the management of infectious diseases;
17. A plan for the implementation and monitoring of compliance with the infection control procedures

EEC policies require a written health care policy statement to be provided to each staff member and for copies of the policy to be available on-site. Teachers will be trained in the implementation of this policy during staff orientations, and it will be reviewed annually.

Health Care Policy

The following is posted at each phone

SELA: The International Private School
75 Sargent William B. Terry Drive, Suite 1001
Hingham, MA 02043
781-741-5454

Located within the ***Bayview Business Center*** building, first floor

Site Emergency Contacts

Rachael Mayor, Director of Early Global Education 781-385-1873
Lesly Madden, Assistant Director of Early Global Education 781-206-9965

Health Care Consultant

Kimberly Kostas, RN, BSN, CPN
kkostas@pedinurseconsulting.com,
Cohasset, MA 02025
617-633-4148

Hingham Board of Health

210 Central St
Hingham, MA 02043
781-741-1466

Emergency Telephone Numbers: CALL 911

Fire Department: 781-749-2424
Police: 781-749-1212
Rescue: 781-749-2424
Poison Control Center: 800-682-9211
DCF (Department of Children and Families)/Child Abuse: 781-794-4400 / 800-792-5200

Hospital Utilized for Emergencies

South Shore Hospital
55 Fogg Rd
South Weymouth, MA 02190
781-624-8000

Information to Give in an Emergency

SELA: The International Private School Located within the ***Bayview Business Center*** building, first floor
The nature of the emergency
The location of the Emergency within the building
75 Sargent William B. Terry Drive, Suite 1001
Hingham, MA 02043
781-741-5454

The following is posted at each phone for our Norwell location

SELA: The International Private School
137 Washington St
Norwell, MA 02061
781-741-5454

Site Emergency Contacts

Stacy Dooley, Head Director of Early Global Education 781-490-7443
Eva Rios, Director of Early Global Education 781-385-1744

Health Care Consultant

Kimberly Kostas, RN, BSN, CPN
kkostas@pedinurseconsulting.com,
Cohasset, MA 02025
617-633-4148

Norwell Health Department

93 Longwater Circle
Norwell, MA 02061
781-659-8016

Emergency Telephone Numbers: CALL 911

Fire Department: 781-659-8158
Police: 781-659-7979
Rescue: 781-659-8158
Poison Control Center: 800-682-9211
DCF (Department of Children and Families)/Child Abuse: 781-794-4400 / 800-792-5200

Hospital Utilized for Emergencies

South Shore Hospital
55 Fogg Rd
South Weymouth, MA 02190
781-624-8000

Information to Give in an Emergency

SELA: The International Private School
The nature of the emergency
The location of the Emergency within the building
137 Washington St
Norwell, MA 02061
781-741-5454

| | |
|---|-----------|
| Emergency Evacuation..... | 6 |
| Alternate Shelter..... | 7 |
| Shelter in Place..... | 8 |
| Building Security..... | 9 |
| Missing Child..... | 10 |
| Procedure for Medical Emergency..... | 11 |
| Injury Prevention..... | 13 |
| Assessing Injuries to Children in Care..... | 15 |
| Plan for Managing Infectious Disease..... | 16 |
| Plan for the Care of Mildly Ill Children..... | 18 |
| Plan for Meeting Children’s Healthcare Needs..... | 19 |
| Plan for Infection Control..... | 23 |
| Plan for Using and Maintaining First Aid Equipment..... | 26 |
| Plan for Administration of Medication..... | 27 |
| Plan for Identifying and Reporting Abuse and Neglect..... | 30 |
| Weather Policy..... | 35 |
| Diapering and Toileting..... | 36 |
| Nutrition and Food Policies..... | 37 |
| Plan for Safe Sleep..... | 40 |
| Plan for Child Guidance..... | 41 |
| Plan for Managing the Health and Well Being of Teachers..... | 43 |

EMERGENCY EVACUATION

Emergency Evacuation Plans are posted at all exits, including classroom exits

Each classroom teacher is responsible for the evacuation of children in his or her own classroom.

The classroom teacher will line up his or her students at the doorway for a head-count, and will lead those children out of the building via the nearest, safest emergency exit. The teacher will then lead the students to the front or back field designated meeting locations. The teacher will take the classroom attendance with him/her to the line and will conduct a name-to-face attendance check again once outside to ensure that all children have arrived safely together outside. The teacher will take with them when evacuating; the classroom first aid bag, student specific emergency medication, classroom attendance and walkie talkie.

Administration and support teachers will be designated to check for stragglers, including a check in bathrooms, cubbies, etc., for any children that do not line up with the group, to be certain that all children leave the building.

The Director will serve as the point of contact once outside for first responders. The Director will appoint a secondary administration member to serve as the point person in his or her absence. The Director will take with them;

- Program emergency bag
- Cell phone
- Walkie talkie
- Student emergency contact information

Evacuation cribs will be used to evacuate infants. Walking ropes will be used to assist with evacuating young children. All available staff will be instructed to proceed to the classrooms of the youngest students to assist with evacuation.

Daily attendance will be taken in each classroom as soon as children arrive, and staff ensure children are signed out when they depart. A record of attendance will be maintained over the school year.

In the event a child with disabilities is enrolled in the class, one teacher or staff member will be designated as the person to assist that child directly during evacuation of the building. A plan will be made based on the specific issues and needs of the enrolled child, in consultation with the child's parents and with the Director.

Emergency evacuation drills are conducted monthly and at different times of the program day as determined by the Director.

ALTERNATE SHELTER

In the case an emergency arises that requires evacuation of the building with no return and it is unsafe to wait outside, students will be walked to the designated alternate shelter listed below. Parents will be contacted by an administrator and given instructions on picking up their child from this location. All staff will remain until all students have been released to parents/guardians.

Hingham School:

Bridges of Epoch
1 Sgt. William B. Terry Drive
Hingham, MA 02043
781-527-5301

Norwell School

Happy Hearts Playspace
119 Washington St, Norwell, MA 02061
781-590-3146

SHELTER IN PLACE

In the case of severe weather or other emergencies creating a power outage or loss of heat or water, the program is equipped to support and care for the children until the situation is resolved and/or children are released to parents/guardians.

1. The program has gas heat. Should the heat be disconnected, students will have their coats and extra blankets will be provided in cases of cold weather. Cell phones are available and charged throughout the school for use when land lines are disconnected. Fire and smoke alarms as well as emergency lights are backed up by emergency battery systems. SELA does not prepare foods, but students will have their own snacks and lunch boxes to have food from. SELA will have extra dry snacks and water on site in cases of emergencies.
2. Students have extra diapers stored and there will be extra water stored for hand washing.
3. A bucket of water will be used to assist with flushing water in toilets.
4. All teachers will support children during this time. Each classroom has a rug/rest area where children may join together to feel safe. Students may also be gathered together, with teacher supervision, in an interior area such as a central gym or library, that is away from windows depending upon the situation.
5. The Flatley building maintenance company will be notified in the event of a loss of power, heat and/or other building issues arising that require the access or shut off of utility controls.

BUILDING SECURITY

All direct entrances into the school will remain locked at all times. Entry foyers are unlocked and available for waiting during the school day. Visitors entering into the building foyer must ring the door bell and wait for the school secretary and/or program administrator to answer the door. Visitors are required to remain at the front entrance while waiting for their child. If entering into the school, visitors are required to sign-in and obtain a visitor pass before being escorted by a staff member to their designated location they are visiting in the building.

For safety reasons, visitors to the school are asked to never open a door or hold open a door for another visitor arriving behind them.

Please note that we will ask for picture identification for any unfamiliar person arriving to pick up a child. Under no circumstances will we dismiss a child to a person who is not authorized in writing to receive that child.

Lockdown

In the case of an emergency within the building, an intruder or an outside threat, an emergency lock-down procedure will be initiated.

1. SELA teachers and staff undergo training annually to prepare for a lockdown situation. All SELA classrooms are equipped with enhanced security measures for securing the classroom.
2. Lockdown drills may be practiced periodically with staff and students during the year. This will be done with gentleness and calmness so as to not provoke anxiety or fear but rather to help children become familiar with the routine.
3. During a lockdown, classroom teachers will take attendance and remain with their students.
4. In the event of a school-wide lockdown, no one will be allowed into or out of the school until given the all-clear by first responders and/or the situation has been resolved.
5. Parents and caregivers will be contacted by either a member of administration and/or law enforcement. Instructions on picking up students will be provided at that time (if necessary).
6. All teachers have an emergency first aid bag that is kept inside the classroom and on their person when outside of the classroom.
7. Parents will be informed via telephone and/or electronic message for any lockdown event that is initiated during the school day outside of a routine practice drill as soon as it is feasible.

MISSING CHILD

SELA teachers will maintain close supervision of their students at all times. Attendance will be taken each day and updated throughout the day as needed for students who arrive late to school or are dismissed early. Teachers will conduct a head count every time they leave their classroom. Attendance will be taken again once arriving at the destination. This procedure will be repeated prior to returning to the classroom. Each teacher will document the number of students with them and their destination they are going to (for example, the playground) on a white board just outside of the classroom. This will allow program administrators to know where the students are at all times and the number of students in attendance. Teachers will check this number matches the number of students upon exiting and entering the classroom.

If it is determined that a student is missing, the following procedure will be initiated:

1. The teacher will immediately call for help via walkie talkie by alerting administration. The teacher will remain with his or her students.
2. All administrative staff on duty will respond and assist with searching for the child
3. Immediate areas will be checked including adjacent classrooms, bathrooms, cubbies and closets.
4. If the child is not found, the search will be spread out to all classrooms, then building wide and to outdoor areas including playgrounds, sheds and parking lots.
5. If the child has not been located by the end of fifteen minutes, 911 will be called and the police notified. The administrator on duty will make the call to 911 and the child's parents/guardian will also be contacted at this time.

Offsite -

SELA teachers will always know how many students are in their care and will conduct frequent name-to-face attendance checks when off-site such as on a field trip. If it is determined that a child has gone missing from an educational visit where parents are not attending and responsible for their own child, the following procedure applies:

1. The teacher will stay with the remaining students and immediately alert an administrator on site
2. Security and/or representatives at the site will be made aware of the missing student to assist in the search.
3. All administrative staff present and adults not in ratio will assist in the search.
4. The immediate area, both indoor and outdoor, will be checked.
5. If, after fifteen minutes, the child is not found, the administrator in charge will call 911 using their SELA provided cellular device to notify the police.
6. The parents/guardian of the missing child will then be notified by the Administrator or Director in charge on site.
7. The school will be notified of the missing child.
8. The Director and/or Administrator on site will continue to aid in the search and serve as the point of contact for police and staff on site.

PROCEDURE FOR MEDICAL EMERGENCIES

SELA Teachers are required to obtain certification in Infant and Child First Aid, CPR and AED within six-months of hire. There will be at least one administrator on duty at all times children are in the program that is certified in Infant and Child First Aid, CPR and AED.

SELA owns and maintains an automatic external defibrillator (AED) located within a central location within each of our buildings.

First Aid and Transportation to the Hospital

1. In the case of an emergency (such as a seizure, a serious fall or a serious cut), one teacher will call “EMERGENCY” followed by their location two times into their walkie talkie and will begin administration of emergency first aid while the second teacher will take the other children to another area or room. Both staff members should respond in a calm and reasonable manner.
2. All available staff trained in First Aid and CPR will respond to the emergency to assist
3. An available staff member (teacher or administrator) will be alerted to send for assistance (call 911). This staff member will go to the phone, where he or she will:
 - a. Call 911
 - b. Be prepared to share information about the child’s location, nature of the injury or emergency, and any other pertinent information.
 - c. Take out the child’s medical/health form to provide to first responders
4. One of the supervisory staff on site will designate a teacher or administrator to ride to the hospital with the child. The staff member will then call the child’s parent or guardian and will calmly and reassuringly inform him/her of the nature of the emergency, that first aid has been administered, and instructed to meet the child at South Shore Hospital. The child’s emergency form, which includes insurance information and permission consents, will be taken if the program has it.
5. If the parent or legal guardian arrives at the school before the ambulance has left, the parent may choose to ride in the ambulance with the child instead of a SELA staff member.
6. It is within a parent or guardian's right to refuse transportation to the hospital if they arrive at the school before the ambulance leaves.
7. When parents cannot be reached, those listed as emergency contacts will be called while attempts to reach the child’s parents continue. If necessary, the child will be transported to the hospital accompanied by a teacher or administrator. The teacher or administrator accompanying the child will remain with them at the hospital until the child’s parent or guardian arrives.

Emergencies While on a Field Trip

1. If an accident or acute illness occurs while on a field trip, the designated lead teacher and/or program administrator in charge on the field trip will take charge of the emergency, assess the situation, and give first aid as needed. The method and urgency of transportation for the child to receive medical treatment will be determined by the teacher or program administrator based upon the severity of the emergency or illness. If necessary, an ambulance will be called.

2. The program Director or other supervising administrator at the program will be contacted by the teacher or administrator on the field trip and informed of the situation and plan as soon as possible
3. As a preventative measure, prior to departure from the program, the program Director along with teachers and admin attending the field trip will determine appropriate guidelines to be followed during the field trip to insure continuity and safety of the children including:
 - a. A first aid kit will be taken on all field trips
 - b. Emergency information, including contacts and telephone numbers, will be taken on all field trips, along with any medications an individual child may need including life-saving emergency medications if indicated
 - c. On a field trip, staff attending must know the name and address of the location that is being visited, the location of a telephone and/or have a working cellular phone available

INJURY PREVENTION

First-Aid

All SELA teachers are required to be trained and certified in first aid within six months of hire. For minor injuries, teachers trained in first aid will administer first aid to the child. Teachers keep a first aid bag inside the classroom and on their person whenever they leave the classroom. First aid bags are checked and restocked regularly.

Contents of First Aid Bag: Band-aids; Ice Packs; Gauze; Tape; Scissors; Spray bottle for water; Thermometer; Blanket; CPR mask and student specific emergency medication if indicated

Minor first aid consists of:

- Gently washing wounds with soap and water
- Gentle pressure to control mild bleeding
- Application of a band-aid
- Application of an ice pack to reduce redness, swelling or bruising

The school health professional will be made aware of all instances of first aid application and will be available to assess and assist with first aid as indicated.

If there are any special medical procedures that a child might require, an adult trained in meeting that child's needs would be on site whenever the child is present.

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 will be immediately reported to the Director and/or Facilities Manager, who will organize the necessary follow-up.

The opening administrator will check the playground daily to remove any hazards before the children use the space and to check for the necessity of any repairs. The Director and/or Facilities Manager will be notified of any repairs needed and will organize the necessary follow-up.

No smoking is allowed on the premises.

All toxic substances, poisonous plants, first aid supplies, medications, sharp objects, matches or other hazardous objects will be kept in a secure place out of the reach of children. Any medication or cleaning supplies required to be stored in the classroom will be stored up high and out of reach of children.

Parents will be informed immediately of any injury that requires emergency care beyond minor first aid, and will be informed in writing, in person, or on the phone of any first aid administered to their child before the child goes home.

An electronic injury or incident report will be completed for any incident that requires first aid or emergency care. This report will be kept on file in the child's record. The injury or incident report will include the name of the child, description of the injury and how it occurred, what first aid was provided and by who, and who was supervising the child at the time of the injury. A copy of the injury/incident report form will be sent to parents for review.

Injuries are logged and tracked by the Health Director monthly to monitor the safety record of the school.

Only staff that have a current First Aid certification will be allowed to provide first aid, no matter how minor the injury.

The Director will notify EEC immediately by telephone for any death of a child or injury requiring overnight hospitalization.

The Director will report any injury that occurs at the center and requires outside medical treatment to EEC by submitting an injury report form to the EEC licensor within three business days.

ASSESSING INJURIES TO CHILDREN IN CARE

According to the National Safety Council, injuries are the #1 health and safety problem for children in childcare settings. When a child is injured, childcare providers need to fully assess the child's injury and make sure they are following first aid procedures. In addition to following proper first aid protocols the school will initiate the following procedures to be followed by teachers and staff when a child needs first aid;

When an injury occurs, teachers will ask the child questions, and observe to make sure the child is okay. Continue to monitor the child throughout the day. Continue to assess the child's injury to make sure that what was first observed and treated is still the appropriate course of action.

NOTE: Anytime you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.

After first aid is administered and the child is calm, the administrator or a teacher should survey the scene and gather additional information.

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

Procedures that must be followed:

- Provide timely, full, and accurate verbal notification to parent/guardian regarding injury.
- Regularly review the program's health care policy with staff.
- Program staff must share all pertinent information with the program administrator and any teacher taking over care. Sharing the child's status with the parent/guardian at pick up time.
- Make sure the location of the child's medical information is complete and accessible to staff.

PLAN FOR MANAGING INFECTIOUS DISEASE

Teachers remind and assist all children with hand washing upon arriving at school, after bathroom trips and/or diaper changes, before and after snacks and meals and at additional times when deemed necessary. Children are encouraged to cover mouths for sneezes and coughs (using arm) and tissues are readily available. Hand washing procedures are posted in the bathroom and sink room areas. These procedures will be periodically reviewed with the staff during the year, and observations of each classroom's handwashing routines by SELA's Health Department will indicate that children and staff are learning and following appropriate handwashing procedures.

Precautions are taken to ensure that any water play that occurs at school does not spread infectious disease. Only clean, fresh water is used and children are not permitted to drink the water. Children with any cuts or sores on their hand would not be permitted to use the water play area. The area will be emptied and disinfected between each group of children. Handwashing will occur before and after any water play.

Staff members take extra precautions when children who are ill are diagnosed at the school and when children who are mildly ill remain at school.

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

- The illness prevents the child from participating in the program activities or from resting comfortably
- The illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other students
- The child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of serious illness
- Vomiting one or more times in the previous 24-hours
- Diarrhea three or more times within the school day. The child may return when they have been free from further diarrhea for 24 hours.
- Fever of 100.4°F or higher until the child has remained fever free for 24 hours without medication
- Mouth sores, unless the physician states that the child is not infectious
- Rash with a fever, behavioral change or otherwise concerning characteristics until the physician has determined that the illness is not a communicable disease
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for readmission to school. If antibiotics are prescribed, the student must be on the antibiotics for 24-hours before returning
- Tuberculosis, until the child is determined non-infectious by a physician
- Impetigo or skin infection, until 24-hours after treatment has started and sores are scabbed over or covered
- Head lice, free of all nits or scabies and free of all mites

- Strep infection, until 24 hours after antibiotics have been started and the child has been fever free for 24 hours without medication
- Chicken pox, until the last blister has healed over and the child has a certificate to return to school from the physician
- Hand, Food and Mouth, until all blisters remaining on the hands and/or face are dry and/or scabbed over and the child has been fever free for 24 hours without medication. For children who are excessively drooling, blisters remaining inside the mouth must be healed to return to school.
- Other illnesses or symptoms of infectious disease as directed by a physician and/or MDPH or Local Board of Health for reportable diseases

A child that has been excluded from school 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. However, final decisions regarding a child's return to school rest with SELA, in accordance with our health and safety policies, which may supersede individual medical recommendations.

Children presenting with any of the above symptoms of illness while at the program may, after assessment by a school health professional or program administrator, be excluded for the remainder of the school day.

Notification of Illness for Families

- SELA's Health Department will monitor and record all instances of illness and infectious disease.
- Measures will be taken when an illness is identified to mitigate the spread of further illness.
- SELA families will be notified in writing in the event of two (2) or more known cases of an infectious illness are identified inside a classroom within any two week period.
- In the event of identification of a highly contagious reportable disease, such as but not limited to Measles, Giardia and Chicken Pox, SELA will immediately contact the Massachusetts Department of Public Health and the Hingham Board of Health. SELA will receive instructions for reporting, tracking and exclusion from the governing agencies. SELA will inform families as directed by the Hingham Board of Health and/or MDPH.
- In the event of an outbreak of a global pandemic, SELA will remain in close contact with the Massachusetts Department of Public Health and the Hingham Board of Health and will follow all guidelines and instructions issued by the respective governing agencies in Massachusetts.
- SELA will follow all cleaning guidelines and procedures set forth in dealing with a variety of infectious illnesses. SELA employs a full time house-keeper and has access to disinfecting agents.

PLAN FOR THE CARE OF MILDLY ILL CHILDREN

Mildly ill children, who are not experiencing severe or exclusionary symptoms, may remain at the program. When children require adjustments to the regular classroom routine in order to assure that their needs for food, drink, rest and general comfort of school are met, the program Director and/or Health Professional, the child's teachers, and the child's parents will work together to develop a working plan. This may occur when a child is returning from an illness, or has mild symptoms that are not highly contagious.

Mild Symptoms of Illness

Note: These symptoms must be mild and must not interfere with their comfort, ability to participate, or pose a risk of transmission.

- Mild cold or allergy symptoms (runny nose, sneezing, congestion, watery eyes, clear runny nose, or light
- cough) without fever,
- Teething symptoms (drooling, mild fussiness),
- Low-grade fever under 100°F if otherwise acting well,
- A single episode of vomiting or diarrhea without signs of illness (if child is active, playful, and symptoms
- don't continue),
- Minor skin conditions (diaper rash, mild eczema, non-contagious rashes),
- Mild tiredness that doesn't prevent participation in daily activities

When a child becomes sick at school, parents or designated adults are called to come and take the child home. Until someone arrives, the child will be allowed to rest quietly in the office with a cot and blanket available if the child needs to be excluded from contact with other children. A teacher, administrator or school health professional will stay with the child while they are resting. If exclusion seems unnecessary, the child may rest in the classroom quiet area or participate in quiet classroom activities until he or she is picked up. For the comfort and well-being of the child, SELA requests that caregivers come to pick up the child within one hour of being notified. Parents are asked to utilize other approved adult pick ups if they are unable to pick up the child within one hour.

Any toys, blankets, cots or mats used by an ill child will be cleaned and disinfected before use by another child.

NOTE: Any child sent home from the program for symptoms of illness is required to remain at home the following school day. **Excludes children sent home on a day that they do not attend school regularly the following day.*

PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH CARE NEEDS**Allergies**

During enrollment intake, parents will be asked to record any known allergies on the intake sheet. The intake sheet will be updated annually during enrollment. Parents are asked to contact their child's program Director and/or Health Assistant with changes that occur to any known allergens outside of this time.

All allergies or other important medical information will be posted inside each classroom, office and shared spaces. The allergy list will be updated annually and as needed for newly diagnosed allergies that occur during the school year. All staff and substitutes will be kept informed by the program Director and/or Health Assistant of changes in student allergies so that children can be protected from exposure to foods, chemicals, pets, insects or other materials to which they are allergic.

Peanut and Tree Nut Free

SELA maintains a strict peanut and tree nut free school environment. Foods and items containing peanut, tree nut or any combination thereof are prohibited from being served within the school. This includes foods or items made or processed on shared equipment that may contain traces of peanuts or tree nuts. If a child brings an item or food into the school containing peanuts and/or tree nuts, it will be removed from the classroom and stored in the office. The parent or guardian will be contacted and asked to bring an alternative food item to the school for the child. SELA may, with permission from the parent or guardian, offer an alternative nut-free snack if available. Any peanut or tree nut containing foods will be returned to caregivers when the child goes home. If the food has been opened inside the classroom, the classroom teacher will ensure that tables and surfaces are cleaned to remove traces and the child's hands have been washed. SELA has, upon request, a list of nut-free alternative snacks and foods available for caregivers.

Student with Allergy - Procedure

Indication: Any student with a known life-threatening allergy to food, insects, chemicals or other allergen that the child may come into contact with while at the program is required to have an *Allergy Action Plan* on file at the school.

1. Allergy information sheet - completed by the parent or guardian. This form provides SELA with important information about the child's symptoms and past exposure history.
2. Allergy Action Plan - completed and signed by the child's physician and parent or guardian
3. Medication Consent Form 606 CMR - completed and signed by the child's physician and parent or guardian
 - a. Please note a separate medication consent form is required for each medication listed on the Allergy Action Plan
4. Allergy Action Plans and Medication Consent Forms are valid for one year from the date they are signed by the physician

5. Parents will be notified a minimum of one month prior to the expiration of the Allergy Action Plan and Medication Consent Form (s). Failure to provide the school with an updated Allergy Action Plan and/or Medication Consent Form by the expiration date may result in exclusion from school until the forms are received.
6. Emergency medication such as Epi-Pens must be hand delivered to the school. Epi-Pens must be in the original prescription box or container with the prescription label clearly visible and contain both (TWO) Epi-Pens. Medication can not be expired.
7. SELA will monitor expiration dates of any medication and inform families a minimum of one month prior to the expiration date. Failure to provide SELA with new medication by the expiration date may result in exclusion from school until the new medication is received.

SELA's Health Department, classroom teacher(s) and program Director(s) will monitor and maintain the environment and make plans with parents to assure that children are protected from exposure to foods or allergens of concern, following the recommendations of health professionals. Additionally, the Health Department will monitor and maintain the environment for any staff with allergies. Chemicals are stored out of the reach of children and are not in use when children are present.

Food Sensitivities

Food sensitivities include those foods that a child does not tolerate well but is not at risk for anaphylaxis to. Symptoms may include GI upset or minor rash/irritation. Teachers will be made aware of students that have a food sensitivity and the symptoms if exposed. SELA does not allow the sharing of foods between students.

Family Notification - Allergy Inside the Classroom

While SELA is a peanut and tree nut free school, we recognize that children may have other non-nut food allergies. Common allergens include dairy, eggs and wheat. While SELA does not prohibit these foods from school, SELA will inform families of the presence of an allergy within the classroom. SELA will request that families do the following if there is a child inside the classroom with another non-nut life threatening food allergy:

- Consider sending in an alternative food item to send in to eliminate the chance of accidental exposure
- If sending in the food item, to message the classroom teacher in the morning to inform the teacher of the presence of the food in the child's lunch box.

Classroom teachers will then ensure the appropriate precautions have been taken before snack or meal time including strategically seating the student with the allergy at a separate table to limit the risk of accidental exposure. The classroom teacher will wash and sanitize all surfaces used for eating after meals or snacks and ensure students have performed proper hand washing.

Asthma

Indication: Any student identified as having asthma that may require the administration of a rescue inhaler while at the program.

1. Asthma Action Plan - completed and signed by the child's physician and parent
2. Medication Consent Form 606 CMR - completed and signed by the child's physician and parent
3. Asthma Action Plans and Medication Consent Forms are valid for one year from the date they are signed by the physician
4. Parents will be notified a minimum of one month prior to the expiration of the Asthma Action Plan and Medication Consent Form (s). Failure to provide the school with an updated Asthma Action Plan and/or Medication Consent Form by the expiration date may result in exclusion from school until the forms are received.
5. Emergency medication such as rescue inhalers must be hand delivered to the school. Rescue inhalers must be in the original prescription box or container with the prescription label clearly visible. Medication can not be expired.
6. If the child requires a spacer for administration, parents must supply an extra spacer to the school to be stored with the child's rescue inhaler
7. SELA will monitor expiration dates of any medication and inform families a minimum of one month prior to the expiration date. Failure to provide SELA with new medication by the expiration date may result in exclusion from school until the new medication is received.

Nebulizer Treatments

Children requiring nebulizer treatments should remain at home during this acute part of their illness or asthma exacerbation. Children should return to school when the symptoms are able to be managed with a rescue inhaler. SELA staff will not administer nebulizer treatments to children.

Reactive Airway Disease

Children who experience asthma like symptoms in the Winter following a cold or virus are often diagnosed as having reactive airway disease. If your child has been diagnosed with reactive airway disease and may require a rescue inhaler while at the school during times of illness, the following will be required:

1. Individual Health Care Plan (IHCP) - completed with the parent and program administrator
2. Medication consent form 606 CMR - completed and signed by the physician and parent
3. Rescue inhaler - hand delivered to the school. Inhaler must be in the original prescription box with the prescription label clearly visible. Medication must not be expired.
4. If the child requires a spacer for use, please supply the school with an extra spacer to be kept with the child's inhaler

Seizure Disorder

Indication: Any child with a known or suspected seizure disorder that may require monitoring, emergency response and/or medication administration while at the program.

1. Seizure Action Plan - completed and signed by the child's physician and parent
2. Medication Consent Form 606 CMR - completed and signed by the child's physician and parent

- a. Please note, a separate medication consent form is required for each medication listed/prescribed on the action plan
3. Individual Health Care Plan - completed by the parent and program administrator. This form will detail which staff have been trained on the child's seizure disorder and administration of emergency medication
4. Parents will be notified a minimum of one month prior to the expiration of the Seizure Action Plan and Medication Consent Form (s). Failure to provide the school with an updated Seizure Action Plan and/or Medication Consent Form by the expiration date may result in exclusion from school until the forms are received.
5. Emergency medication such as rectal Diastat must be hand delivered to the school. Medication must be in the original prescription box or container with the prescription label clearly visible. Medication can not be expired.

Other Specific Health Needs

SELA will work together with the child's parent or legal guardian and child's physician to create an individual health care plan (IHCP) for any child that has been diagnosed with an acute or chronic medical condition that requires treatment, medication, care or monitoring while at the program. This plan, completed along with the child's physician, will give the parent permission to train caregivers on implementing the treatment listed on the IHCP. The plan will detail the medical condition, symptoms, medical treatment necessary while the child is at the program, potential side effects of treatment, and the potential consequences to the child's health or safety if the treatment is not administered. The individual health care plan (IHCP) will identify which staff members have been trained in the implementation of the child's specific health care needs and individual health care plan (IHCP). The Health Department will work with the child's parent or guardian to coordinate training from the parent/guardian to staff on the implementation of the individual health care plan.

If a child with disabilities is enrolled within the program, teachers will be trained to ensure that all specific health requirements of the child will be met. This plan will include a meeting with the child's parent to review all health requirements, and written documentation of those requirements.

If a child with allergies or other known medical conditions will be participating in a field trip, any special equipment and/or medication, emergency procedures to follow, and emergency telephone numbers, will be brought along by the child's teacher(s) and/or program administrator.

PLAN FOR INFECTION CONTROL

Handwashing Procedures

Staff and children will wash their hands with liquid soap and running water using friction. Hands shall be dried with disposable paper towels. Young children will be physically assisted at the sink with handwashing by the classroom teacher(s). Classroom handwashing will be observed periodically by SELA's Health Department during the school year to ensure compliance with handwashing and to observe proper hand washing procedures. Posters offering visual reminders of the steps for proper hand washing are posted at handwashing stations.

Teachers are trained annually on proper handwashing techniques.

Children will be supervised in their use of bathrooms and sinks. Teachers will accompany children using these areas and offer any assistance needed, while at the same time respecting each child's privacy.

After using the bathroom, both the child and the assisting teacher will wash their hands, following the procedures that have been outlined and posted. Both teachers and children will wash their hands:

- When arriving to school
- Before eating or handling food
- After eating or handling food
- After toileting or diaper changing
- After coming into contact with bodily fluids and discharges
- After cleaning

Hand Sanitizer

Hand sanitizer is available to be used for children ages two and above who have parental consent on file. Teachers will apply hand sanitizer for children. Hand sanitizer will never be used as a replacement for hand washing or when hand washing is readily available and feasible.

Procedure for Cleanup of Blood Spills and Bodily Fluids

All staff members are trained in handling potentially infectious material. They follow universal precautions set out by OSHA protecting themselves from and disposing of such materials. Disposable gloves are available in the classroom and bathrooms at all times.

All staff should wear non-latex gloves when they come into contact with blood or bodily fluids. Specifically, gloves must be worn during diapering, toileting, cleaning bodily fluids, or applying first aid to a bleeding cut, wound or bloody nose.

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

Proper disposal of infectious material is required. Any disposable materials that contain liquid, semi-liquid, or dry, caked blood will need to be disposed of in the secure red biohazard trash receptacle in the health office. This bag will be removed and securely tied each time the receptacle is emptied.

Other contaminated materials will be disposed of in a plastic bag with a secure tie placed in a closed container.

Cloth items that come into contact with blood or bodily fluids will be double bagged, labeled with the child's name, and sent home.

Diaper changing areas will contain a plastic mat that is capable of being cleaned and disinfected and covered with a disposable paper covering. The covering will be discarded after each use and the mat will be cleaned and disinfected before use by another child.

When spills of bodily fluid occur they are cleaned up immediately with an EPA approved disinfectant followed by water rinsing. Bodily fluid spill kits are available to be used as needed.

Rugs and carpeting will be cleaned by blotting or spot cleaning with a detergent or disinfectant, followed by shampooing or steam cleaning.

Each staff member will be trained in the above infection control procedures upon employment and before working with children and then annually thereafter.

Procedures for Cleaning

SELA utilizes EPA registered cleaning agents and disinfectants for maintaining the cleanliness of the school. Each classroom is equipped with a spray bottle containing a soap and water mixture which is made fresh weekly, gloves, paper towels and a hospital-grade peroxide based disinfectant.

SELA employs a full time housekeeper who assists with cleaning inside the classrooms, bathrooms and common areas throughout the day.

Cleaning frequencies

*Bathrooms and sinks are cleaned and disinfected at least three times daily. In the case of an illness identified into the program, this is increased to four times daily

Before and after each use:

- Food preparation surfaces including counters, tables where food is served, highchairs
- Any area (changing mat or bathroom) on which a child's soiled clothing and/or diaper has been changed or has been used for toilet training

After each use and before use by another child

- Mops used for cleaning bodily fluids

- Toys mouthed by children
- Thermometers
- Mats used for rest
- Non disposable eating utensils and dishes
- Tables

At least twice daily

- Toys used in infant, mixed room and toddler classrooms
 - *note toys that have been mouthed are removed and cleaned and disinfected immediately after use by one child and before use by another child

At least daily

- Countertops
- Sinks and sink faucets not used for toileting
- Play tables
- Smooth surfaced non-porous floors
- Mops used for cleaning
- Door and cabinet handles

At least weekly

- Sheets or blankets used by one child during rest time
- Machine washable fabric toys
- Machine washable walking ropes
- Toys inside preschool aged classrooms that have not been mouthed

PROCEDURE FOR USING AND MAINTAINING FIRST AID EQUIPMENT

A first aid kit is located inside program emergency bags which are strategically placed near emergency exits. In addition, each classroom is equipped with a first aid kit which is housed inside of a red first aid bag. First aid kits are kept out of the reach of children at all times.

First aid bags are inventoried quarterly by the Health Department and supplies replenished as needed. Extra first aid supplies are maintained and supplied by SELA's Health Department. Teachers needing replenishment of first aid supplies have access to a supply closet located in the health office. The supply closet is inventoried quarterly by the Health Department and supplies replenished as needed.

Only those staff certified in first aid and in accordance with recommended procedures will use 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 is required to be on the premises at all times while children are present.

Contents of First Aid Kit(s)

- Emergency blanket
- Flashlight with batteries
- Emergency power crank device
- Pen
- Adhesive strip bandages
- Gauze bandages, 4"x4"
- Rolled flexible gauze
- Compress
- Scissors
- Instant cold packs
- Non-glass thermometer
- Small spray bottle for soap and water
- Gloves
- Hand sanitizer
- Small plastic bag used for storing soiled clothing, gauze or other materials used
- Emergency numbers
- Emergency contact information
- CPR face mask
- Any items for children with health issues (including Epi-Pens)

PLAN FOR ADMINISTRATION OF MEDICATION

Each staff member who administers prescription and non-prescription medication to a child will be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for that particular child and given at the correct time(s), and by the proper method. Staff members authorized to administer medication will be evaluated in medication administration procedures annually. Whenever possible, medication will be administered by a certified health care professional on site. At least one educator with training in medication administration will be present at any and all times when children are in care. Parents will be required to provide written authorization by a licensed health care professional for administration of any medication to their child. The authorization will be valid for one year unless revoked. Staff will be trained in recognizing the common side effects of any medications administered within the program.

Prescription Medication

All prescriptions must be in the containers in which they were originally dispensed and with their original labels affixed. Prescription medication must be brought to school in its original container. Prescription medications are labeled with the original prescription label that details the name and strength of the medication, the dosage, the numbers of times per day and the number of days to be administered, and the directions for storing the medication. The label should include the first and last name of the child, name of clinician, the date the prescription was filled, an expiration date, and manufacturers instructions. For short term prescriptions of 10-days or less, the prescription label will be used as the physician's authorization. For prescriptions lasting longer than 10-days, a written physician's authorization is required.

SELA will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.

The child's parent or legal guardian must fill out the Authorization for Medication form (606 CMR 7.11(2)(b)) before the medication can be administered.

Non-prescription Medication

Over-the-counter medications must be in original manufacturers packaging.

Non-prescription medication will be given only with the written authorization of the child's physician. SELA will accept a signed authorization from the physician listing the medication(s), the dosage and criteria for its administration. This authorization will be valid for one year from the date that it was signed. For the convenience of SELA families, SELA will provide a ***Communal Medication Consent Form*** annually. This form will allow the parent and physician to determine which (if any) non-prescription medications should be administered to the child. The form must be signed by the child's parent and physician and is valid for one year from the date it is signed.

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

The child's parent or legal guardian must fill out the Medication Authorization Form before any medication can be administered.

Topical ointments and sprays

Topical ointments and sprays such as diaper rash cream, petroleum jelly, sunscreen and bug spray will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year from the date it is signed.

When topical ointments and sprays are applied to wounds or broken skin, SELA will follow its written procedure for *Non-prescription Medication* which includes a written order from the child's physician, which is valid for one year, and the Authorization for Medication form signed by the child's parent or guardian.

All Medication

Must be hand delivered by the parent or guardian to a staff member.

The first dose must be administered at home by a parent in case of an allergic reaction. SELA's school nurse may administer the first dose of a communal medication if indicated. The child will be closely observed for any potential reactions.

All medications will be stored out of the reach of children and under proper conditions for sanitation, preservation, security and safety during the times children are in care. Those medications found in the United States Drug Enforcement (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. Prescription medications requiring refrigeration shall be stored in a way that is inaccessible to children in a refrigerator maintained at temperatures between 38 and 42°F. Emergency medications such as epinephrine auto-injectors will be immediately available for use as needed.

The licensed or certified health professional on duty will be responsible for the administration of medication. In his/her absence the program Director and/or other trained program administrator will be responsible.

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

All unused, discontinued or outdated prescription medications will be returned to the parent and the date this occurs will be documented in the child's record. If return to the parents 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 the licensee and the Department of Public Health, Drug Control Program.

PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED ABUSE AND NEGLECT

All staff members are mandated reporters and shall report suspected child abuse or neglect. The report shall be made to the Department of Children and Families pursuant to M.G.L. 119 Section 51A.

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 Social Services.

The following procedure will be followed:

A staff member who suspects abuse or neglect must document his/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 DCF, to be followed by a written required report 51A within 48 hours.

Department of Children and Families telephone number is 781-794-4400
After hours, weekends and holidays call 1-800-792-5200

If a child is in immediate danger, call 911

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 and Reporting Child Abuse/Neglect while in the Care of the Center

It is SELA's commitment to protect all children in care from abuse and neglect. The Program Director will immediately notify EEC after filing a 51A report, or after learning that a 51A has been filed, alleging abuse or neglect of a child while in the care of the program or during a program related activity.

A meeting will be held with the staff member in question to inform him/her of the filed report. A staff member being suspected or accused of abuse or neglect will be immediately sent home from the center pending an investigation. Depending upon the circumstances, local authorities may be contacted. The child's parent or legal guardian will be notified.

SELA will cooperate fully in all investigations of abuse and neglect. SELA will provide consent for disclosure to EEC of information from, and will allow EEC to disclose information to, any person and/or agency EEC may specify as necessary to the investigation of allegations and protection to children.

If an allegation of child abuse or neglect is made against an employee, that employee will be placed on a short-term suspension pending an investigation. In no case will an employee work directly with children until the Department of Children and Families is completed and for such further time as the EEC requires. This type of suspension will of itself result in no prejudice towards the employee.

All staff are trained annually in the center's policies for child abuse and neglect.

Making a Report of Child Abuse or Neglect

Any physician, medical intern, medical examiner, nurse, dentist, public or private school teacher, educational administrator, guidance or family counselor, social worker, or policeman, or who in their professional capacity shall have reasonable cause to believe that a child under 18 is suffering serious physical or emotional injury resulting from abuse inflicted upon him including sexual abuse or from neglect, including malnutrition, or who is determined to be physically dependent to upon an addictive drug at birth, shall immediately report such conditions to the Department of Children and Families by oral communication and also by filing a written report within 48 hours.

When telephoning to make a report of possible child abuse or neglect, you will be asked to give, to the fullest extent possible, the following information:

1. 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.
2. The names, addresses, and telephone numbers of the child's parents or other persons responsible for the child's care.
3. The principal language spoken by the child and the child's caretaker.
4. Your name, address, telephone number, profession, and relationship to the child. (Non-mandated reporters may request anonymity).
5. The full nature and extent of the child's injuries, abuse or neglect.
6. Any indication of prior injuries, abuse or neglect.
7. An assessment to the risk of further harm to the child, and if a risk exists, whether it is imminent.
8. If the above information was given to you by a third party, the identity of that person, unless anonymity was requested.
9. The circumstances under which you first became aware of the child's alleged injuries, abuse or neglect.
10. The action taken, if any, to treat, shelter or assist the child.

*Remember that mandated reporters must follow up a verbal report by a written report within 48 hours.

Signs of Child Abuse

You might suspect child abuse when the child:

- Shows sudden behavior changes or erratic behavior
- Becomes withdrawn
- Is hostile or extremely aggressive

- Fears going home at the end of the day
- Is suspicious of others, as if fearing harm

You might suspect emotional maltreatment if the child:

- Cannot interact socially, has low self-esteem, is listless, apathetic or depressed, cannot respond to normal adult behavior.
- Has a parent who treats the child in unusual or abnormal ways, such as refusing to care for or talk to the child, treating the child as an object, keeping the child from normal social experiences, punishing the child for normal behavior, and/or thinking or feeling in a consistently negative way about the child.

You might suspect physical abuse if the child:

- Bruising, welts or burns that cannot be sufficiently explained, particularly bruises on the face, lips and mouth of infants or on several surface planes at the same time
- Unusual bruising patterns that reflect the shape of the instrument used to cause injury (e.g., belt, wire hanger, hairbrush, hand, human bite marks)
- Clusters of bruises, welts or burns, indicating repeated contact with a hand or instrument
- Injuries on the body where children usually do not get hurt (e.g., the torso, back, buttocks, thighs, neck)
- Burns that are insufficiently explained, e.g., cigarette burns
 - Immersion burns including marks indicating dunking in a hot liquid, including “stocking” and “glove” burns on feet and hands, or “doughnut” shaped burns on buttocks and genitalia
 - Rope or restraint burns on the arms, hands, neck or legs
 - Dry burns caused by forced contact with a hot surface (e.g., a clothes iron, hair curler, heater or stove)
- Lacerations and abrasions of the lip, eye, or to any part of a child’s face
- Tears in the tissue of the gums, possibly as a result of force-feeding
- Laceration or abrasion to external genitalia
- Absence of hair or hemorrhaging beneath the scalp due to vigorous hair pulling
- Withdrawn, fearful or extreme behavior

You might suspect neglect if the child:

- Shows sudden changes in behavior or school performance
- Is frequently absent from school or child care
- Has not received help for physical or medical problems brought to parent or caregiver’s attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Begs or steals food or money
- Lacks adult supervision
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather

You might suspect sexual abuse if the child:

- Difficulty walking or sitting
- Pain or itching in the genital area
- Torn, stained or bloody underclothing
- Bruises or bleeding in external genitalia
- Frequent complaints of stomachaches or headaches
- Venereal disease
- Frequent urinary or yeast infections
- Withdrawal or chronic depression
- Inappropriate sex play or premature understanding of sex
- Feeling threatened by physical contact, closeness
- Promiscuity
- Running away from home
- Child is “parentified” or overly concerned for siblings
- Poor self-esteem, lack of confidence
- Peer problems, lack of involvement with friends
- Extreme weight change
- Suicide attempts or threats; especially with adolescents
- Hysteria, lack of emotional control
- Sudden school difficulties
- Unprovoked cruelty to animals

MEDICAL FORMS REQUIRED FOR ENROLLMENT

The following requirements apply to all children enrolled or enrolling in SELA:

1. Physical exam, dated within the last year **required to be updated annually while the child is attending SELA*
2. Immunization records that are current and up to date for the child's age and/or a statement from the child's physician that the child has been successfully immunized in accordance with the Department of Public Health's recommended schedules **updated annually while the child is attending SELA*
3. Lead screening - required at 12 months and then annually thereafter at the ages of two and three

Children's Record Exemptions

(a) No child shall be required to have any such immunization if his or her parent(s) objects thereto, in writing, on the grounds that it conflicts with their sincere religious beliefs or if the child's physician, nurse educator, or physician assistant submits documentation that such a procedure is contraindicated.

Religious or medical exemptions are required to be updated annually.

Note: In the case a vaccine-preventable communicable disease is introduced within the program, the program may, after consultation with local health authorities, exclude any child that is not-vaccinated or insufficiently vaccinated to said disease until a length of time as determined after consultation with the local board of health and Massachusetts Department of Public Health Epidemiology.

WEATHER POLICY

Teachers will refer to the Childcare Weather Watch chart when determining if and for how long the children can safely play outside. When reviewing the weather, teachers will go by the “feels like” temperature when determining the outside air temperature which takes into consideration wind chill and/or relative humidity. If the weather does not permit the children to go outdoors and/or not all students in the class have appropriate weather attire, classrooms will have indoor gross motor time.

Teachers will ensure that children are dressed appropriately for the weather. In times of cold weather, families are required to send in appropriate outdoor wear for the weather including a hat, gloves, snow pants, insulated boots. During times of warm weather, children should be dressed appropriately for the weather and be sent to school with a hat and water bottle.

Sunscreen will be applied when the UV index reads 3 or higher. Sunscreen consent must be on file. Teachers will apply sunscreen to children with gloved hands and will change gloves between each application. Families are required to provide sunscreen for their child by sending in a new, unexpired container of sunscreen labeled with their child’s name. Teachers will monitor expiration dates and will notify families when sunscreen is expiring.

Sunscreen will not be applied to any child who does not have parental consent on file or is under the age of six months. These children may go outside with a hat on and must stay out of direct sunlight and in shaded areas.

DIAPERING AND TOILETING

A teacher will accompany children who need to use the bathroom as necessary throughout the day at school. Regular times will be set aside to remind and invite children who may be hesitant to let a teacher know their needs. These times will be based on observed children's rhythms and feedback from parents but will include arrival times, before outdoor play, before snack or lunch and before rest. Children will be encouraged to be as independent in meeting their personal needs as possible.

If a child is soiled and in need of a change of clothes, a designated area of the classroom/bathroom will be used for the child to clean up and change with the help of the teacher while respecting the child's privacy. To assure the area is kept clean and contained, a disposable paper will be placed down. Soiled clothing will be stored in a sealed plastic bag to be sent home that day. Both the child and assisting teacher will wash their hands thoroughly before returning to classroom activities.

For children who are not yet toilet trained, the following additional procedures will be followed:

- A change of clothing is available for each child. Parents or caregivers are asked to send in a change of clothes for their child which will be kept in a separate container designated for their child and used in the event of soiling of clothing.
- Parents are asked to supply the school with clean diapers, pull ups and wipes as requested.
- A diapering area containing a plastic mat capable of being cleaned and disinfected is located inside each infant and toddler classroom. This mat is covered with a disposable piece of paper when changing a child's diaper.
- Diapers are checked regularly throughout the day and at a minimum every two hours. They are also checked when children wake up from rest.
- Soiled disposables are disposed of in a container that is secured with a lid and kept closed. The container is emptied daily.
- Any soiled clothing is double wrapped in leak-proof plastic bags and sent home for cleaning daily.
- Diapering surfaces are cleaned and disinfected after each diaper change and before use by another child.
- Both educators and children wash hands with liquid soap and running water following handwashing procedures after toileting.

NUTRITION AND FOOD POLICIES

SELA does not provide for nor prepare food at school. Children are required to bring in their own healthy snack, lunch and drinks that follow the school's peanut and tree nut free guidelines. Children who attend the PM extended program should bring an additional snack for that time period.

SELA asks that parents or caregivers send in a well balanced meal excluding candy or other highly sugared foods or foods containing excessive quantities of additives and preservatives.

SELA does not have the ability to warm or refrigerate food at school. Parents and caregivers are asked to send the food to school in the appropriate container to keep the food warm/cold until meal/snack time.

Children on a special diet should inform our school Health Department and/or Program Director prior to the beginning of the school year.

SELA requests that no glass containers or bottles are sent to school in the child's lunch box. Food sent to school in a glass container may not be able to be served to a child if SELA cannot find an alternative serving container.

Teachers will sit with children as they eat both snack and lunch, supervising and engaging with the children. All teachers are trained in nutrition, safety and cleanliness standards, choking hazards, planning for any child with allergies or special dietary considerations, and recognizing peanut and or tree nut containing foods and items.

Choking is a hazard for young children. At SELA no children under 4 years of age will be served:

- Hotdogs, cheese sticks, or similar tubular shaped foods whole or sliced into rounds
- Whole grapes or similar whole circular foods
- Large chunks of raw fruits and vegetable
- Large chunks of cheese
- Large chunks of meat and/or meat on a bone

SELA requests that parents and caregivers prepare food safely by cutting it into short, thin strips and/or quartered or halved lengthwise.

Baby-Led Weaning

SELA supports parents and caregivers engaging in baby-led weaning for their child. We request that parents and caregivers follow the above and below guidelines when sending in food for their infant.

Baby-Led Weaning Guidelines

- Cut food into finger shaped pieces and/or long, thin strips the child can grasp in the palm of their hand.
- Think soft - foods the infant can easily mash by gumming or easily eat with a few teeth. Ripe bananas and avocado are good examples. Steamed, softened vegetables like broccoli or carrots are also a good example. Avoid sending in chunks or hard and/or uncooked fruits and vegetables.
- Meat that is soft and shredded

Due to allergies, SELA requests that families not send in home-baked goods in their child's lunch such as muffins, cookies or cakes.

SELA does not allow food or snacks/treats to be sent in for birthdays or celebrations. Families can contact their child's teacher for suggestions on safe, non-food alternative items to send in to celebrate a birthday.

SELA requests that when introducing a new food to infants, parents introduce the food at home to monitor for signs of an allergic reaction.

Breast Milk and Formula Milk

Breast milk and formula are designed to be the primary sources of nutrition throughout an infant's first year of life. Students in the Infant Program will be fed according to their individual feeding schedules or needs. Once children graduate from the Infant Program, parents are asked to send in **only** formula or cow's milk (or dairy free alternative that is also nut free) in an appropriate child-sized cup- **breast milk will not be offered to students in classrooms other than the Infant Program.** Students in our Toddler (Including Mixed-Age Classrooms) and Preschool programs should not be sent to school with bottles. If your child in these programs must drink milk during the school day, it should be sent in an age-appropriate sippy cup.

All infants will be held while bottle-fed, however staff members encourage older infants and toddlers to hold and drink from appropriate child-sized cups, and may suggest the use of such cups to parents when developmentally appropriate.

Both parents and SELA staff should follow the procedures below for all bottles:

1. You must supply milk in a separate bottle for each feed. For example, if your child eats 3 times per day, send in 3 bottles.
2. Glass bottles may not be used, all milk must be sent in plastic bottles.
3. The bottle should contain no more than the amount of milk the child would drink at one feeding.
 - a. breast milk and formula cannot be offered past one hour from the initial offering
4. We do not offer refrigeration and ask that you send breast milk in a cooler or lunch bag with an ice pack. The bottles must be brought to the school in a clean, insulated container which keeps the prepared bottle at 45 degrees F or below.
5. Any unused milk will be sent back home for disposal.
6. Please provide large Ziplock bags for dirty bottles to prevent spilling, as we do not wash out the bottles or nipples.

Both parents and SELA staff should follow the procedures below for all **BREAST MILK** bottles:

1. The bottle must be labeled with the child's name as well as the date and time the milk was collected
2. Fresh, refrigerated breast milk must be used within 48 hours of the time expressed.
 - a. Frozen breast milk may be in a refrigerator freezer for 2 months or stored in a deep freezer at 0 degrees F for 6 months.
3. If your child drinks their bottles warm or room-temperature, please provide a container to warm the bottles labeled with your child's name (large plastic measuring cup, Tupperware container, plastic tumbler, etc.). **SELA does not use electric bottle warmers, crock pots, or any other devices to warm bottles.**

- a. Breast milk bottles will be warmed by either filling the container provided with warm water and placing the bottles in the water or holding the bottle under warm running tap water until it is brought up to the correct temperature.

Both parents and SELA staff should follow the procedures below for all **PRE-MIXED FORMULA** bottles:

1. Bottles must be labeled with baby's name, and the date the formula was mixed
2. Prepared formula must be used within two days after mixing
3. If necessary, pre-mixed formula bottles may be warmed by either placing the bottle in a container of warm water or holding the bottle under warm running tap water until it is brought up to the correct temperature.

Both parents and SELA staff should follow the procedures below for all **POWDERED FORMULA** bottles:

1. Bottles and formula containers must be labeled with baby's name
2. Parents should send in bottles filled with enough filtered water for each separate feed
3. Powdered formula should be sent in pre-measured and separated so that one serving can be mixed into each bottle of water (Please do not send in large containers of formula that must be measured out by staff)
4. Formula bottles mixed on-site will be served at room temperature. If necessary, bottles may be warmed by either placing the bottle in a container of warm water or holding the bottle under warm running tap water until it is brought up to the correct temperature.

Notification and Action in the Event of a Mix-Up:

- If a mix-up of breast milk occurs, SELA will immediately notify the parents of both the child whose milk was mistakenly administered and the child whose milk was affected.
- SELA will investigate the cause of the mix-up and take corrective measures to prevent it from happening again.
- SELA staff will monitor the infant for any potential adverse reactions and notify the parents immediately.
- Any incident of a mix-up will be documented in an incident report and shared with the involved families.
- Parents are encouraged to notify the child's physician of the situation and share any specific details known.

PLAN FOR SAFE SLEEP

SELA follows a safe sleep policy for infants.

1. All infants are always placed on their backs to sleep, unless a child's physician orders otherwise (such an order must be given to the Director in writing).
2. Infants are checked on by their teacher every 10 minutes during naptime. If your child is less than six months old, they will be under direct supervision at all times.
3. All children have an individual, certified crib with a firm, fitted mattress. No blankets or comforters will be placed inside the crib. SELA will provide a snugly fitted sheet for all students in the infant program.
4. Swaddling is not permitted. Sleep sacks provided by SELA may be used as an alternative to a swaddle, but infants' arms must be free. Weighted sleep sacks and sleep suits (i.e. "Merlin's Sleep Suits") are not allowed.
5. Infants are not permitted to sleep with any stuffed animals or comfort items. Pacifiers are allowed but must be free from any lanyards, cords or embellishments.
6. Hanging objects such as mobiles, crib toys, or mirrors that can be reached by the infant are not allowed.
7. Jewelry of any kind must be removed prior to placing a child to sleep, unless the child's parent has given the program written consent to leave jewelry on during sleep. Necklaces, earrings, bracelets, and anklets, including those used to help with teething or those worn for cultural or aesthetic purposes, are not encouraged for sleeping or resting children.
8. All members of staff have undergone Infant Safe Sleep Practices training provided by EEC.
9. Informational packets on the importance of safe sleep and SELA's specific safe sleep guidelines and policies will be sent home to new families in the Admissions welcome packet.

CHILD GUIDANCE POLICY

Child guidance will be consistent and based on an understanding of the individual needs and development of each child. Child guidance policies will be set to maximize the growth and development of each child, at the same time protecting the group and each individual in it.

Expectations for behavior will be relayed clearly and consistently to the children and will reflect the developmental level of individual children and the group as a whole. Expectations will be communicated to the children consistently and positively as part of the presentation of the daily classroom routine.

The classroom curriculum will support the development of each child's social, communication and emotional regulation skills so that children will be more able to call upon a positive repertoire behavior when challenges arise.

In the interest in preventing challenging behavior, teachers will use a variety of strategies to encourage appropriate behavior including but not limited to adult and peer support, the modeling of appropriate behavior, redirecting children to positive activities, and adaptations to the environment and classroom activities.

A designated space will be made available in each classroom for any child who needs to be alone, to think, etc. This space will not be associated by teachers with punishment in any way, but will be presented as one classroom choice that children may use to accommodate their feeling or need at any time of the day.

The safety and welfare of the child are of utmost importance. Teachers will intervene quickly to offer positive alternatives to physical aggression.

Child guidance and routines will be consistent within each classroom and throughout the school. To meet this expectation, it is expected that teachers will communicate frequently with any behavior management issues within their classroom.

In the event it is necessary to physically remove a child from the group in the interests of safety, a teacher will be designated to remain with that child until resolution is possible.

SELA has on staff a full-time behavior specialist available to assist and support teachers with classroom behavior management and strategies and to consult with parents or caregivers regarding behavior observations, strategies and progress as needed.

In managing classroom behavior, SELA will never:

- Use verbal or corporal punishment;
- Deny food or drink to a child for punishment;
- Force a child to eat;
- Punish a child for soiling/wetting clothes, force a child to remain in soiled clothing, force a child to remain on the toilet seat and/or any other excessive toileting practices;
- Use a physical restraint;
- Isolate a child;

SELA will develop child guidance goals that will help children to:

- Be safe with themselves and others;
- Feel good about themselves;
- Develop self-control and good coping skills;
- Appropriately express their feelings;
- Become more independent;
- Balance their needs and wants with those of others;
- Learn new problem-solving skills, including non-violent conflict resolution; and;
- Learn about conservation-to use equipment, resources, and other materials in caring, appropriate ways.

PLAN FOR MANAGING THE HEALTH AND WELL BEING OF TEACHERS

Policies regarding minimizing the spread of infectious diseases previously described in this Health Care Policy for children apply for teachers as well. In the event of an outbreak, the entire school community is notified, and fact sheets with symptoms and risks are distributed to all adults. In the case of a staff person who may be pregnant, special consideration is given to assure that information about risks is shared, and the school will assist any potentially exposed teacher in finding a referral for information and/or treatment if indicated.

Teachers at the school are reminded annually through staff training of the need for ergonomics and the reduction of back strain in their work with children. The space is arranged to reduce the risk of back injuries to adults whenever possible. Diapering areas are arranged at adult height whenever possible. Office and work area furniture is at adult height and has adult chairs for staff meetings and/or breaks.

Medical records on file at the school for each teacher include a written record from a physician that indicates the teacher has had a complete physical examination within one year of the hiring date, and showing all required immunizations are current. Physicals will be renewed annually.

If a teacher has a contagious disease, he or she will be required to stay home, following the same protocol as that described in previous sections of this Health Care Policy regarding “planning for infectious disease”.

SELA strictly prohibits all significant hazards that may pose a threat to children or adults including but not limited to smoking, the use of alcohol or drugs and the use of or carrying firearms or weapons in or around the school.

SELA will assist any teacher in need of assistance with locating health services to support general health and wellness or mental health.

Revised 10/14/25