

Sunshine Childcare Center

Health Care Policy



Sunshine Childcare Center I & II
214 & 236 Harrison Avenue
Boston, MA 02111
Tel (617) 426-3083 or (857) 239-9516
Sunshine Childcare Center III
165 Mountain Avenue
Malden, MA 02148
Tel (781)-321-0858
Website: www.sunshinebilingual.com

Table of Content

1	EMERGENCY TELEPHONE NUMBERS.....	1
2	PROCEDURES FOR EMERGENCIES AND ILLNESS.....	2
2.1	MEDICAL EMERGENCY	2
2.2	EMERGENCY WHILE ON A FIELD TRIP	2
3	USING AND MAINTAINING FIRST-AID EQUIPMENTS	2
4	EMERGENCY EVALUATION.....	3
4.1	EMERGENCY DRILLS.....	3
4.2	EVACUATION PROCEDURE.....	3
4.3	MISSING CHILD PLAN.....	4
5	CARE FOR MILDLY-ILL CHILD.....	4
6	ADMINISTRATION OF MEDICINE.....	5
6.1	PRESCRIPTION AND NON-PRESCRIPTION MEDICINE.....	5
6.2	TOPICAL MEDICINE	5
6.3	HANDLING AND STORAGE OF MEDICINE	5
7	MEETING SPECIFIC HEALTH CARE NEEDS.....	5
7.1	INDIVIDUAL HEALTH CARE PLAN (IHCP).....	5
7.2	SUDDEN INFANT DEATH SYNDROME (SIDS).....	6
8	IDENTIFYING AND REPORTING CHILD ABUSE/NEGLECT	7
9	INJURY PREVENTION PLAN.....	7
10	MANAGING INFECTIOUS DISEASES.....	8
11	INFECTION CONTROL.....	10
11.1	HAND WASHING	10
11.2	SANITIZING.....	10
11.3	STAFF TRAINING.....	11
12	REFERRAL PLAN	11

1 Emergency Telephone Numbers

Health Care Consultant:

Name: Ms.FNP-BC Cattleya May
Address: TUFTS MEDICAL CENTER
THE FLOATING HOSPITAL FOR CHILDREN
755 washington street boston ma 02111
Phone Number: (617) 636-2820

Emergency Telephone Numbers:

(These numbers are posted at Sunshine Childcare Center by each telephone)

Fire Department:	911
Police:	911
Ambulance/Rescue:	911
Poison Control Center:	(617) 232-2120
Department of Children & Families (DCF)	(800) 238-7868
Designated Adult:	Xu Li Huang
Address:	36 Breakwater Dr. Chelsea MA 02150
Phone number:	(617)230-9907

Hospital Utilized for Emergencies:

Name:	Tufts-New England Medical Center The Floating Hospital for Children
Address:	755 Washington Street, Boston, MA 02111
Phone number:	(617) 636-5000

Name:	South Cove Community Health Center
Address:	885 Washington Street Boston, MA 02116
Phone number:	(617) 482-7555

Information to Give in an Emergency:

Your Name:	Sunshine Childcare Center I & II
Center's Phone Number:	(617)426-3083 or (857)239-9516
Center's Address:	214 & 236 Harrison Ave. Boston, MA 02111
Center's Location:	Tai Tung Village, First Floor of Building A & D

Your Name:	Sunshine Childcare Center III
Center's Phone Number:	(781) 321-0858
Center's Address:	165 Mountain Ave. Malden MA 02148

The Department of Early Education and Care (EEC) is the licensing agent

EEC may be contacted for program compliance history at 1250 Hancock St, Suite 120S, Quincy, MA02169 and Phone number is (671) 472-2881.

2 PROCEDURES FOR EMERGENCIES AND ILLNESS

2.1 Medical Emergency

In the case of medical emergency, Sunshine will follow these procedures:

1. Attend to the child immediately following First-Aid procedures. Call 911 if needed.
2. Child's parents are notified by Director or the Lead Teacher. If parents cannot be reached, the designated emergency contact will be contacted.
3. Child is placed under teacher's supervision. If any neck or back injuries are suspected the staff shall be careful not to move the child.
4. The teacher or the Director will accompany the child to emergency facility (or a facility designated by the parents on the emergency authorization form) by ambulance, and will stay with the child until the arrival of the parents and/or emergency contact(s).
5. If the child leaves the center (such as taken to the hospital), Sunshine staff will bring the child's records with him/her.

2.2 Emergency While on a Field Trip

To prepare for emergency situations while on a field trip, Sunshine staff will take the following items for each field trip:

- A portal First-Aid kit.
- Emergency information, including contacts and telephone numbers.
- A working cell phone. If payphone is to be used, make sure there is enough change for the phone and that the location of the phone(s) is identified.

If a medical emergency occurs during field trip (such as an accident or acute illness), Sunshine staff will follow these procedures:

1. The lead teacher will take charge of the emergency, assess the situation, and give first aid as needed.
2. Based on the severity of the emergency or illness, the lead teacher will determine the method of transportation for medical treatment. If necessary, an ambulance will be called.
3. The lead teacher will contact the center Director or the designated adult to inform the situation and the actions to be taken.

3 USING AND MAINTAINING FIRST-AID EQUIPMENTS

A First-Aid kit is stored in each classroom and is located out of the reach of the children. The contents of the First-Aid kit are supplied by authorized health care consultants. The level of supply is monitored and replenished periodically. Each classroom is equipped

with a portable First-Aid kit, which can be for outdoor activities, such as on a field trip. Lead teachers are responsible to maintain and replenish the portable First-Aid kits.

Contents of first aid kits: an adhesive tape, Small and large band-aids, gauze pads, gauze roller bandage, some disposable latex gloves, an instant ice packs, a compress, a syrup of ipecac, a scissor, a pair of tweezers, a thermometer, antiseptic wipes, tissues and plastic bags for trash disposal.

The detailed procedure of First-Aid response is posted in the center. All Sunshine staff must be trained and certified in First-Aid. All teaching staff must be trained and certified in CPR.

4 EMERGENCY EVACUATION

4.1 Emergency Drills

To prepare for emergency response, the center conducts fire/emergency drills periodically as scheduled by the building management. All staff members and the children must participate in the drills. The objective of the drills is to train the children to listen to the instructions from the Sunshine staff during emergency situations, to prevent or minimize accidents or injuries. The center Director and the lead teacher are responsible for assuring that evacuation drills are held at different times of the program day and are practiced with all groups of children and staff at least every month. The lead teacher maintains documentation of the date, time and effectiveness of each drill.

4.2 Evacuation Procedure

In an event emergency due to fire, natural disaster or other reasons, Sunshine will follow these procedures:

- Call 911, and inform the authorities regarding the reason for evacuation and where the children will be gathered.
- The teachers in each classroom will escort the children to evacuate the building. The teachers will also take the daily attendance sheet (to count for the children), parent contact information, and the front-desk parent sign-out clipboard during the evacuation.
- The children will evacuate using safe doors. All children will be gathered at the designated secure area – Zhong Hua Gong Suo Building, about 5-minute walk to the Center I/II (Chinatown site); Malden site: All children will be gathered at the designated secure area – Lynwood shelter building (166 Mountain Ave Malden MA 02148), across from the center.
- One of the staff members will check the center to make sure that no child has been left behind. Teachers will make sure that number of evacuated children is the same as the number on the daily attendance sheet (i.e., everyone has evacuated).

- If the center is determined to be unsafe to reentry, the Director will instruct the teachers to call the parents or the emergency contact persons to pick up their children at the gathering location.

In the event of losing power, heat, or water that would affect the health and safety of the children, the parents or emergency contacts will be notified to pick up their children, if the outage situation lasts for an extended period of time.

The evacuation procedures will be posted at all exits. For more detailed emergency response plan (including each staff member's responsibility during an emergency), please contact the center Director.

4.3 Missing Child Plan

If any child is missing at center, the following procedures will be taken:

- The teacher will immediately contact 911 and local police
- The teacher will immediately call parent and director to inform them of the situation.
- The director will immediately call EEC and provide the information need to search for the child.
- The teacher will write a report on the situation. The report will be provided to the police, parents, EEC and the director.

5 CARE FOR MILDLY-ILL CHILD

Children who are mildly ill may remain in school if they are not contagious (refer to Plan for Infectious Disease) and they can participate in the daily program including outdoor activities though comfortable indoor activities are generally recommended in this situation.

Mildly-ill children will be cared for in their classroom. Sunshine does not provide a separate pace for mildly-ill children. The teachers will provide appropriate food, drink and play materials, or let the children rest.

If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Director will contact the child's parents to pick up the child. The child will be cared for at the Director's office by a Sunshine staff until the arrival of a parent. Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

6 ADMINISTRATION OF MEDICINE

6.1 Prescription and Non-Prescription Medicine

ALL prescription or non-prescription medicines, including nebulizers and inhalers, may be administrated ONLY with written authorization from the parents *and* the written orders from the doctors. The authorization forms will be kept in the child's record folder. The center will contact the parents or guardian before administrating the medicine. The teachers will record dosage and the time of each administration of medicine. The signed record will be kept in the child's record folder.

6.2 Topical Medicine

Non-prescription, topical medicine such as sun lotion, bug spray, and other ointments (such as diaper rash cream or baby powder) also require parents' written authorization for administration.

6.3 Handling and Storage of Medicine

Parents must hand the medicine directly to the teaching staff of their children, and all left over medicines must be taken home by the parents and disposed properly. All medicine is stored in an appropriate place (such as in a refrigerator if required), and out of the reach of children. The medicine should be kept in the original container, along with any measuring equipment, with legible labels including child's name, medicine name, and directions (such as dosage and frequency).

Prescription medicine cannot be stored for more than one year, from the date of prescription.

7 METTING SPECIFIC HEALTH CARE NEEDS

During enrollment, parents are asked to fill out information regarding specific health care needs for their children, such as allergies.

All allergies and other special medical needs are posted in the child's classroom as well as the food preparation/storage areas. The children's names must be listed with the types of allergies (and other needs) they have. The Director or the leader teacher is responsible of updating the list with each new enrollment, and keep the teaching staff informed regarding the special needs of the children in their classrooms, to protect the children from exposures to food, chemicals or other materials they are allergic to. The Director is also responsible to make sure all teaching staff is trained to handle emergency allergic reactions.

7.1 Individual Health Care Plan (IHCP)

IHCP plan is for the child who has a medical condition such as inhaler and/or epinephrine auto-injector condition and that the parent need to pick up the IHCP form from director

or teacher and ask your child's doctor to complete IHCP form. We will obtain the doctor's to complete IHCP for child and place in child's file as well.

7.2 Sudden Infant Death Syndrome(SIDS)

SIDS is one of the leading causes of death among infants one month through one year of age in the United States. The National Institute of Child Health and Human Development (NICHD) defines SIDS as the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene and review of the clinical history. SIDS is a diagnosis of exclusion, assigned only once all known and possible causes of death have been ruled out.

Crib death; Sudden infant death syndrome (SIDS)

Sudden infant death syndrome (SIDS) is the unexpected, sudden death of a child under age 1 in which an autopsy does not show an explainable cause of death.

The cause of SIDS is unknown. Many doctors and researchers now believe that SIDS is caused by several different factors, including:

- Problems with the baby's ability to wake up (sleep arousal)
- Inability for the baby's body to detect a build-up of carbon dioxide in the blood

SIDS rates have dropped dramatically since 1992, when parents were first told to put babies to sleep on their backs or sides to reduce the likelihood of SIDS. Unfortunately, SIDS remains a significant cause of death in infants under one year old. Thousands of babies die of SIDS in the United States each year. SIDS is most likely to occur between 2 and 4 months of age. SIDS affects boys more often than girls. Most SIDS deaths occur in the winter.

The following have been linked to a baby's increased risk of SIDS:

- Sleeping on the stomach
- Being around cigarette smoke while in the womb or after being born
- Sleeping in the same bed as their parents (co-sleeping)
- Soft bedding in the crib
- Multiple birth babies (being a twin, triplet, etc.)
- Premature birth
- Having a brother or sister who had SIDS
- Mothers who smoke or use illegal drugs
- Being born to a teen mother
- Short time period between pregnancies
- Late or no prenatal care
- Living in poverty situations

While studies show that babies with the above risk factors are more likely to be affected, the impact or importance of each factor is not well-defined or understood.

Symptom

Almost all SIDS deaths occur without any warning or symptoms when the infant is thought to be sleeping.

8 IDENTIFYING AND REPORTING CHILD ABUSE/NEGLECT

Sunshine staff is mandated by law (Massachusetts General Law C119, Section 51A) to identify and report any suspected child abuse and neglect to the Department of Children and Families. All staff is trained to recognize signs of physical and emotional neglect.

The following is the procedure for reporting child abuse or neglect once it's identified:

- The teacher or other staff member who suspects a child abuse and neglect will report immediately to the Director. The teacher must document the observation including child's name, date, time, child's injuries, child's behavior, and any other pertinent information.
- The Director will contact DCF and provide an oral report to the EEC within 24 hours. The Director also logs pertinent information for the record.
- The Director will try to contact the child's parents to explain and clarify the situation.
- The Director will file a written report 51A to EEC within 48 hours of the initial oral report.
- The center staff will cooperate with the investigation efforts of DCF.

Any Sunshine staff that is suspected of abusing a child will be immediately removed and isolated from contacting children until the matter is investigated and cleared. The staff member will be disciplined and potentially terminated depending on the nature of the incident. The Director will file an incident report to DCF and EEC. If the staff member is proven not guilty through the investigation, he or she may be permitted to come back and work at Sunshine.

The telephone number for DCF is: (800) 238-7868.

The telephone number for EEC is: (617) 472-2881.

9 INJURY PREVENTION PLAN

Sunshine takes injury prevention seriously. The following are preventative measures used by the center:

- The Director and the teachers will monitor the center on daily basis to remove and repair any hazards (such as damaged furniture). All Sunshine staff members are

required to notify the Director if any potential safety and health hazard is identified.

- All hazardous materials (such as sharp and hot objects, medicines, matches, toxic chemicals like cleaners) must be kept out of the reach of children.
- All electric outlets must be sealed and/or protected with child-proof devices. All cabinet doors and drawers must be secured with child-proof devices.
- An injury log is maintained in the Director's office. All staff members are required to enter any injuries in the log and complete the injury report form.
- Any incidents followed by hospital or emergency room visit must be reported to the EEC. A copy of the report will reside in the child's record. Parents must be notified for such incidents.
- All classrooms are equipped with A First-Aid kit, as well as a portal First-Aid kit for field trips. All teaching staff are trained and certified in First-Aid.
- Smoking or drinking (of alcoholic beverages) is not allowed inside or directly outside the Sunshine Childcare Center.
- During a field trip, before entering a site (such as a park), the teachers need to check the surroundings to make sure it is safe for the children to enter.

10 MANAGING INFECTIOUS DISEASES

Sunshine will use the Parent's Bulletin Board to announce/post any contagious diseases identified with a child, or a staff member. The center will send out a notice to all parents informing the situation, including the symptom of the disease. In the event of serious contagious disease, the center will contact the Department of Public Health. If a child has been infected with a contagious disease outside of the school hours, the parents also have responsibility to inform the center. The child shall not return to school without approval from a doctor.

Children with the following symptoms must be taken home by the parents, guardian, or emergency contact:

- Fever of 100 degrees or more
- Strep throat
- Inflammation of the eyes
- Vomiting three times
- More than three diarrheas
- Communicable disease
- Unknown rash

If your child was sent home due to fever of 100 degrees or more, he/she cannot return to the center until he/she has been free from symptoms for 24 hours. This is to allow your child enough time to recover and stop the spread of illness to the other children.

Contagious Illnesses

If your child has been diagnosed with a contagious illness, he/she requires a doctor's notice to return to school and is not allowed to attend school until 24 hours after treatment. We require written permission from both the parents and the doctor before we can help your child to take any medicine that can be purchased over-the-counter such as Tylenol, Benadryl, etc.

Disease	Measures
Chicken Pox	A child with chicken pox will be excluded from the center when all lesions are scabbed over and note from licensed primary care notify that all lesion has scabbed over.
Conjunctivitis	A child can return 24 hours after medication has been given and the eyes are free from discharge.
Diarrhea	A child with more than one abnormal loose stool has diarrhea and can return to the center when the condition is corrected. Because some medication causes diarrhea, the parents should check with their primary care pediatrician. If the child is not contagious and can participate in a normal classroom schedule, he/she may return to the classroom with a doctor's note.
Ear infections and pneumonia	A child who is feeling better and has no fever can return to the center.
Fever	A child must be fever free for at least 24 hours if there is a temperature over 100. degrees Fahrenheit. The child return to the classroom with a doctor's note saying that she may participate in the program and is not contagious to other children.
Head Lice	A child with head lice can return after treatment has begun and ruts have been removed.
Hepatitis A	This condition is handled on an individual basis after discussion with the Director and doctor.
Impetigo	A child can return to the center 24-48 hours after treatment has begun and lesions are covered.
Scabies	A child can return 24 to 48 hours after treatment.
Strep Throat	A child can return 24 hours after antibiotic treatment has begun and is fever-free. Doctor's note may be required if the child has been excluded from the center for over five consecutive days.
Hand, Foot and Mouth Disease	A child with Hand, Foot and Mouth Disease can return after treatment. Also he/she may return to the classroom with a doctor's note.
Other Infectious Disease	Measles, Mumps, Rubella vaccines should be kept up to date for the children. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is (888) 658-2850.

11 INFECTION CONTROL

11.1 Hand Washing

Hand washing is effective method for infection control. Sunshine requires all staff members to wash their hands at least at the following times:

- Before eating or handling food
- After assisting children with toilet or diapering
- After coming to contact with body fluid and discharges
- After handling animals or animal equipment
- After cleaning
- After treating sick children

All children are taught to wash their hands at the following times, with running water, liquid soap and dry the hands with disposable paper towels:

- Before eating
- After using toilets
- After outdoor activities
- After handling animals or animal equipment
- After handling bodily fluids such as running noses

11.2 Sanitizing

Sunshine has the following procedures for sanitizing:

- All furniture, surfaces at the center must be cleaned regularly with a mixture of water and bleach. The bleach will be prepared daily based on the specification of regulations **1TB bleach: 1gallon water for Classroom Surfaces** (Tables, toys, water play) and **1TB bleach: quart water for Toileting and Diapering**.
- All food and drink at the center are kept fresh and refrigerated as needed.
- The staff members are required to wear disposable gloves after changing diapers, cleaning up (blood, vomit or waste), assisting children to the bathroom or treating children with infectious diseases or severe diarrhea. Used gloves must be disposed in covered trash containers.
- Blood spill are cleaned up immediately. Blood stained material or fabric would be disposed of in compliance with biohazard-material regulations.
- All cleaning equipment (including bleach, detergent, etc) must be stored in a secure location and out of the reach of children.
- Soiled clothing, urine or feces, must be double bagged in sealed plastic bags, labeled with the child's name, and stored away from other items, waiting to be taken home by the parents to during the pick-up time.

11.3 Staff Training

All Sunshine staff is trained in infection control during new employee orientation and on the on-going basis. The Director and the lead teacher will monitor and observe daily activities for infection control and make adjustment and training as needed.

12 Referral Plan

Sunshine monitors the development of each child closely, and updates the records of physical and social developments on regular basis. The records will be reviewed with the parents during scheduled parent-teacher conferences. If a concern is identified regarding a child's physical or social condition, outside referral service may be necessary.

Sunshine maintains a list of local referral agencies including health care centers, special needs help, early intervention programs, and other professional service agencies. The Director is responsible for updating the list periodically.

The following is the high-level referral plan:

1. To suggest an external referral service, the center will notify the parents with a written letter explaining reasons for referral based on the observation of the center, as well as how the center will cooperate with parents and the referral agency to meet specific needs of the child.
2. The Director will schedule a meeting with the parents to discuss the situation, explain parents' rights, and to get the parents' consent for referral. The parents will also be provided with a list of referral agencies.
3. Once the parents give consent of the referral, the center will help the parents contacting the referral agency, and provide relevant information.
4. With the approval from the parents, the center will follow up the child's progress using the referral service. The center will keep all referral progress report in the child's record.
5. Every three month the center will review the child's progress report to determine if additional referral services are required. If so, the center will work with the parents to contact the referral agency.

The following is a list of referral resources Sunshine works with:

Early Intervention (EI)

Bureau of Family and Community Health

250 Washington Street

Boston, MA 02108

Website: www.state.ma.us/dph/fch/ei.htm

Telephone: (617) 624-6060

Fax: (617) 624-6062

TTY: (617) 624-5992

Contact: Ron Benham, Director, Early Intervention Program

Blackstone Elementary School

380 Shawmut Ave

Boston, MA 02118

Tel: (617) 635-8471

Tufts-New England Medical Center

The Floating Hospital for Children
755 Washington Street
Boston, MA 02111
Telephone: (617)636-5000

Tufts University School of Dental Medicine
One Kneeland Street
Boston, MA 02111
Telephone: (617)636-6828
Email: DenStudentAffairs@tufts.edu