

Highlands After-Care Program Health Care Policy

Emergency Telephone Numbers: 911

HEALTH CARE CONSULTANT 1400 Centre St. Newton, MA. 02459	Dr. Roger Spingarn 617-244-9929
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Fire Department	617-796-2210
Police Department	617-796-2100
Ambulance	617-782-1111
Poison Control Center	617-232-2120
DCF (Child Abuse)	617-748-2000
Department of Early Education and Care	617-472-2881
Newton Health Department	617-796-1420

Children's Hospital 300 Longwood Ave. Boston MA. 617-355-6000	Newton Wellesley Hospital 2014 Washington St. 617-243-6000
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Designated Adult Highlands After-School Program Landline HASP Cellular Number John Rice	Rochelle Acker 617-527-3308 617-999-4617 617-201-7088
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EMERGENCY PROCEEDURE OF ACCIDENT OR ILLNESS

1. The nature for the emergency will be stated.
2. The Center's telephone number is 617-527-3308 or 999-4617
3. Phone is located in the poolroom.
4. The Center's address: 20 Hartford Street, Newton 02461
5. The Center's location in the building: Front Entrance at Hartford St.
6. Directions to the center: RT. 9 West , 1st right turn after bridge overpass.
7. Method of transportation to hospital: Ambulance
8. Notification of parents: Staff will use emergency phone contact list in clipboards or file cabinet or backpacks.
9. Procedure when parents cannot be reached: Designated emergency contacts will be called until someone is contacted.
10. The first aid and health care policies are located on the file cabinet and refrigerator.
11. Allergy, medical information, and health care policies are posted on wall by the refrigerator and next to the first aid kit.
12. The red and black backpacks should be taken for all evacuations.

PLAN FOR MEETING THE NEEDS OF MILDLY ILL CHILDREN AT HASP

HASP will provide a comfortable and private area for any mildly ill child to rest. If food or drink is needed, these items will be provided as support.

- A. The director or a designated teacher will supervise mildly ill children in a quiet area of the program.
- B. Teaching staff will determine with the child and parent when the child can resume normal daily activities or if the child needs to be picked up from HASP.
- C. 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 staff, the Program Director will contact the child's parent(s). and the parent(s) will be asked to pick up the child.

7.11 (19) a 3-4 DEFINITION OF MILD SYMPTOMS AND PLAN FOR MILDLY ILL CHILDREN

The following list defines mild symptoms with which ill children may remain in care at HASP:

- Cold without fever of 100 or higher
- Seasonal allergies
- Headache
- Non-contagious skin irritations and rashes

The following are more severe symptoms that require notification of the parents or back-up contact to pick up the child and while waiting for pick up a separate quiet area will be provided:

- fever of 100 or higher
- wheezing
- inflammation of eyes
- rash
- head lice
- diarrhea
- vomiting
- injury requiring medical attention from a physician

EMERGENCY EVACUATION

Plan for Emergency Evacuation: HASP

- Evacuation Plans will be posted at all doorways
- During an emergency evacuation the Group Leader will be responsible for taking the attendance (clip board) and emergency backpack placed at the program's message center in the center hallway.
- Other teachers will position at the middle and back of the group to check for stragglers.
- Director/administrative will visually check all areas before exiting the building to make sure all children are with the exiting group.
- Attendance will be taken immediately outside the building and staff will account for all children.
- Staff members are responsible for signing children in and out of the program and will indicate arrival and departure times on the attendance sheet.
- All children and staff will meet across the street from the Brigham House on the lawn of the Newton Highlands Congregational Church on Hartford and Lincoln Streets to be a safe distance from the building.
- Highlands After-School will discuss with children and staff evacuation procedures and conduct periodic drills, practicing different evacuation routes so staff and children are familiar with them.
- The Group Leader will bring medications, emergency consent forms and emergency supplies in the backpack.
- The program administrator will periodically discuss the programs evacuation to the Congregational Church with the church staff and keep contact information for the church in the emergency evacuation backpack.

- The program administrator will inform parents via cell phone of the emergency evacuation location and procedures for picking up children during an emergency immediately.
- Director will maintain records of each drill and the effectiveness of the drills with the date, time, route used and number of children in a Fire Drill Log.

PROCEEDURES FOR EMERGENCY, ILLNESS AND URGENT MEDICAL NEED

- A. In case of illness or medical emergency (such as a seizure, a serious fall or serious cut), the staff will provide immediate attention and care to the child. The teacher will seek the assistance of another teacher to aid with the other children by removing them from the space. If no other teacher is available to assist, the teacher will ask the remaining children to be seated and quiet so an accurate assessment of the medical issue can be made.
- B. The staff member will assess the medical issue and apply needed first aid. Each staff person is trained in CPR and First Aid.
- C. Upon evaluation of the injury or medical issue, the staff person will decide if additional medical care is needed. If it is needed, 911/EMS will be called. The teacher will then remove the child's emergency card, contact the parent to inform them of the medical emergency, and make arrangements for the parent to meet the ambulance at Children's Hospital or the closest medical facility.
- D. Staff will not provide transportation to an injured child via staff owned vehicles. This plan is implemented as stated in the parent signed medical waiver and liability form, which is required upon enrollment in HASP. Depending on the nature of the injury or medical condition, the teacher may arrange for the parent to pick up the child and transport them to the hospital or their doctor's office.
- E. When parents cannot be reached, those listed, as emergency contacts will be called as a further attempt to reach parents. In the event a parent cannot be reached immediately, a designated staff person will continue to attempt to reach parents or emergency contacts.
- F. The program will immediately report to the Department of Early Education and Care any injury to, or illness of, any child, which occurs during the hours while the child, is enrolled in care and which requires hospitalization or emergency medical treatment, including death, which occurs while the child, is in care of HASP.

THE DIRECTOR WILL:

- 1) Know how to access Emergency Medical Services (EMS) in your area
- 2) Educate Staff on the recognition of an emergency and the center's health care policy.
- 3) Know the phone number for each child's guardian and primary health care provider.
- 4) Share specific plans and specific health care needs of children with direct care staff.
- 5) Develop plans for children with special needs with their family and health care provider.

ASSESSING INJURIES TO CHILDREN IN CARE

When a child is injured, HASP providers need to fully assess the child's injury and make sure they are following their first aid procedures. In addition to following proper first aid protocols EEC recommends these additional procedures be followed when a child needs first aid. When an injury occurs, ask the child questions and observe to make sure the child is okay. Monitor the child throughout the afternoon. Continue to assess the child's injury to make sure what was first observed and treated is still the appropriate course of action.

NOTE: Anytime a HASP teacher believes 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.

1. What was the child doing?
2. What equipment was involved?
3. Was another child involved?
4. Were any hazards involved?
5. Were there any witness's? What did they see?

PROCEDURES THAT MUST BE FOLLOWED BY HASP STAFF

- A. Upon pick up parents will be informed verbally of any first aid given to their child.
- B. Complete an injury report when first aid is given and provide the parent with a written report within 48 hours of the incident. (Parents of children with permission to sign themselves out and walk home need to check their child's backpack for injury reports.)
- C. A copy of the injury report will be placed in the child's file.
- D. Provide **timely, full, and accurate** verbal notification to parent/guardian regarding injury
- E. Only staff certified in first aid or CPR will be authorized to provide care.
- F. The director will review program's health care policy with staff.
- G. Program staff must share all pertinent information with program administrator and a teacher taking over care as well as sharing the child's status with the parent/guardian at pick up time.
- H. The staff will log all injuries/ illnesses into the Log of Injuries/Illnesses.
- I. The director will make sure the location of the child's medical information is complete and accessible to staff.

EMERGENCY PROCEDURES FOR FIELD TRIPS

Staff will use cellular phone to call 911 and parent. The child will be transported to Children's Hospital or closest medical facility, the first staff member will accompany child in ambulance and bring emergency consent form, while second staff member remains with other children. If only one staff member is present, the program director or a staff member will be contacted and a staff member from the center will meet the ill child at the hospital. A staff member will escort the group back to the center.

PROCEDURES FOR USING AND MAINTAINING FIRST AID SUPPLIES

- A. Location of first aid supplies: upper shelf at the message center in the center hall between the main entrance and the bathrooms, with the travel first aid supplies in emergency backpack in the locked file cabinet adjacent to the message center.
- B. First aid supplies will be maintained by program Director (Rochelle Acker) and will be reviewed monthly to make sure it is adequately stocked. Staff will be asked to report on any used items so they can be replaced in a timely manner.
- C. Portable first aid kits used on field trips will include: first aid supplies, children's emergency contacts and telephone numbers, and cell phone.
- D. Contents of first aid kit:
 - Band-Aids
 - Disposable non-latex gloves
 - Gauze Pads
 - Gauze Roller Bandage
 - Adhesive Tape
 - Instant Cold Pack
 - Tweezers
 - Thermometer
 - Compress
 - Scissors

PREVENTION OF INJURY AND ILLNESS

- A. HASP administrator and teachers will monitor the environment daily and remove or repair any hazards that may cause injury. The program administration will inform John Rice or the Board of Directors of any hazards within the school space and grounds as well as off-site activity spaces.
- B. No smoking is allowed on the premises or during program hours.
- C. Toxic substances, sharp objects matches and other hazardous objects will be stored out of the reach of children.
- D. A first aid kit and emergency consent release forms for the children will be taken on all field trip. An injury report for any incident that requires first aid or emergency care will be maintained in the child's file. The injury report includes the name of the child, date, time and location of accident or injury, description of injury and how it occurred, name(s) of witnesses, name(s) of person(s) who administered first aid and first aid required. Staff should use the Accident/Injury Report Form to record the above information. Staff should submit the completed form to the Program Director for review. Once the Program Director has reviewed the Accident/Injury Report form and has signed it, it should be given to the parent within 24 hours of the incident (and if the child walks home, it will be placed in the child's backpack). The parent should be allowed to review it, sign it, and then be given a copy. The staff member should then log the report in the Central Log of Injuries and then file the report in the Child's file. Only staff who have a current First Aid certificates will be allowed to administer first aid no matter how minor the injury
- E. HASP requires that all children enrolled in the program have supplied the Newton Public Schools with records of immunizations and physical examinations. Immunizations shall not be required of anyone whose parent states in writing that such procedures conflict with their religious beliefs and this needs to be indicated by parents on the enrollment form.

PROCEDURES FOR INFORMING PARENTS OF FIRST AID ADMINISTRATION

- A. HASP will inform parents in writing within 48 hours, although every effort will be made to inform parents the day of the administration of first aid to a child.
- B. Parent will be informed by the placement of an injury report in their mailbox and personally by staff.
- C. Parents will be called immediately for injuries needing additional medical attention or when the staff feel it is important to notify before pick up time.
- D. A log of injuries will be maintained along side the injury logbook.

PLAN FOR MANAGING INFECTIOUS DISEASE

- A. Precautions will be taken to prevent the spread of infectious disease at HASP. All staff and children will be required to wash hands after using bathroom and before serving/eating lunch or snack.

Conditions, which necessitate parents to pick up an ill child:

fever of 100 or higher

wheezing

inflammation of eyes

rash

head lice

diarrhea

vomiting

injury requiring medical attention from a physician.

- B. If a child exhibits symptoms of an illness that necessitates exclusion from the center, a quiet space in the director's office will be designated for the child to rest and the parent will be contacted to pick up the child.
- C. Children may return to HASP provided that their medical symptoms no longer present the need for exclusion. In some cases, a note from a physician may be requested before the child is allowed to attend the program. Consultation with the HASP Medical Consultant will identify this need. Illnesses which may require a physician's note include; contagious rashes, impetigo, chicken pox, measles, German measles, hepatitis, mumps, and mononucleosis.
- D. Children may return to the center when free of fever for 24 hours without the use of fever reducing medication, no vomiting or diarrhea for 24 hours, free of head lice and their nits, or 24 hours after the first administered dose of a prescribed antibiotic.
- E. If a child attending HASP is diagnosed with a communicable disease, all parents at the center will be notified with the posting of a notice on the main parent bulletin board outside HASP and a letter of explanation will be sent home with all children and a copy will be placed in each child's mailbox.

EXCLUSION POLICY FOR SERIOUS ILLNESS

Children with serious illnesses, contagious illnesses or reportable diseases will be excluded from HASP may only return to the program with a physician's note. The program will consult with the Newton Health Department and HASP's medical consultant before allowing a child to attend.

PLAN FOR MANAGING INFECTIOUS DISEASE

- A. Staff will take extra special precautions when children who are ill are diagnosed at the Center and when children who are mildly ill remain at the Center. Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the Center if it is determined that any of the following exist:
 - the illness prevents the child from participating in the program activities or from resting comfortably
 - the illness results in greater care need that the child care staff can provide without compromising the health and safety of the other children
 - the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious illness
 - diarrhea;
 - vomiting two or more times in the previous 24 hours at home or once at the center;
 - mouth sores, unless the physician states that the child is non-infectious;
 - rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease;
 - purulent conjunctivitis (defined as pink or red conductive with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment;
 - tuberculosis, until the child is non-infectious;
 - impetigo, until 24 hours after treatment has started or all the sores are covered;
 - head lice, free of all nits or scabies and free of all mites
- B. All staff will remind children that after using the bathroom and before eating that they need to wash their hands with soap and water and dry them on a disposable towel. There will be a number of signs posted in the bathroom and in the sink area.

- C. A sign will be posted with proper procedures for washing and disinfecting food vessels and food preparation areas will be provided to all staff in their orientation packet and it will be posted in the snack preparation areas.
- D. Staff will be encouraged to use disposable rubber gloves when preparing and serving food.

PLAN FOR EXCLUSION DUE TO ILLNESS

Children will be excluded from the program for the following illnesses:

1. Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours;
2. Hepatitis Fact sheets are available from the state Department of Public health. www.state.ma.us/dph
3. chicken pox, until last blister has healed over.

- A. A child who has been excluded from child care may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no serious health risk to him or her or to the other children. Nevertheless, the day care center may make the final decision concerning the inclusion or exclusion of the child.
- B. If a child has already been admitted to the Center and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc.), he/she will be provided a comfortable spot in which rest. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interests of the child that he/she be taken home, his/her parent will be contacted immediately and asked to pick the child up as soon as possible.
- C. When a communicable disease has been introduced into the Center, parents will be notified immediately, and in writing by the Program Director. Whenever possible, information regarding the communicable disease shall be made available to parents. The Program Director shall consult the medical consultant for such information. DPH must be contacted when there is a reportable communicable disease in your program. The program requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health's recommended schedule. No child shall be required, under 102 CMR 7.00 to have any such immunization if his parent(s) object, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contradicted. This must be maintained in the child's school medical file. No child will be admitted into the program without the required documentation for immunizations. The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded^{12.24.08} from attending when a vaccine preventable disease is introduced into the program. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is 1-888 658-2850.

PLAN FOR INFECTION CONTROL

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

- Before eating or handling food
- After toileting
- After coming into contact with bodily fluids and discharges
- After cleaning

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

1. After each use:
 - Mops used for cleaning bodily fluids
 - Thermometers
2. At least daily:
 - Toilets and toilet seats
 - Sinks and sink faucets
 - Drinking fountains
 - Smooth surfaced non-porous floors
 - Mops used for cleaning
3. All staff should wear non-latex gloves when they come into contact with blood or body fluids. Specifically, gloves should be worn when administering first aid for a cut or a bleeding wound, or a bloody nose.
4. Gloves will never be reused and should be changed between uses.
5. Proper disposal of infectious materials is required. Any disposable materials that contain liquid, semi-liquid, or dry, caked blood will need to be disposed of in the secured trash receptacle located in the janitor's closet and marked "Biohazardous waste." The bags will be removed and securely tied each time the receptacle is emptied.
6. Cloth items that come into contact with blood or bodily fluids will be double bagged and sent home.
7. Each staff member will be trained in the above Infection Control Procedures upon employment and before working with the children and then annually.

PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH CARE NEEDS

[7.11(19)(a)8] HASP plan to ensure that all appropriate specific measures will be taken to ensure that the health requirements of children with disabilities are met, when children with disabilities are enrolled.

- A. During intake, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly.
- B. A list of all children's allergies and special health care needs will be posted in the main office, by the snack and first aid supplies and be kept in the travel backpack.
- C. Staff will be given a list during orientation time and each individual child's issues will be reviewed. All staff and substitutes will be kept informed by the Program Director so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.
- D. The names of children with allergies that may be life threatening (i.e. - bee stings) will be posted in conspicuous locations with specific instructions if an occurrence were to happen. The Program Director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.
- E. The list will be updated with enrollment changes and the director will update the staff.

PLAN FOR ADMINISTERING MEDICATION

Medication Administration

(a) HASP has a written policy regarding administration of prescription and non-prescription medication. The policy provides for the administration of medications ordered by a child's health care practitioner *and is as follows;*

(b) All medication administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent, unless noted in section (l), below.

(c) All prescription medications must be in the containers in which they were originally dispensed and with their original labels affixed. Over-the-counter medications must be in the original manufacturer's packaging.

(d) The educator will not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. Any medications without clear instructions on the container must be administered in accordance with a written physician or pharmacist's descriptive order.

Unless otherwise specified in a child's individual health care plan, the educator will store all medications out of the reach of children and under proper conditions for sanitation, preservation, security and safety during the time the children are in care and during the transportation of children.

1. Those medications found in United States Drug Enforcement Administration (DEA) Schedules II-V must be kept in a secured and locked place at all times when not being accessed by an authorized individual.

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

(f) Notwithstanding the provisions of 606 CMR 7.11(2)(e), above, emergency medications such as epinephrine auto-injectors must be immediately available for use as needed.

(g) HASP shall have a written policy on medication disposal.

(h) When possible, all unused, discontinued or outdated prescription medications shall be returned to the parent and such return shall be documented in the child's record. When return to the parent is not possible or practical, such prescription medications must be destroyed and the destruction recorded by a manager or supervisor in accordance with policies of HASP and the Department of Public Health, Drug Control Program.

(i) No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.

(j) Each time a medication is administered, the educator must document in the child's record the name of the medication, the dosage, and the time and the method of administration, and who administered the medication, except as noted in (k) below.

(k) The educator must inform the child's parent(s) at the end of each day whenever a topical medication is applied to a diaper rash.

(l) All medications must be administered in accordance with the consent and documentation requirements specified on following page:

7.11 Health and Safety:

Regulation Number and Type of Medication	Written Parental Consent Required	Health Care Practitioner Authorization Required	Logging Required
<p align="center">7.11(2)(I)1</p> <p align="center">All Prescription</p>	<p align="center">Yes</p>	<p align="center">Yes. Must be in original container with original label containing the name of the child affixed.</p>	<p align="center">Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.</p>
<p align="center">7.11(2)(I)2 Oral Non-Prescription</p>	<p align="center">Yes, renewed weekly with dosage, times, days and purpose</p>	<p align="center">No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed</p>	<p align="center">Yes, including name of child, dosage, date, time, & staff signature. Missed doses must also be noted along with the reason(s) why the dose was missed.</p>
<p align="center">7.11(2)(I) 3</p> <p align="center">Unanticipated Non-Prescription for Mild Symptoms (e.g., acetaminophen, ibuprofen, antihistamines)</p>	<p align="center">Yes, renewed annually</p>	<p align="center">No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed</p>	<p align="center">Yes including name of child, dosage, date, time, & staff signature</p>
<p align="center">7.11(2)(I)4 Topical, non-Prescription (when applied to open wounds or broken skin)</p>	<p align="center">Yes, renewed annually</p>	<p align="center">No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed</p>	<p align="center">Yes, including name of child, dosage, date, time, & staff signature.</p>
<p align="center">7.11(2)(I)5 Topical, non-Prescription (not applied to open wounds or broken skin)</p>	<p align="center">Yes, renewed annually</p>	<p align="center">No. Items not applied to open wounds or broken skin may be supplied by program with notification to parents of such, or parents may send in preferred brands of such items for their own child(ren)'s use.</p>	<p align="center">No for items not applied to open wounds or broken skin.</p>

IHC Plan information 7.11 (3) a-c.

PROCEDURES FOR IDENTIFYING AND REPORTING CHILD ABUSE OR NEGLECT

- A. All staff members of Highlands After-School are mandated reporters and shall report suspected child abuse and neglect to the Department of Children and Families (DCF). HASP will contact DCF at 617-748-2000 before 5:00 PM, and at 1-800-792-5200 after 5:00 PM. These phone numbers will be posted at HASP.
- B. When or if a staff member suspects abuse or neglect, they must document their observations including the child's name, date, time, child's injuries, child's behavior, and any other pertinent information. It shall either be reported to the program director or directly to DSS.
- C. The Highlands After-School director or staff with the assistance of the director will also notify Department of Early Education and Care (EEC) immediately after filing a verbal and written report (within 48 hours) 51A Report alleging abuse or neglect of a child while in the care of the program or related activity or learning that a 51A has been filed alleging abuse or neglect of a child while in the care of HASP. If the staff suspects abuse or neglect of a child outside of HASP care, they will follow this procedure for filing a 51A Report.
- D. 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.
- E. 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 HIGHLANDS AFTER-SCHOOL PROGRAM

- A. It is the Center's commitment to protect all children in care from abuse and neglect. The following are procedures for reporting suspected child abuse/neglect while the child is in the Center's care.
- B. Highlands After-School Program will ensure that an allegedly abusive or neglectful staff member does not work directly with children until a DCF investigation is completed and for such further time, as the EEC requires.
- C. Any report of suspected abuse or neglect of a child will be immediately reported to the Department of Children and Families.
- D. A meeting will be held with the staff member in question to inform him/her of the filed report.
- E. The staff member in question will be immediately suspended from the program with pay pending the outcome of the DCF and EEC investigations.
- F. If the report is screened out by DCF, the Program Director has the option of having the staff member remain on suspension pending the EEC investigation or allowing the staff member to return their teaching duties. This decision will be made by the Program Director and will be based on the seriousness of the allegations and the facts available. If the allegations of abuse and neglect are substantiated, it will be the decision of the Program Director whether or not the staff member will be reinstated.
- G. The Program Director and staff will cooperate fully with all investigations.

**Dept. of Children and Families Telephone # is 617-472-2881.
Department of Early Education and Care # is 617-988-6600**