

## Attachment B-Additional Summary Information for Parents

The following information is intended to provide parents with a comprehension explanation of policies and procedures at Montessori Escuela:


- ✚ Montessori Escuela supports and encourages a partnership with and the involvement of parents in the early education and care of their children.
- ✚ Montessori Escuela encourages ongoing communication with parents and aims to communicate effectively with parents of all languages.
- ✚ We welcome parent input in the development of policies, and await your suggestions as they arise. We also conduct informal individual and/or group meetings to address parent recommendations and ideas.
- ✚ We encourage and permit unannounced visits by parents to the program at any time while your child is present.
- ✚ We provide prospective parents an opportunity to meet with the program administrator prior to admitting their child into the program. During the visit we provide a brief tour and orientation to discuss the child's interests and needs. We gather information about your child and discuss their developmental history in order to facilitate a smooth transition from other programs or home.
- ✚ Progress reports are provided twice per academic year: once in January and once in May
- ✚ It is our preference that the administration of medication will be done by parents unless otherwise arranged.
- ✚ In the event of an emergency, parents will be contacted immediately.
- ✚ Parents are responsible for all vehicle transportation including pick-ups and drop offs
- ✚ An additional school calendar may be downloaded from the website and printed
- ✚ Please contact Maria for tuition costs for the upcoming school year. A \$500 deposit secures your child's space. Payments are made in 10 monthly installments, beginning in August and ending in May.
- ✚ We are committed to providing positive and consistent guidance to children based on their individual needs and development. Each child works at their own pace.
- ✚ Children may not attend school if they show signs of contagious illness or have had a fever within 24 hours.
- ✚ Children's Medical and all pertinent school records will be kept on file for five years.
- ✚ All educators are mandated reporters and must, by law, report suspected child abuse or neglect to the Department of Children and Families
- ✚ Montessori Escuela is licensed by the Department of Early Education and Care. You may contact the office for information regarding our program's regulatory compliance history. The address: 51 Sleeper Street, 4<sup>th</sup> Floor, Boston MA 02210 & Phone: (617) 988-6600
- ✚ We are available for formal parent conferences at the parents' request.
- ✚ We will notify parents immediately regarding:
  - Any injury which requires any medical care beyond minor first aid, or emergency administration of non-prescription medication
  - Immediately of any allegation of abuse or neglect involving their children while in our care and custody.
  - Prior, or as soon as possible, of any change in educators.
  - At the end of the day regarding any first aid administered.

- In writing within 48 hours of aforementioned incidents
- Whenever special problems and significant developments arise
- Whenever a communicable disease or condition has been identified in the program
- In writing seven days prior to the implementation of any change in program policy or procedure
- Prior to the introduction of any pets into the program
- Of the use of any herbicides or pesticides, prior to their use whenever possible
- Whenever the program deviates from the planned menu

### Medication Administration

- ✚ All medication administered to the 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.
- ✚ All prescription medication 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.
- ✚ The educator must 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 must 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 if applicable.
- ✚ Notwithstanding the provisions above, emergency medications such as epinephrine must be immediately available for use as needed.
- ✚ Disposal of medication will be done with parent approval and in a secure outdoor trash receptacle the morning of trash removal.
- ✚ 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 the licensee and the Department of Public Health Drug Control Program.
- ✚ No educator shall administer the first dose of any medication to a child, except under extraordinary circumstances and with parent consent.
- ✚ Each time a medication is administered, the educator must document in the child's record the name of the medication, the dosage, the time and the method of the administration, and who administered the medication, except as noted below
- ✚ The educator must inform the child's parents at the end of each day whenever a topical medication is applied to a diaper rash.
- ✚ All medications must be administered in accordance with the consent and documentation requirements specified below:

Regulation Number and Type of Medication	Written Parental Consent Required	Health Care Practitioner Authorization Required	Logging Required
7.11(2)(l)1 All Prescription	Yes	Yes. Must be in original container with original label containing the name of the child affixed.	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.
7.11(2)(l)2 Oral Non-Prescription	Yes, renewed weekly with dosage, times, days and purpose	No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	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.
7.11(2)(l)3 Unanticipated Non-Prescription for Mild Symptoms (e.g., acetaminophen, ibuprofen, antihistamines)	Yes, renewed annually	No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature
7.11(2)(l)4 Topical, non-Prescription (when applied to open wounds or broken skin)	Yes, renewed annually	No in FCC Yes in Large and Small Group Must be in original container with original label containing the name of the child affixed	Yes, including name of child, dosage, date, time, & staff signature.
7.11(2)(l)5 Topical, non-Prescription (not applied to open wounds or broken skin)	Yes, renewed annually	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.	No for items not applied to open wounds or broken skin.

-  Individual Health Care Plans: The licensee must maintain as part of a child's record, an individual health care plan for each child with a chronic medical condition, which has been diagnosed by a licensed health care practitioner. The plan must describe the chronic condition, its symptoms, any medical treatment that may be necessary while the child is in care, the potential side effects of that treatment, and the potential consequences to the child's health if treatment is not administered.

Parent Consent

Please initial each consent statement:

Pick-up & Drop-Off: I will provide all transportation for my child including pick-ups and drop offs.

Initial

Montessori Escuela has my permission to administer first aid or CPR if necessary.

Initial

I give Montessori Escuela consent to use unanticipated, non-prescription and topical, non-prescription medications, if applicable.

Initial

I recognize this document as receipt of notification regarding my right to visit the Montessori Escuela Program unannounced at any time while my child is in care.

Initial

Montessori Escuela has my permission to transport my child to a medical facility to receive medical treatment in the event of an emergency, including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child.

Initial

At my request, I give Montessori Escuela permission to release my school aged child during school hours for any reason, including but not limited to appointments or other engagements, and acknowledge my personal parental responsibility for the child's care once he/she leaves the program.

Initial

I give permission to Montessori Escuela, based on their discretion, to allow occasional observers into the program for the purpose of continued education, including but not limited to parents of potential applicants of the program, or Montessori certified supervisors and staff.

Initial

I give permission for my child to use, on occasion, a small portable swimming pool on site at Montessori Escuela.

Initial

As appropriate to the child's age and abilities, I will provide the following information to Montessori Escuela:

- a. Information about the child's daily schedule, developmental history, sleeping and play habits, accustomed mode of reassurance and comfort;
- b. Procedures for the toilet training of the child if necessary;
- c. The child's eating schedule and eating preferences

Initial

I give Montessori Escuela consent to obtain a copy of my child's medical records, including:

- a. Physician's or Nurse Practitioner's certification that the child has been successfully immunized in accordance with the current Department of Public Health's recommendation schedules.
- b. A written statement from a licensed health care practitioner, within one month of admission, that indicates that the child has had a complete physical examination within one year prior to admission.
- c. A statement signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has been screened for lead poisoning.
- d. A record of any medications administered to the child while attending school. Medications should be administered at home, when possible and are the parents' responsibility.

Initial

I give permission for my child to participate in off-site activities run by Montessori Escuela.

Initial

I will provide Montessori Escuela copies of records pertaining to, and give my consent to follow any custody agreements, court orders and restraining orders regarding the child.

Initial

This document serves as Montessori Escuela providing the following written notification that all subsequent files will remain ongoing in the child's school records and files for five years:

- a. Daily attendance records
- b. Documentation of any persons present on property during school hours
- c. Documentation of regular fire drills
- d. Documentation of annual physical examinations, updated immunizations and lead screening.
- e. Documentation of the results of vision, hearing and dental screenings when provided
- f. A record of any medications administered to the child
- g. Documentation of parent notification of emergency treatment
- h. A copy of a child's individual health care plan, if applicable
- i. A record of any referrals made, if applicable
- j. Documentation of parental authorizations
- k. Copies of injury and incident reports
- l. Copies of periodic progress reports
- m. Individual program plans, and periodic review of such plans, for any child with a disability, including IEP's, IFSP's, and other documentation as provided by parents
- n. All pertinent correspondence pertaining to the child

\_\_\_\_\_ *Initial*

All information pertaining to children and their families is privileged and confidential. Montessori Escuela will not distribute or release information about a child and his/her family to any unauthorized person, or discuss information, without the written consent of the child's parent.

\_\_\_\_\_ *Initial*

The following individuals have my permission to take my child from the program or to receive the child at the end of the school day in the event that I, the parent, cannot complete the obligation.

\_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ *Initial*

**Parent Signature**

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Parent's Signature: \_\_\_\_\_

I certify that I have read the above written information.