

Learning Circle Preschool Health Care Policy

Health Care Policy **Health Care Consultant Policy**

The Learning Circle Preschool maintains an on-going relationship with a local pediatrician and/or pediatric nurse to assure that all health policies are current and that the implementation of procedures for those policies is sound. As required by 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, Learning Circle Preschool arranges for on-site visits to the program two times each year by a qualified health provider to assist the staff with the implementation of policies and procedures. The health policy includes the following:

1. The name, address and telephone number of the health care consultant and local health care 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 in 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;
 - Annual evaluation of the ability of any staff authorized to administer medication to follow the medication administration procedures specified
 - A requirement that parents provide written authorization by a licensed health care practitioner for administration of any non-topical, non-prescription medication to their child. Such authorization shall be valid for one year unless earlier revoked.
8. A plan for meeting individual children's specific health care needs, including the procedure for identifying children with allergies and protecting children 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 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 child 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
18. A nutrition program that meets the USDA guidelines for nutritional and dietary needs and feeding requirements of each child, including those of children with disabilities

Observations of program practices by a qualified health care provider occur two times each year, with recommendations made about both practices and written health policies. Issues relating to physical, socio-emotional, nutritional, and oral health will be addressed, including the care and exclusion of ill children

- The visiting health care consultant will review snack menus and portion sizes as per USDA guidelines

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- Visits and compliance with these policies and procedures will be documented by the program, along with a plan for corrections based on the recommendations of consultants

EEC regulations require a written health care policy statement 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 information is posted at each telephone:

**LEARNING CIRCLE PRESCHOOL
3 BLUE HILL RIVER ROAD
CANTON MA 02021
781-828-4800**

On the grounds of TRINITY CHURCH, 1 Blue Hill River Road (lower level)

**HEALTH CARE CONSULTANT:
Dr. Pauline Pappas, Milton Pediatrics Associates
Address: 340 Wood Road, Braintree, MA 02184
Telephone: (781) 356-6200**

**CANTON BOARD OF HEALTH:
Address: 79 Pleasant Street Canton, MA 02021
Telephone: 781-821-5021**

EMERGENCY TELEPHONE NUMBERS: CALL 911

Fire Dept: (781) 821-5095

Police: (781) 828-1212

Rescue: (781) 828-1212

Poison Prevention Center: Emergency: (800) 222-1222

DCF (Department of Children and Families)/Child Abuse: (800) 792-5200

HOSPITAL(S) UTILIZED FOR EMERGENCIES

Name: Milton Hospital

Address: 92 Highland Avenue Milton

Telephone: 696-4600

Information to Give in an Emergency

LEARNING CIRCLE PRESCHOOL

The Nature of the Emergency

3 BLUE HILL RIVER ROAD

CANTON MA 02021

781-828-4800

On the grounds of TRINITY CHURCH, 1 Blue Hill River Road (lower level)

EMERGENCY EVACUATION (posted)

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

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

One teacher will be designated to stand with children who are lining up at the doorway for a quick head-count, and to lead those children out to the far end of the playground. This teacher will take

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the classroom attendance records with him/her to the line, to double-check the number of children in attendance that day and to verify that all children arrive outside together. This teacher will also take a phone and child emergency contacts, so that calls to each child's emergency contacts can be made if necessary. Any medications that an individual child may need will also be taken by teachers in an emergency evacuation.

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

The Director will make a visual inspection of each classroom before exiting the building.

Daily attendance will be taken in each classroom as soon as children arrive, and staff will sign children out when they depart. Classroom teachers will maintain a record of attendance over the school year. Each month, a copy of this attendance will be filed in the office.

In the event that a child with disabilities is enrolled in the class, one teacher 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 at different times of the program day as determined by the Director.

Children and staff will practice using different evacuation routes so that they will become familiar with them.

The Director will log the date, time, exit used, number of children participating, and effectiveness of each drill, and will keep this information posted in the school office. This documentation will be maintained for five years.

Procedures for Emergencies and Illness (parents will receive a copy of these procedures)

First Aid and Transportation to the Hospital

1. In the case of an emergency or illness (such as a seizure, a serious fall or serious cut), one teacher will begin administration of emergency first aid while the second teacher will take other children to another area or room. Both staff members should respond in a calm and reasonable manner.
2. Other staff will be alerted to send for assistance, be it the Program Director, or another person in the center. Have this other teacher go to the telephone, where she will:
 - a) Call 911
 - b) Be prepared to share information about the child's location, nature of the injury, and any other pertinent information
 - c) Take out the child's medical/health form.
3. One of the supervisory staff will Calmly and reassuringly call the parent (mother or father) or persons designated to call in an emergency, telling him/her the nature of the injury, that first aid has been given, and to meet the child and teacher at Milton Hospital. The teacher or other designated staff will go with the child in the ambulance. The child's file will be taken, including permission forms and pertinent insurance information if the center has it.
4. If the parent comes to pick up the child and needs assistance, the teacher or program

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director may offer to drive to the hospital or to accompany the child

5. 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, who will bring along the health and authorization forms, and all emergency card information. Teachers in each individual classroom keep these emergency forms on hand indoors and outdoors. The child's teacher will accompany the child to Milton Hospital with these forms and will remain there until parents or persons designated in an emergency arrive.
6. Everyone: remember to be calm and reassuring to the injured child, as well as all the children in the class

Emergencies While On a Field Trip

1. If an accident or acute illness occurs while on a field trip, the designated lead teacher 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 this teacher based on the severity of the emergency or illness. If necessary, an ambulance will be called.
2. The program director, or other designated adult, will be contacted by the teacher as soon as possible and informed of the nature and extent of the injury and the proposed plan of action.
3. As a preventive measure, prior to departure from the center, the program director with teachers will determine appropriate guidelines to be followed during the field trip to insure continuity and safety of the children including:
 - (1) A first aid kit will be taken in all vehicles on all field trips.
 - (2) Emergency information, including contacts and telephone numbers, will be taken on all field trips, along with any medications an individual child may need.
 - (3) On a field trip, staff must know the location of a telephone and have appropriate change to be able to use it or have a working cell phone available.

Injury Prevention Plan

All staff will hold current certification in basic pediatric first aid by the American Red Cross or an equivalent training. Newly hired staff will receive this training within six months of employment. All staff will hold current certification in pediatric CPR.

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 should be reported to the Director, who will organize the necessary follow-up.

Both the Director and staff also have the responsibility of monitoring the playground daily to remove hazards before children use the space and to check for the necessity of repairs. The Director will organize the necessary follow-up.

No smoking is allowed on the premises.

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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. Cleaning substances are stored in a locked janitorial closet. Any medications or supplies that need to be kept in the classrooms will be stored in high locked cabinets.

A well -equipped first aid supply is kept in the school office, and is maintained by the Director.

A first aid kit and emergency contacts and telephone numbers for the children will be taken on all field trips.

Parents will be informed immediately of any injury that requires emergency care beyond minor first aid, and will be informed in writing of any first aid administered to their child within 24 hours of the incident.

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. 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. The Central Log will be reviewed periodically to monitor the safety record of the school.

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

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

The Director will report any illness or injury that occurs at the center and requires medical treatment to EEC by submitting an Illness/Injury Report Form to the EEC licenser within three business days. The Director will note illnesses that occur at the center on the Illness/Injury Log.

ASSESSING INJURIES TO CHILDREN IN CARE

According to the National Safety Council, injuries are the #1 health and safety problem for children in child care settings.

When a child is injured, childcare 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 the Office 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 day. 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 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.

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- What was the child doing?
- What equipment was involved?
- Was another child involved?
- Were any hazards involved?
- Were there any witness's? What did they see?

Procedures that must be followed:

- Complete an injury report.
- Provide timely, full, and accurate verbal notification to parent/guardian regarding injury
- Do not perform first aid or CPR without having completed current training.
- Regularly review program's health care policy with staff.
- Program staff must share all pertinent information with 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.

Procedures To Follow In Urgent Emergency Medical Situations:

- 1) Administer First Aid and CPR to the child as deemed necessary based on the nature of the emergency.
- 2) Call emergency medical services right away. 911
- 3) After EMS or emergency medical services have been contacted, call the child's legal guardian.
- 4) Take child's medical information and emergency consents to doctors' office or emergency room.

What You Should Do

- 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.

Plan for Managing Infectious Disease

The staff reminds all children to wash hands upon arriving at school, after bathroom trips, before and after snacks and meals and at additional times when deemed necessary. Children are encouraged to cover mouths for sneezes and coughs (using an 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 hand washing routines will indicate that children and staff are learning and following appropriate hand washing procedures.

Precautions are taken to assure that playing in water at school does not spread infectious disease. Only clean, fresh water is used in the water tables. No child drinks the water. Children with sores on their hands are not permitted to use the water table. The table is emptied and disinfected between each group's use of the water table, and clean water is used for each new group of children. When each group of children has finished playing, the table is drained and disinfected.

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

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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 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
- 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
- Strep infection, until 24 hours after treatment and the child has been without fever for 24 hours
- Many types of hepatitis are caused by viruses. The symptoms are so alike that blood tests are needed to tell them apart. In the U.S. the most common types of hepatitis are A, B, and C. Types B and C are spread through blood and other body fluids. Type A, is spread through contaminated food and water or stool (feces). Fact sheets are available from the state Department of Public Health. www.state.ma.us/dph
- Chicken pox, until last blister has healed over

A child who has been excluded from the 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. Nevertheless, the school may make the final decision concerning the inclusion or exclusion of the child.

When a communicable disease has been introduced, 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 Directors will consult the Child Care Health Manual for such information. DPH (The Department of Public Health) will be contacted when there is a reportable communicable disease in the 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 file. No child will be admitted into the program without the required documentation for immunizations. (Childhood Lead screening must be done on all children; it is not considered an immunization). The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded 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.

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Plan for Infection Control

Hand-washing Procedures

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.

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

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

When arriving at school
Before eating or handling food
After toileting
After coming into contact with body fluids and discharges
After cleaning

* Please note: Any clothing, etc. that has become soiled should be double wrapped in a plastic bag, labeled with the child's name, and placed in the child's cubby, to go home for cleaning the same day.

Procedures for Clean-up 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 classrooms, workspace, and bathrooms at all times.

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

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

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 should 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.

Any surface that may potentially come in contact with potentially infectious bodily fluids must be disposable or must be able to be sanitized.

When spills of bodily fluid occur they are cleaned up immediately with detergent followed by water rinsing.

Rugs and carpeting will be cleaned by blotting, spot cleaning with a detergent/disinfectant, and

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shampooing or steam cleaning.

Each staff member will be trained in the above Infection Control Procedures upon employment and before working with the children and then annually.

The staff (teachers or cleaning staff) uses the following schedule in ensuring that equipment, items, and surfaces are washed with soap and water and disinfected:

Before and after each use:

Food preparation surfaces

Tables on which food is served

Any area (mat and bathroom floor area) on which a child's soiled clothing has been changed

After each use:

Mops used for cleaning body fluids

Thermometers

Mats used for rest

Toys mouthed by children

Non-disposable eating utensils or dishes

Tables

At least daily:

Toilets and toilet seats

Sinks and sink faucets

Water tables and water play equipment

Play tables

Smooth surfaced non-porous floors

Mops used for cleaning

Countertops

Food preparation appliances

Door and cabinet handles

At least weekly:

Sheets or blankets used at rest times

Classroom toys as needed

Machine washable fabric toys

At least monthly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:

Refrigerator

Carpets will be cleaned at least every three months and when soiled

Learning Circle Preschool uses a commercially prepared disinfectant that is EPA registered and used in accordance with label instructions

PROCEDURES FOR UTILIZING FIRST AID EQUIPMENT

A box of first aid materials is kept in the office. It is clearly marked "First Aid". Teachers also keep first aid supplies in each classroom, to be used during outside play and for classroom needs. In most cases, the child's teacher administers first aid, so that the child is as comfortable as possible. In the event that the teacher is unable to administer first aid, the Director may assist. First aid equipment is maintained by the Director, who checks materials available at least monthly to assure that there is an adequate supply. If teachers notice that supplies are running low, they are encouraged to inform the Director. In the case of field trips, the teachers carry a complete first aid kit, a list of telephone emergency numbers and information for all children, emergency numbers (police, rescue, and poison control), a cell phone, and change for a pay phone.

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Staff certified in first aid and in accordance with recommended procedures will use all 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 must be on the premises during all hours of operation

Contents of the First Aid Kit

- Adhesive strip bandages
- Gauze bandages, 4"x 4"
- Rolled flexible gauze
- Bandage tape
- Non-stick sterile gauze pads
- Triangular bandages
- Small splints eye dressing or pad
- Compress
- Scissors
- Tweezers
- Safety pins
- Non-glass thermometer
- Flashlight with batteries
- Disposable non-porous gloves
- 3-ounce rubber bulb syringe clean cloth (to rinse out eye wounds, etc.)
- Small plastic cup
- Instant cold packs
- Pen, pencil, note pad
- Liquid soap
- Water
- Plastic bag to store clothes, gauze, and other materials used in handling blood
- Sealed antiseptic cleansing wipes
- Any special items for children with specific health issues
- Emergency telephone guide first aid guide
- Poison control phone number
- Emergency contact information (phone numbers for children)
- Change for pay phone

PLAN FOR ADMINISTRATION OF MEDICATION

Plan for Administering Medication to Children While in Care

Each person who administers prescription or non-prescription medication to a child must 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. Each person who administers medication must demonstrate competency in the administration of medication before being authorized by the licensee to administer any medication. Any staff authorized to administer medication will be evaluated in medication administration procedures annually. 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 practitioner for administration of any non-topical, non-prescription medication to their child. This authorization will be valid for one year unless earlier revoked. Staff will be trained by the child's parent (with written permission from that child's licensed health care practitioner) in the implementation of their child's individual health care plan. Each educator, including those who do not administer medication, will receive training in recognizing generic medication side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program annually.

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Prescription Medication

All prescription medications 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. Medications are labeled with the original prescription label that details the name and strength of the medication, the dosage, the number of times per and the number of days the medication is to be administered, and 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 manufacturer's instructions.

This prescription label will be accepted as the written authorization of the physician.

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

The parent must fill out the Authorization For Medication Form before the medication can be administered.

Non-prescription Medication

Over-the-counter medications must be in the original manufacturer's packaging.

Non-prescription medication will be given only with written consent of the child's physician. The Center will accept a signed statement from the physician listing the medication(s), the dosage and criteria for its administration. This statement will be valid for one year from the date that it was signed.

Along with the written consent of the physician, the Center will also need written parental authorization. The parent must fill out the Authorization for Medication form, which allows the Center to administer the nonprescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.

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

Topical Ointments and Sprays

Topical ointments and sprays such as petroleum jelly, sunscreen, and bug spray, etc. will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.

When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Center will follow its written procedure for nonprescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form signed by the parent.

All Medications

The first dosage must be administered by the parent at home in case of an allergic reaction.

All medications must be given to the teacher directly by the parent.

All medications will be stored out of the reach of children and under proper conditions for

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sanitation, preservation, security and safety during the time the children are in care and during the transportation of children. Those medications found in United States Drug Enforcement Administration (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 designated lead teacher will be responsible for the administration of medication. In his/her absence, the Program Director will be responsible.

The Center will maintain a written 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 person administering the medication. This completed record will become part of the child's file. If a completed medication consent form is provided and there is a need to administer medication, an attempt will be made to contact the parent before the medication is administered, unless a child needs medication urgently or when contacting a parent will delay appropriate care unreasonably. Parents will be notified in writing each time a non-prescription medication is administered to a child. This does not apply to topical non-prescription medication, which is not applied to open wounds, rashes, or broken skin.

Parents will be informed at the end of each day whenever a topical medication is applied to a diaper rash.

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.

Plan for Meeting the Individual Needs of Mildly Ill Children While in Care

When children require adjustments to the regular classroom routine in order to assure that their needs for food, drink, rest, and general comfort at school are met, the Director, 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.

When a child becomes ill at school, parents or designated adults are called to come and take the child home. Until someone arrives, the child can lie down in the library or office with pillows or blankets available if the child needs to be excluded from contact with other children. A teacher or the Director will stay with the child while they are resting. If exclusion seems unnecessary, the child may choose to rest in the classroom "quiet space" or participate in quiet classroom activities until he or she is picked up.

Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

Plan for Meeting Specific Health Care Needs

During intake, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly.

All allergies or other important medical information will be posted in each classroom, on the refrigerator in the kitchen, and on the snack preparation area.

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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 Director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

Allergies list will be updated as necessary, as new children enroll, and as unknown allergies become known.

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.

When a child has a food allergy or other specific health care need, the school asks families to provide an individualized care plan from that child's health care provider. Information about identified health care needs is kept in the child's file, on the child's medical history form, and on the developmental history form. Parents are asked to give permission to post this information in the child's classroom and, if there is a food allergy, in the office workspace where snacks are prepared. Parents may train teachers in the implementation of their own child's individual health care plan if the written permission of the child's health care practitioner is on file and current (dated within one year).

If a child with disabilities is enrolled in 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 teachers.

The Director and teachers 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 Director will monitor and maintain the environment for any staff member with allergies. All chemicals are kept in locked closets, and are not in use while children are present.

Toileting Procedures

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 (when children are washing their hands with parents before entering the classroom), before outdoor play, and before snack or rest.

Children are encouraged to be as independent in meeting their personal needs as possible. Teachers assist children with both toileting and hand washing as necessary.

If a child is soiled and needs a change of clothes, a designated area in the bathroom is used in which teachers help the child clean up and change. To assure that the area is kept clean and contained, children use a washable mat topped with clean paper. Children clean up and change with as much independence as possible. Teachers assist the child as necessary. Soiled clothing is stored in a sealed plastic bag in the child's cubby, to go home for washing that day. Both the child and helping teacher wash hands thoroughly before returning to the classroom.

Used paper will be disposed of, and the mat disinfected before further use.

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 are asked to keep a change of

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- clothes in each child's cubby; the school has extra clothing available as well.
- Parents are asked to keep clean dry pull ups available for the child's use; the school has extras available as well.
- A mat kept in the bathroom is designated as a changing place and is not used for any other purpose. This mat is covered by a disposable piece of paper when used for changing pull-ups.
- Pull-ups are checked regularly throughout the day and at minimum every two hours. They are also checked when children wake up from rest.
- Soiled disposables are double wrapped in leak-proof plastic bags and disposed of daily in a container with a lid that is kept closed.
- Any soiled clothing is double wrapped in leak-proof plastic bags and sent home for cleaning daily.
- Both educators and children wash hands with liquid soap and running water following hand-washing procedures after toileting.

Medical Forms to be On File

Medical records on file at the school include a written record from a physician that indicates the child has had a complete physical within one year prior to admission, and showing normal or abnormal results to any screening tests performed at the physical, that the child has been successfully immunized in accordance with current Department of Public Health and American Academy of Pediatrics standards, and that a lead test has been completed. If follow up to any testing is required, then that information should be included as well. This information must be on file within one month of a child's enrollment at school. This physical examination is valid only for one year, and must be renewed thereafter.

If either the physical examination or immunizations are objected to on the grounds of the religious beliefs of the parents, or if a physician feels that immunizations are contraindicated, then written documentation to that effect must be kept in the child's file. Staff is made aware of this exemption, and excludes that child from participation in the program if vaccine-preventable disease to which children are susceptible occurs in the program.

If it seems to the school staff that there are indications that a dental check-up or check of vision or hearing is warranted, then the school will request that the child be provided with the appropriate check-ups.

When a child is overdue for any routine health services, parents or legal guardians are asked to provide evidence that an appointment has been made, both upon entry into the program and as a condition for remaining enrolled.

Cleaning and Maintenance Plan

The staff, including janitorial staff, uses NAEYC's cleaning frequency checklist and EEC's current standards for cleaning and sanitation as a guide to assure that daily, weekly, monthly, and seasonal cleaning standards are maintained. Each teacher documents cleaning for the room areas designated as his or her responsibility. The Director documents office work and work completed by janitorial staff. The facility uses a vacuum equipped with a HEPA filter to assure all efforts are made to maintain a healthy indoor environment. The Director maintains logs to document that the facility's systems are maintained. The school works closely with its landlord, Trinity Episcopal Church, to assure that all maintenance procedures and plans meet current standards for preschool facilities.

Plan for Protecting Children and Adults from Environmental Hazards

The Learning Circle Preschool maintains the facility according to public health requirements in

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order to protect children and adults from environmental hazards. If and when there are any questions or concerns about these requirements the school consults with the Canton, Massachusetts Board of Health, which has a Health Consultant and Educator on staff for consultations with local schools. In obtaining initial licensure with the State of Massachusetts and the Town of Canton, documentation that the facility is free from hazards was submitted, reviewed, and is kept on file.

Any large renovations that may occur on site occur when children and adults are not present. Licensed contractors follow the procedures and recommendations outlined by the Town of Canton upon issuing permits for this work. Similarly, other general maintenance, such as painting or repairs, occurs when the school is closed, with consideration that sufficient time and ventilation has occurred before the building is occupied again.

Learning Circle Preschool has and follows both an indoor and outdoor IPM plan for the facility, and reviews that plan at least annually if no issues become apparent.

Products used for cleaning are kept in locked janitorial closets or, in the case of products used to disinfect table surfaces, in high locked closed storage in each classroom. Heavy cleaning of the facility does not occur while children are present. Daily vacuuming with a machine equipped with a Hepa filter helps minimize exposure to dust for those children or adults who might have allergies to these indoor air contaminants.

The Learning Circle Preschool works closely with its landlord, Trinity Episcopal Church, to assure that all maintenance of heating or other systems are timely and are in accordance with current standards for preschools.

Providing for 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 that is unavailable through that teacher's health care provider (for example if there is risk of exposure to CMV or chicken pox).

Teachers at the school are reminded annually through staff training of the need to consider ergonomics and the reduction of back strain in their work with children. The space is arranged to reduce the risk of back injuries for adults whenever possible. Adult chairs are available for each classroom if teachers choose to use them. Office and work area furniture is at adult height and has adult chairs for staff meetings and/or breaks. The Welcome room is available for teacher's use as well, and is furnished with adult sized furniture.

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 within one year of the hiring date, and showing all required immunizations are current. This will be renewed at least every two years.

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 diseases".

The Learning Circle Preschool prohibits all significant hazards that pose threats to children and adults, including but not limited to smoking, the use of alcohol or drugs and the use of or carrying of firearms.

The Learning Circle Preschool will assist any teacher in need of health information or a referral

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for health services supporting general wellness, the prevention or treatment for depression, or stress management, especially if those resources are unavailable through that teacher's health care provider.

PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD 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.I. 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 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 required written report 51A within 48 hours.

Department of Children and Families Telephone # is 1-800-792-5200

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 the Center's commitment to protect all children in care from abuse and neglect. The 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.

Department of Children and Families Telephone # is 1-800-792-5200

Department of Early Education and Care 1-(508)-967-3407.

The Learning Circle Preschool will cooperate fully in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the program. The Learning Circle 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 of children.

As outlined in the Personnel Policies of the Learning Circle Preschool Handbook, the verbal or physical abuse of a child is a case of gross misconduct and will result in an employee's immediate dismissal. If an allegation of child abuse or neglect is made against an employee, that employee may be placed on a short-term suspension with pay pending an investigation. In no case will an employee work directly with children until the Department of Children and Families

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investigation 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. The Learning Circle Preschool Health Care Policy includes Chapter 14: Child Abuse and Neglect from Health and Safety in Child Care (Massachusetts Department of Public Health) in its entirety for annual review by the staff.

Making a Report of Child Abuse or Neglect

Any physician, medical intern, medical examiner, dentist, nurse, public or private school teacher, educational administrator, guidance or family counselor, social worker, or policeman, 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 upon an addictive drug at birth, shall immediately report such conditions to the Department of Social Services by oral communication and also by filing a written report within 48 hours. The current Child abuse Hotline number is 1-800-792-5200.

When you telephone 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 estimate of 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 principle 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 of 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 may suspect 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 may 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.

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You may expect physical abuse if the child:

- Has bruises, broken bones, and lacerations, puncture marks, swollen areas, missing hair, or bite or burn marks
- Has frequent signs of injuries
- Has different injuries in various stages of healing
- Parent gives odd or impossible explanations for injuries
- Is frequently tardy or absent
- Receives overdue, unsuitable, or no treatment for injuries

You may suspect physical neglect if the child:

- Is anxious about his or her survival
- Lacks energy or is overactive
- Is unable to concentrate or to play
- Has trouble learning
- Often seeks attention
- Is hungry or dirty or wears dirty clothes

You may suspect sexual abuse if the child:

- Has physical signs - pain in or injury to the mouth or the genital area; irritated, reddened, or itching genitals; urinary infections or difficulty with urination; unusual odors
 - Has behavior changes - fear of a person or certain places; clinging, anxiety, irritability; sudden interest in the genitals of others; unsuitable sexual activity for the child's age; acting out sexual behavior with toys or animals; a return to infantile behavior
- (from American Red Cross Child Care Course)

Child Guidance Plan

Discipline and guidance should be consistent and based on an understanding of the individual needs and development of each child. The goals of discipline should be to maximize the growth and development of the children, at the same time protecting the group and each individual within it.

The behavior management plan at Learning Circle Preschool is based on these assumptions:

1. Expectations for behavior should be clear to the children, and should be reasonable (expectations should reflect the developmental level of individual children and the group as a whole). It is our assumption that these expectations will be communicated to the children as part of the presentation of daily classroom routine, and not necessarily in relation to a problem that arises in the classroom. When children manage their day at school well, they should be commended.
2. 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 of behavior when challenges arise.
3. In the interest of 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.
4. A designated space will be made available in each classroom to any child who communicates a need to be alone, to think, etc. This space should not be associated by

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teachers with punishment in any way, but should be presented as one classroom choice that children may use to accommodate their feeling or need at any time during the school day.

5. The safety and physical welfare of the children come first. Teachers will intervene quickly to offer positive alternatives to physical aggression.
6. It is imperative that discipline be consistent within each classroom, as well as in the school as a whole. To meet this end, it is understood that all teachers will communicate frequently about any behavior management issues in their classrooms.
7. All efforts will be made to offer children opportunity to participate in the resolution of conflicts that arise in the classroom. Children participate in discussions of classroom rules, and help find solutions to problems that arise. Whenever possible, teachers explain the reasons for classroom rules and procedures.
8. In the interest of alleviating each child's potential embarrassment at the attention drawn to their behavior, re-directions offered by teachers should respect each child's right to privacy whenever possible. It should be made clear that it is the behavior that is in need of re-direction, and that this is not in any way a comment on the qualities of the individual child.
9. When all else fails, it may be necessary to physically remove a child from the group (in the interests of safety). If this occurs, a teacher will be designated to stay with that child until resolution is possible.
10. Teachers will observe children who exhibit challenging behavior to identify events, activities, interactions, or other factors that can predict the behavior or contribute to the problem. Systems of keeping records of these observations and sharing specific with parents are described in the Referral Plan document.
11. In communicating with parents, teachers should both define the unacceptable behavior clearly, and describe the specific supports that the child will be offered by teachers in school. When serious and persistent challenges arise, teachers, families, and any other professionals who may consult with families will work as a team to develop and implement an individualized plan that supports the child's inclusion and success.

In managing classroom behavior:

- *Corporal punishment shall not be used, including spanking, shaking or hitting.*
- *No child shall be subjected to cruel or severe punishment, humiliation, verbal or physical abuse, neglect, or abusive treatment, including any type of physical hitting, shaking, threats, or derogatory remarks*
- *No child shall be denied food as a form of punishment, or be force-fed. Food is not used as a consequence for behavior in any way.*
- *No child will be denied outdoor play time as a punishment*
- *No child shall be punished for soiling, wetting, or not using the toilet. Children will not be forced to remain in soiled clothing or forced to remain on the toilet, nor will any other unusual or excessive toileting be used.*
- *Time outs are not used*

Nutrition and Healthy Growth and Development

The Learning Circle Preschool uses USDA nutrition requirements and guidelines to inform

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decisions about food choices and portion sizes for the snacks that the school supplies. Snacks are served “family style” so that children are as independent as possible, and include foods from at least two food groups daily. Teachers sit with children as they eat both snack and lunch, engaging in conversations that include discussion of healthy food choices, and the relationship between healthy food choices and physical activity. All teachers are trained in USDA standards, including nutrition, safety and cleanliness standards in food preparation, choking hazards, and planning for any child allergies, special dietary considerations, or special needs that might impact mealtimes. Additionally, each class uses the Early Sprouts curriculum, a seed to table science and nutrition curriculum focusing on six key vegetables throughout the school year.

Snacks

Planning nutritious and varied snacks for the children at Learning Circle Preschool is an important component of the program. We try to serve foods from a variety of food groups, and try to plan menus that offer children opportunities to try new foods, help prepare foods, and represent foods from diverse cultures. We supply snacks, and will distribute monthly menus to parents. If the menu changes on a particular day, that information will be posted for you. Menus are also posted in the hallway. Following are some samples:

- Fresh fruits (apples, oranges, strawberries, bananas, melons, etc.)
- Whole wheat breads
- Cheese slices or cubes
- Lightly steamed vegetables with dip
- Humus with pita bread
- Rice
- Yogurt
- Whole wheat Bagels and cream cheese

Each day we offer children a choice of milk (1%) or water. We may on occasion offer fruit juice (100 % juice, with no added sugars)

Please be aware that Learning Circle Preschool maintains a peanut and hard nut free food policy. Peanut allergies can be life threatening, and it is very difficult for children to assure that they are keeping their eating spaces clean and contained. **Do not send any nut products with your child’s lunch, or in snack donations to the school!**

Choking is also a hazard for young children. At Learning Circle Preschool no children under 4 years old will be served:

- Hotdogs, whole or sliced into rounds
- Whole grapes
- Popcorn
- Raw peas
- Hard pretzels
- Chunks of raw carrots
- Meat pieces larger than can be swallowed whole

Because of the risks of allergies and because we all want to promote good nutrition and a healthy diet for all the children, we ask that parents refrain from sending in foods for birthday celebrations. Instead, your child will be given the choice of cooking either a cake or muffins using a school recipe. We will happily organize this cooking project as part of your child’s birthday celebration at school. We invite family members to come and cook with us as well in celebration of your child’s birthday

If your child is celebrating a birthday or wants to bring snack for another special occasion, please be aware of the following policies that we must strictly enforce:

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- **No peanut or hard nut products**
- **No homemade foods that required home preparation (there might inadvertently be an exposure due to cross contamination)**
- **No pre-cut foods that we would need to refrigerate (for example, whole fruits are fine, but a fruit salad cannot be served)**
- **No baked goods – packaged or homemade (we can't be sure there is no cross contamination)**

Some ideas for possible food donations:

- Whole fruits (we are happy to prepare them here!)
- All fruit popsicles
- Pre-packaged pudding or yogurt
- Foods for us to prepare (from prepackaged, factory sealed containers please)

Lunch at School

Please be aware that Learning Circle Preschool maintains a peanut and hard nut free food policy. Peanut allergies can be life threatening, and it is very difficult for children to assure that they are keeping their eating spaces clean and contained. **Do not send any nut products with your child's lunch, or in snack donations to the school!**

If your child stays at school for lunch, **we ask that you label your child's lunchbox or bag**, and any contents that might become separated, with your child's name. No lunches can be shared. To assure that food is fresh, **please use cold packs** or ask a teacher to put your child's lunch in our refrigerator.

We want to encourage you to think about packing healthy lunch choices for the children attending our Extended Day program or our summer programs. Try to include foods from a variety of food groups, taking advantage of seasonal fruits and vegetables whenever possible. Servings don't necessarily need to be large. And remember that milk and water are good drinks to include.

Here are some suggestions for healthy lunch choices:

- Fresh fruits (apples, oranges, melons, strawberries, bananas, etc.)
- Whole wheat breads or crackers (a sandwich or half a slice of bread on the side is sufficient)
- Cheese cubes or slices
- Raw or lightly steamed vegetables (sliced cucumbers or carrots as a side dish, for example)
- Yogurt
- Sandwich meats
- Cooked pasta, noodles, or rice
- Low fat milk or water to drink
-

Choking is also a hazard for young children. At Learning Circle Preschool no children under 4 years old will be served:

- Hotdogs, whole or sliced into rounds
- Whole grapes
- Popcorn
- Raw peas
- Hard pretzels
- Chunks of raw carrots
- Meat pieces larger than can be swallowed whole

And please remember: No sodas or candy – we will ask that your child save them for later!

Early Sprouts

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Each classroom participates in a cooking and nutrition program, Early Sprouts: Cultivating Healthy Food Choices in Young Children. The intent of the Early Sprouts Curriculum is to increase children's preference for vegetables through the experience of helping to grow, prepare and taste featured vegetables.

This program is designed to introduce children to vegetables, encourage their participation in cooking nutritious recipes and expand their tastes for vegetables and provide families with healthy recipes that can be shared with the entire family.

Starting in the fall and continuing through the spring, children are invited to participate in weekly in-class, food-based activities that feature one of six targeted vegetables. Children will explore the vegetable through sensory activities and then assist in the preparation of healthy snacks using produce gathered from our garden (when in season). The six highlighted vegetables are: tomatoes, swiss chard, green beans, bell peppers and carrots.

Each week, we send home the featured recipe and ask your help in assisting your child to prepare the food item. This way you and your family can participate in the program along with your child. We encourage you to make the recipe over the weekend and then return the feedback form (that we will provide) as to what your family thought of the item. This will give us information that we can then use for follow-up activities such as graphing.

We also incorporate this program into our class birthday celebrations by offering the children the opportunity to prepare one of two recipes (English Muffin Pizzas or Carrot Muffins) from the Early Sprouts' recipes in class. We encourage you to participate by helping us cook, preparing ingredients, reading a story or joining us for snack.