

# Parent Handbook

# MONTESSORI Escuela

(this copy is for your records and does not need to be signed or returned to the school)

Montessori Escuela, LLC

508-454-0631

[Maria@MontessoriEscuela.com](mailto:Maria@MontessoriEscuela.com)

Dear Parent,

As a licensed educator by the department of Early Education and Care, I would like congratulate you on choosing a licensed child care education program for your child. You have made an important decision for both you and your family in choosing Montessori Escuela, LLC. A partnership between Montessori Escuela, LLC, the Department of Early Education and Care and you as the parents, will ensure an extremely high quality of care in both in our primary Montessori program and our environment. This parent handbook and enrollment packet outlines many of the policies and procedures that relate to the care and education of your child. It also includes information which I am legally required to give you by the EEC upon enrollment of your child in our Montessori Escuela, LLC program. Although the handbook seems comprehensive and repetitive, it is designed to ensure a safe, healthy and educational experience for your child.

I encourage an open dialogue between parents and educators, as this communication is the foundation for the solid working relationship that allows for a quality child care education experience. Before filling out the program enrollment packet, please read through the information contained in this parent handbook. I look forward to welcoming your child into our Montessori Escuela program soon!

**Program Description:** Montessori Escuela is a licensed and American Montessori Society credentialed Children's House Program educating children 15 months to 6 years old, immersed in the Spanish language and Montessori philosophy. We offer high-quality full-day and half-day programs in an aesthetically warm and naturally beautiful environment with child-sized furniture, spacious ceilings, fountains, cozy rugs, living moss walls, indoor microgreen gardens and a peace nook. The outdoor playscape is the adjacent Beaver Brook Spray Deck and playground, which abuts 56 acres of conservation land for nature hikes and old fashioned field days. Dr. Maria Montessori believed that from birth to age six (the period she referred to as the Absorbent Mind) was the one where children have the natural capability of unconsciously develop cognition at an extremely quick pace, as well as on a tremendously grand scale. Children at Montessori Escuela are surrounded by love, and sprinkled with silliness.

**Statement of Non-Discrimination:** We do not discriminate on the basis of age, race, color, gender, religion, national origin, toileting status, or disability in its program admissions or educational services

#### A Word from EEC

EEC is the agency that oversees the early education and care, and the after-school services, for families in Massachusetts. As the agency that licenses all child education programs, EEC has quality standards for all licensed programs to ensure high educational value, as well as health and safety. Having a license means that Montessori Escuela has demonstrated that the standards have been met as outlined in the EEC regulations.

To obtain your own copy of EEC regulations, you may download them from the EEC website at:

[http://www.mass.gov/Eeoe/docs/EEC/regs\\_policies/20090122\\_606\\_cmr.pdf](http://www.mass.gov/Eeoe/docs/EEC/regs_policies/20090122_606_cmr.pdf)

For information about the compliance history for Maria Liebmann at Montessori Escuela you may contact our local EEC office at the following address:

Department of Early Education and Care  
50 Milk Street 14<sup>th</sup> Floor  
Boston, MA 02109  
Phone: (617) 988-6600

### Enrollment Capacity

Montessori Escuela is currently approved and licensed for **48 students**. This information is posted on my license. The EEC regulations state that only 20 children can be in each preschool classroom together at any one time, ages 2.9 to 6 years old. The mixed age classroom may have 9 children together at any one time. In addition, EEC regulations state that the preschool classroom must have two educators and the mixed age classroom must have two educators present. The program must also have a director. If you have any questions or concerns regarding the number of children in care, please feel free to discuss with the director.

### Use of Educators

Montessori Escuela will have a minimum of one lead teacher and one assistant teacher in each classroom. The program will also have a director. All teachers and directors are licensed and certified by the Department of Early Education and Care, or have had their certifications approved by the Professional Qualifications unit while they await official certification. We may also use volunteers or interns from time to time, and although they will not be directly responsible for the care or education of the children in the program, they will be on the premises and assisting me, but will have performed a background record check and any other necessary documents to be legally on premises.

### Program Hours & Closures – (See Attachment A)

Attached to this handbook is a parent/educator agreement that outlines my policies regarding program hours of education and care, late fees and termination. We will review this document together and note any additional information that is specific to you and the care of your child/children.

### Sick Policy

We are willing to educate and care for mildly ill children in the program. However, there will be time when you will need to keep your children out of the program due to illness. **If your child has a fever (100.0), diarrhea or vomiting, you should keep them out of care until those symptoms have resolved for 24 hours.** Additional policies regarding child care are as follows:

- If I am going to keep my child program for illness, I will contact the director at Montessori Escuela before the start of the school day (8:00am) to make them aware of my child's absence
- If you know that your child has a contagious illness, you are expected to use your best judgment and be courteous to the educator and other students in the program and keep your child program until the contagious period has passed.

#### **PLAN FOR MANAGING INFECTIOUS DISEASE**

- Staff will take extra special precautions when children who are ill are diagnosed at the program and when children who are mildly ill remain at the program.
- 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 program 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 program or once at the program;
  - 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;
- 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](http://www.state.ma.us/dph)
- chicken pox, until last blister has healed over.

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 program may make the final decision concerning the inclusion or exclusion of the child.

- If a child has already been admitted to the program and shows signs of illness (for example: a **fever equal to or greater than 100.0** degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc.), he/she will be offered their mat, cot, or other comfortable spot in which to lie down. 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 program, his/her parent will be contacted immediately and asked to pick the child up as soon as possible.
- When a communicable disease has been introduced into the program, 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. Program Directors shall consult the Child Care Health Manual 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 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.

#### Plan for Minor Illness

- + Staff will take extra special precautions when children who are ill are diagnosed at the program and when children who are mildly ill remain at the program.
- + **Mild symptoms of illness for which mildly ill children may remain in care and will be monitored include (and have tested negative for Covid 19):**
  - o Cough (when NOT in combination with other symptoms)
  - o Sore throat (when NOT in combination with other symptoms)
  - o Nausea or vomiting (when NOT in combination with other symptoms)
  - o Headache (when NOT in combination with other symptoms)
  - o Fatigue (when NOT in combination with other symptoms)
  - o Nasal congestion or runny nose (when NOT in combination with other symptoms)
- + Children will be offered a cot to lie down - if symptoms persist, parents will be called for pickup if the child does not begin to feel better after a period of rest.
- + If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Program Director will contact the child's parent(s). The parent(s) will be asked to pick up the child. The child will be cared for in a quiet area, a classroom or in the Center's office by a teacher qualified staff member or by the Program Director until the parent(s) arrive to take the child home. Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

#### Plan for Meeting Potential Emergencies

It is necessary to have a plan for meeting potential emergencies that may occur either during program hours or at any time if they affect the operation of the program. Additionally, EEC regulations require an emergency plan.

In the event of an evacuation emergency, I will contact local authorities to determine whether or not to evacuate the program, or to remain sheltered at the program. The local Emergency Management Agency is located in Belmont and is prepared to respond to emergencies whether it be an act of man (chemical spill, fire, civil unrest, etc.) or an act of God (Hurricane, severe snow, earthquake, extended power loss, etc.)

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**Belmont Emergency Management Agency: (617) 993-2203** *Andrew Tobio, Director of Public Health*

We have a waterproof disaster supply equipment set containing a first aid kit, gallon of water, flashlight with extra batteries, non-perishable foods, etc., to be used in an extreme emergency situation.

**Emergency Plan:**

- The escape routes from each floor of the licensed child education program space are as follows: Exit option #1 is out the lower-level rear right hand side of the building, located at the stairway, by the right-hand center side of the classroom, walk down the steps, out the rear right door and over to the “green space” in the back driveway of the property. Exit option #2 is to exit out of the front door, turn left and walk back towards the back driveway and meet at the “green space.”
- In the event that a child goes missing from the program, I will do the following: Contact the emergency assistant (an individual located within a short distance to the program-often this person is a parent) to arrive at the program and remain with the other children in a safe place while the missing child is accounted for and found. Additionally, parents will be contacted immediately and if necessary, local authorities will be contacted as well.
- Should the program need to be evacuated in case of a fire, natural disaster, loss of power, heat or hot water, or any other emergency situation, we will meet at an alternate location. The designated meeting place outside of the program for emergencies is: the park next to the program. Exit the program on Trapelo road and turn into the park. Meet underneath the canopy cover of the structure.
- If the program needs to be evacuated, I will notify all parents, as well as the appropriate authorities (fire department: (617) 993-2200, police department (617) 484-1212, etc.) and EEC at (617) 988-6600 by the following method: I will use my cell phone, and if for some emergency reason my cell phone is not readily available or is not properly functioning, I will use an assistant educator’s cell phone and finally go to a neighbor’s phone to contact parents and authorities.
- I will ensure that no child has been left at the program after an evacuation by doing a head count before leaving the premises and also by checking daily attendance records that will be taken with us in the emergency backpack when we leave the property (which can be located on the smartphone App)

**Children’s Records**

Montessori Escuela, LLC is required by EEC to maintain an individual written record for every child that is enrolled in the program. These records include the information that parents complete at enrollment, as well as progress reports, incident reports and other documentation regarding your child’s education and care. Records are updated annually, but may be updated as frequently as needed.

As a parent, you have access to the record that I maintain for your child, and you have the right to add information or to request that information in your child’s record be updated, changed or deleted. You also have a right to receive a copy of your child’s record; however, I may charge a reasonable fee for that copy.

EEC regulations require that I make children’s records available to EEC at any time that EEC may request these records, such as during a licensing or monitoring visit, a complaint investigation, or a financial review of my program. Failure on my part to provide these records to EEC could result in EEC citing me for regulatory non-compliance or taking legal action against my license. When EEC staff members review children’s records in order to ensure that I am in compliance with EEC regulations, at times they may copy and keep the information found in these records in order to review my compliance with all EEC regulations and policies applicable to my program. This information will be kept in my EEC Licensing file or in EEC’s financial monitoring file if the information involves issues related to subsidized care. EEC is required by law to keep confidential any personally identifiable information found in children’s records collected and maintained by EEC staff members. EEC has a Privacy Policy which discusses how EEC keeps

such information confidential. That policy can be found by going to the EEC website at [http://www.eec.state.ma.us/docs1/20101124\\_eec\\_privacy\\_policy.pdf](http://www.eec.state.ma.us/docs1/20101124_eec_privacy_policy.pdf)

Please let me know about any questions you have regarding your child's record.

### Maintaining a Safe Environment

EEC has a number of licensing standards related to safety in a licensed large group education program. Most of these standards outline common safety precautions such as: making dangerous materials inaccessible to children, covering outlets, having a first aid kit, practicing evacuation drills, gating stairs, windows, or heating elements, posting emergency numbers, and maintaining a clean, hazard-free indoor space. Also, the outdoor space must be safe and hazard free and there should be no access to a busy street, water, construction materials, rusty or broken play materials, debris, glass or peeling paint.

### Lead Poisoning Prevention

All education programs licensed by as by EEC as Large Group Child Care Educators are required to provide parents with information regarding the risks of Lead Poisoning. The following are some facts that all parents should know about lead and lead poisoning:

- Lead poisoning is caused by swallowing or breathing lead. Lead is poison when it gets into the body.
- Lead can stay in the body for a long time. Young children absorb lead more easily than adults. The harm done by lead may never go away. Lead in the body can:
  - Hurt the brain, kidneys, and nervous system
  - Slow down growth and development
  - Make it hard to learn
  - Damage hearing and speech
  - Cause behavior problems
- Most of the lead poisoning in Massachusetts comes from lead paint dust in older programs. Many programs built before 1978 have lead paint on the inside and outside of the building.
- When old paint peels and cracks, it creates lead paint chips and lead dust. Lead dust also comes from opening and closing old windows.
- Lead dust lands on the floor. Lead gets into children's bodies when they put their hands and toys in their mouths. Children can also breathe in lead dust. Children between the ages of 9 months and 6 years old are most at risk.
- Important: Program repairs and renovations also create lead dust.
- Most children who have lead poisoning do not look or act sick. A lead test is the only way to know if your child has lead poisoning. Ask your doctor to test your child for lead.

Some children may have:

- Upset stomach
- Trouble eating or sleeping
- Headache
- Trouble paying attention
- As mentioned earlier, if your child is over nine (9) months of age, you will need to provide documentation to me that your child has been screened for lead poisoning. Most children will be screened annually until either age three (3) or four (4), depending where the child lives.
- I am required to disclose to you if I am aware of any known sources of lead in the program. Information regarding known sources of lead in are unknown.
- For more information on lead poisoning, you can visit <http://www.mass.gov/dph/clppp> or call the Childhood Lead Poisoning Prevention Program at: (800) 532-9571

### Supervision

Supervision is critical to keeping children safe. I, and any teachers in my program, will appropriately supervise children in order to ensure their health and safety at all times. I will use good judgment and consider several factors in determining the appropriate level of supervision for children including age, developmental needs, behavioral characteristics, the nature of activities and the space we are using, as well as the number of caregivers that are present at any given time. If you have any questions about how I supervise the children in my program, feel free to ask me.

### Safe Sleep

Please Note: Our regular day program runs from 8:45-9am drop-off window to 3pm, with optional after-care until 5pm, and early care beginning at 8:15am. While most children do not nap in program, some of the younger toddlers may nap if they choose, and we do not accept infants into the program at all. The department of Early Childhood Education and Care wants you to be aware of the following information: Supervision of children is equally important during the times that a child is sleeping at the program, particularly when the child is an infant. EEC has very specific regulations around safe sleep practices. All infants are placed on their backs to sleep, unless a child's physician orders otherwise (such an order must be given in writing). I check on sleeping children every 15 minutes during naptime. If your child is less than 6 months old, I will directly supervise them during naptime for the first 6 weeks they are in care. For more information regarding safe sleep, please feel free to review the 'Family Child Care Policies' section of [www.eec.state.ma.us](http://www.eec.state.ma.us)

### Curriculum & Progress Reports

All licensed child educators must carry out a routine that is flexible and responds to the needs and interests of the children in the program. The routine must include things such as: meeting the physical needs of children in care, thirty minutes of physical activity every day in a four-hour program or sixty minutes daily in an eight-hour program, child-initiated activities, educator-initiated activities and daily outdoor play, weather permitting. Additionally, the educator must develop a curriculum that engages children in developmentally appropriate activities by planning specific learning experiences. The curriculum must include things such as: learning self-help skills that foster independence, opportunities to gain problem solving and decision-making competencies and leadership skills. Students must be given opportunities to learn about proper nutrition, good health, and personal safety. I am also responsible for providing an environment that promotes cultural, social and individual diversity.

In addition, progress reports must be completed periodically for all children in care. For toddlers and preschoolers, the reports are completed every six months, and school age children will have a yearly progress report completed for them. Children with identified special needs will have a progress report completed every three months. I will be sharing your child's progress reports with you, as well as offering an opportunity to meet and discuss your child's progress. Feel free to ask me about curriculum and progress reports and how they are implemented in my program.

### Child Guidance

When it comes to interactions and the guiding of children's behavior, the goal of all Educators is to maximize the growth and development of children, as well as keep them safe. My Child Guidance Policy is: Following the Montessori philosophy the teacher strikes a balance between being responsive to the child's needs before they become agitated. The teacher guides the child but not to the extent that the child feels controlled or supervised. The teacher is friendly, courteous and firm. Misbehavior is addressed with assistance rather than reprimands or punishment. Children are always shown respect and never humiliated.



## Medical Administration

EEC has regulations requiring Educators to have a policy regarding the administration of medication to children in care. As a licensed Child Educator, I am also required to take medication administration training. The following guidelines are common to all programs that are licensed by EEC:

### Prescription Medication

- Prescription medication must be brought to the program in its original container and include the child's name, the name of the medication, the dosage, the number of times per day and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician if it is NOT a life-saving medication. Lifesaving medications still require a written authorization from the physician.
- The program 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.**
- **All medication given will be logged.**

### Non-prescription Medication

- The program needs written parental authorization to administer oral non-prescription medication. The parent must fill out the Authorization for Medication form, which allows the Educator to administer the non-prescription medication. The statement must be renewed on a weekly basis.
- In the case of unanticipated non-prescription medication that is used to treat mild symptoms (e.g., acetaminophen, ibuprofen), the program must still have written parental authorization, however it must be reviewed annually.
- The Educator will make every attempt to contact the parent prior to the 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, diaper rash ointment and insect repellent 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 Educator will follow the written procedure for non-prescription 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 dose must be administered by the parent at program in case of an allergic reaction.
- All medications must be given to the Educator directly by the parent.
- All medications will be stored out of the reach of children. All medications that are considered controlled substances must be locked and kept out of reach of children.
- The Educator will be responsible for the administration of medication. In his/her absence, the designated person will be the parent.
- The program will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to unbroken skin) which will include the

child's name, the time and date of each administration, the dose, and the name of the person administering the medication. This completed record will become part of the child's file.

- All unused medication will be returned to the parent if possible, or disposed of in accordance with Department of Public Health guidelines.

### Oral Health

If your child is not in care for more than 4 hours per day, he/she will not be receiving a meal while in care, and therefore we are not required to assist your child with tooth brushing at the program.

- We will not be providing tooth brushing materials at the program.
- Unless otherwise requested, we do not suggest that you provide a toothbrush or toothpaste.

### Parent Notifications

I am required by EEC regulations to notify you of certain information about my education program. These notifications include, but are not limited to:

- an injury to your child;
- allegations of abuse or neglect regarding your child;
- if another educator will be caring for your child;
- the administering of first aid to your child;
- whenever a communicable disease has been identified in the program;
- children being taken off the child care premises;
- the existence of firearms
- prior to any pets being introduced into the program;
- whenever special problems or significant developments arise.

### Mandated Reporting

As a licensed Educator in Massachusetts, I must operate my program in a way that protects children from abuse and neglect. As such, I am a mandated reporter (under M.G.L. c.119 s51A) and must make a report to the Department of Children and Families (DCF) whenever I have reasonable cause to believe a child in the program is suffering from a serious physical or emotional injury resulting from abuse inflicted upon the child, or from neglect, no matter where the abuse or neglect may have occurred or by whom it was inflicted. **ALL educators are mandated reporters and must by law report suspected abuse or neglect. Parents will be notified of allegations of abuse and neglect involving their child while in the care of the program.**

### What I Need from You

The first day your child attends child care, I need a copy of the attached Montessori Escuela Enrollment Packet. Without these completed documents, which must be updated annually, I cannot care for your child. The reason for this is so I have all the important information and phone numbers that I will need in order to provide the best possible care for your child.

### Medical Information

**Medical information about your child must be given to me within one (1) month from the day your child begins care.** There are three (3) pieces of medical information I will need:

1. A statement from a physician or health care professional that says that your child received a physical exam within the past year;
2. Evidence that your child has been immunized as recommended by the Department of Public Health;
3. If your child is nine (9) months of age or older, a statement from a physician or health care professional which says that your child has been screened for lead poisoning.

**Please note:** Your child's immunization record must be updated and given to me in accordance with the Department of Public Health's immunization schedule. Also, your child's lead screening report must be updated as required by Department of Public Health Regulations. This report must also be given to me. If your child is school age, I can accept a written statement that the required information is on file with the child's school.

### Communication and Staying Involved

It is important to keep an open dialogue with me as your child's Educator, and to maintain an active role in your child's care. Feel free to visit, not just at pick up and drop off time, but at a variety of times during your child's day; it's your right as a parent. Please also make sure to follow-up with me if you have any questions about the program or your child's care. Additionally, we strongly urge parents to come into the classroom as mystery story time readers, or to present lessons on particular skills, or on family culture or holiday celebrations.

I look forward to working with your family and providing a great experience for your child.

### 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, LLC:

- 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 program.
- Progress reports are provided once per academic year in December
- It is our preference that the administration of medication will be done by parents unless otherwise arranged. If we provide medication, we need a consent form completed.
- 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 \$2000 deposit secures your child's space.
- 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 (100.0) within 24 hours. You may not give fever reducing medication and send your child to school. You also cannot ask us to give your ill child fever reducing medication for contagious illness.**
- Children's Medical and all pertinent school records will be kept on file for two years.
- 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.
- We are available for additional 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
  - 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/Small Group Must be in original container w/ 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 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, LLC has my permission to administer first aid or CPR if necessary.

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

I give Montessori Escuela, LLC 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, LLC Program unannounced at any time while my child is in care.

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

Montessori Escuela, LLC 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, LLC 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, LLC, 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.

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

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

- a. Information about the child's daily schedule, developmental history, sleep 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

I give Montessori Escuela, LLC 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 program, when possible and are the parents' responsibility.

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

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*Initial*

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

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*Initial*

This document serves as Montessori Escuela, LLC 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 via Brightwheel
- 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

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*Initial*

All information pertaining to children and their families is privileged and confidential. Montessori Escuela, LLC 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.

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*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  
Initial

Name

## General Nutrition Guidelines for Children

### **Start with a healthy breakfast that includes whole grains.**

Quick breakfast ideas include:

- whole grain hot or cold cereal with cut-up fruit and skim milk
- whole grain mini-bagel with peanut butter and sliced bananas
- whole grain toaster waffles with blueberries on top
- a cup of low-fat yogurt mixed with cut-up fruit and a crunchy whole grain cereal
- unsweetened oatmeal with chopped apples and raisins
- whole grain English muffin topped with melted low-fat cheese

**Snack smart!** Healthy snack ideas include:

- ½ banana spread with a tablespoon of peanut butter
- ½ cup strawberries
- ½ cup of cantaloupe cut into 1-inch cubes
- a rice cake with 1 tablespoon of hummus
- cucumber, celery, carrot and pepper sticks dipped into hummus or low-fat yogurt
- part-skim string cheese

### **Lunch and Dinner Ideas**

- *English Muffin Pizza:* Top a whole wheat English muffin half with pizza sauce, sliced veggies and low-fat cheese. Toast in the oven until the cheese melts.
- *Omelets:* Combine eggs and chopped veggies, and top with salsa.
- *Burrito:* Wrap 1/2 whole wheat tortilla around some canned black beans, chopped veggies, and low-fat cheese.
- *Mac and cheese:* Add frozen vegetables (without sauce) and canned tuna or salmon to prepared boxed whole wheat macaroni and cheese.
- *Potato Pal:* Top half of a small baked potato with low-fat yogurt and then add eyes (peas), a nose (half a cherry tomato), and a smile (low-fat cheese wedge). Be creative – you'll be surprised at how many foods can turn into eyes, noses and smiles!
- *Chicken Nachos:* Use pre-cooked shredded chicken and high-fiber tortilla chips, add diced tomatoes, peppers and onions, and low-fat shredded cheese and bake in an oven or microwave until the cheese is melted.

**Drink healthfully!** Healthy drink choices include:



- plain water
- water or seltzer with natural flavorings, but with no added sugars, sweeteners or artificial sweeteners
- 100% fruit juice should be provided in 4-ounce servings; servings should be limited to no more than 4 ounces a day
- 1% low-fat and fat-free milk; servings should be no more than 8 ounces

***Create a healthy plate!***

- use a small plate
- ½ of the plate should include veggies and fruit
- ¼ of the plate should include lean meat or a meat alternative
- ¼ of the plate should include whole grains

***Choose healthy grains.***

- brown rice
- whole grain bread
- whole wheat pasta
- whole wheat pita or flat bread
- whole wheat tortillas
- bulgur, or cracked wheat
- corn meal

***A word about sugary drinks.*** A sugary drink is one with added sugar. “Sugar” goes by many names, including high-fructose corn syrup, maltose, cane juice, dextrose, lactose, and malt syrup to name a few. Sugary drinks include sodas, juice drinks, flavored milk and milk alternatives, sports drinks, energy drinks, and blended coffees and teas. Children who drink one or more sugary drinks a day have a higher risk of being overweight, and sweetened drinks can lead to tooth decay. Here are some ideas to help the children you care for cut down on sugary drinks:

- Serve water – there’s no limit and it’s the best choice!
- Stick to 1% low-fat and fat-free milk for children over the age of 2.
- Make “just a little juice” a rule – if juice is served it should be 100% juice and limited to no more than 4 ounces a day. Eating the whole fruit provides more nutrients and fiber.
- Say “No” to soda, energy drinks and sports drinks.
- Serve less – don’t supersize your drinks!

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**When planning meals for children, some things to think about...**

- Try cutting food into fun shapes or making faces out of fruit and vegetables.
- Make it fun! See how many different kinds of fruits and vegetables each member of your family can try. The person who samples the most in a week or a month wins a meal featuring his or her favorites.
- Eat meals with children. Let them see that you enjoy fruits, vegetables, low-fat dairy products and whole grains at meals and snacks.

- Encourage preschoolers to help you prepare meals and snacks. Teach children to tear lettuce or add veggie toppings to pizza. Cooking together can mean more "mommy (or daddy) and me" time on busy days.
  - On the go? Put fruit or raw vegetables in your bag for quick snacks. Let children see that you like to munch on vegetables when you're on the go.
  - Jazz up produce: try hummus or a homemade salad dressing as a dip for veggies, spread some peanut butter on apple slices, or create a selection of fruits and vegetables with the colors of the rainbow.
  - Add fruits and vegetables to foods your child already likes: put blueberries in pancakes, chopped fruit on cereal, or chopped broccoli in macaroni and cheese.
  - Make nutritious food convenient: put out rinsed and cut fruits and vegetables in a bowl, or keep them on a shelf in your refrigerator where your child can see them and easily reach them.
- 

#### **Did You Know...**

- Studies have found that women who breastfeed are less likely to develop diabetes as well as some types of breast and ovarian cancer.
- Breast milk is the perfect food for babies and contains all the nutrients they need to grow, develop and thrive. Breast milk is also easier to digest than formula, so breastfed babies may have fewer "fussy" periods.
- Kids don't always like new foods right away. Offer new foods many times and in different forms. For example, offer steamed broccoli dipped in parmesan cheese, and other times offer it in soup, in a casserole or even raw. It may take up to a dozen times for a child to accept a new food.
- Children and adults who eat breakfast daily are less likely to be overweight. Eating breakfast helps children start their day in a healthy way. Include fruit, whole grains and low-fat or fat-free dairy products.
- Help children make the right food and drink choices from an early age. Allow them to help with decision making. It's a great way to get them to take charge of their health and they will be more excited about what they eat.

### **Plan to Avoid Suspension and Termination**

#### **Plan to Avoid: Suspension & Termination**

Suspension and Termination. The licensee must describe in writing the program's procedures for avoiding the suspension or termination of a child from the program due to challenging behavior. The procedures to avoid suspension and termination must include:

1. If it is determined that a child's behavior displays repeated negative tendencies, notes will be made and shared with the parents within 48 hours of the initial recognition of such behavior. If once the behavior is discovered and parents are notified, and the behaviors continue, a parent teacher meeting will be scheduled to discuss the issue further.
2. The child's behaviors will be described in factual detail so that the family can seek external feedback and referrals can be made as an attempt to discover what can be done to help the child if the program's attempts have been exhausted.
3. Educators can offer to seek professional development in areas where a child needs additional care, and outside consultations can be made as well.
4. Finally, a plan can be drafted for how the child will engage with the topic of content with parents at home, which will directly correlate to the same strategies that are being used in the program, to set the child up for the best chance of success.
5. Children with Disabilities. The licensee must accept applications and make reasonable accommodations to welcome or continue to serve any child with a disability. In determining whether accommodations are reasonable and necessary, the licensee must, with parental consent and as appropriate, request information about the child from the Local Education Agency (LEA), Early Intervention Program or other health or service providers.
  - a. (a) Based upon available information the licensee must, with the parent's input, identify in writing the specific accommodations, if any, required to meet the needs of the child at the program, including, but not limited to:
    - i. 1. any change or modifications in the child's participation in regular program activities;
    - ii. 2. the size of the group to which the child may be assigned and the appropriate staff/child ratio; and
    - iii. 3. any special equipment, materials, ramps or aids needed to serve the child.
  - b. (b) The licensee must provide written notification to the parent within 30 days of the receipt of the authorized and requested information, if, in the licensee's judgment, the accommodations required by 606 CMR 7.04(13) to serve the child are not reasonable or would cause an undue burden to the program. This notification must include, but is not limited to:
    - i. 1. the reasons for the decision;
    - ii. 2. notification to the parent(s) that they may request that the Department review the licensee's decision and determine if the licensee is in compliance with 102 CMR 1.03(1) and 606 CMR 7.04(13). (c) The licensee must maintain a copy of this notification in its records. (d) The accommodations related to the toileting needs of a child with a disability who is not toilet trained must not be considered an undue burden. (e) In determining whether the accommodations required by 606 CMR 7.04(13) are reasonable or would cause an undue burden to the program, the licensee must consider at least the following factors:
      1. 1. the nature and cost of the accommodations needed to provide care for the child at the program;
      2. 2. the ability to secure funding or services from other sources;
      3. 3. the overall financial resources of the licensee;
      4. 4. the number of persons employed by the licensee;

5. 5. the effect on expenses and resources, or the impact otherwise of such action upon the licensee;
6. 6. whether the required accommodation alters the fundamental nature of the program. 606 CMR: DEPARTMENT OF EARLY EDUCATION AND CARE 7.04: continued (f) The licensee must, with parental permission, contribute to the development and review of the child's program plan in cooperation with the LEA, Early Intervention Program and/or other health and service providers. (g) The licensee must identify at least one educator to serve as the liaison for each child with a disability. The liaison must be responsible for coordinating care in the program and with service providers and communicating with the child's parents, service providers and educators.

### Referral Procedures

If, during both formal and informal assessments of children in the classroom, you identify a pattern of behaviors or a seemingly continued delay in development, (whether physical, emotional, cognitive or social) in comparison to the development of most other children of that same age group, you should discuss these concerns with the lead teachers and director and begin documenting factual evidence with dates and times of observation. A parent/teacher conference should be scheduled where the educator will discuss the child's progress with parents, beginning the conversation with the child's strengths, stating the facts about the behaviors and/or skills in concern, and let them know that you are willing to support them in any outside supports or evaluations should they choose to seek more information. Written notes of the conversation should be documented and a follow up summary emailed to the family and placed in the child's file.

We have a written plan describing procedures for referring parents to appropriate social, mental health, educational and medical services, including but not limited to dental check-up, vision or hearing screening for their child, should the program staff feel that an assessment for such additional services would benefit the child. Our written plan includes, but is not limited to the following:

1. staff responsibilities for informing the licensee of their concern;
2. procedures for observing and recording the child's behavior and reviewing the child's record prior to making a referral;
3. procedures for meeting with parents to notify them of the program's concern;
4. a current list of referral resources in the community for children in need of social, mental health, educational or medical services. This list shall include the contact person for St. 1972, c. 766 and Early Intervention Program referral;
5. written notice to the appropriate administrator of special education that the licensee is serving a child with a disability, if the child is two years and nine months old or older;
6. written notice to the administrator of the DPH Early Intervention program if the licensee is serving a child with a disability who is younger than two years and nine months old.

1. **Termination of Childcare:** Montessori Escuela retains the right to terminate the parent/preschool contract without notice for the following reasons (all terminations of this type can be made effective immediately):
  - a. The child(ren)'s behavior is destructive, uncontrollable, violent, or threatening to the other children or educators at Montessori Escuela. This determination is made in the sole discretion of the provider.
    - a. Montessori Escuela, LLC reserves the right to exclude any child from attendance, temporarily or permanently, under any circumstances deemed, in the sole and exclusive discretion of the School, to be interfering with the health, safety or educational development of the child or any other child(ren) or whose conduct is unsatisfactory. The School further reserves the right to deny continued enrollment, or re-enrollment, to any student if the School reasonably concluded that the actions of a parent or guardian are inconsistent or not supportive of the educational environment or are counterproductive to a positive working relationship between the School and that child's parents or guardians.
  - b. A parent's/guardian's behavior is threatening or abusive to the other children or Educators at Montessori Escuela.
  - c. Tuition payments are two weeks or more delinquent.
2. **Modification of Terms:**
  - a. Montessori Escuela shall be entitled to change any of the terms in this contract, including but not limited to fees, by providing the parents/guardians with 30 days advance written notice of such changes.
3. **Late Pick-up Fee:**
  - a. Parents/Guardians agree to pay \$10.00 for each minute after closing (closing is 5pm) until 6:30 P.M. or until pickup. This overtime fee shall be paid with the next scheduled payment. If you do not "sign out" your child using the QR code on your Brightwheel app at their scheduled pickup time, the child is considered a late pickup.
4. **Registration/Enrollment Fee:**
  - a. Parents/Guardians shall pay \$2000 per child as an **annual** enrollment registration fee when this contract is signed. The registration fee is nonrefundable and is not applied to any childcare fees.
5. **Timing and Method of Payment:**
  - a. Parents/Guardians shall pay preschool tuition to Montessori Escuela on or before the 1st of the month. All tuition paid is nonrefundable. Payments may be made by cash, check or via the online Brightwheel automated payment plan. In addition, if fees are not paid within 10 days, the child(ren) will not be allowed to attend the program until payment is received in full. Parents/Guardians agree to pay a \$100.00 fee for all checks returned unpaid.
  - b. There is no discount, refund, or other allowance for absences, illness, vacation, holidays, school closures, inclement weather, moving away, termination of enrollment, or any other reason.
  - c. Parents/guardians will be required to give a minimum of 30 days' notice to terminate enrollment. The last day of attendance/notice/tuition billing will be the last day of a **full** month. Example, notice given on January 15 would mean that the Preschool Tuition Contract would be terminated effective February 28. Notice must be submitted

to director Maria Liebmann, in writing via email, and be dated with date of termination. Parents/guardians will be responsible for paying the tuition during the notice period even if the child does not attend school during that month.

**Parent/Guardian #1 Signature**

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

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



By signing above, each signatory declares to have read, understood and come into agreement with the terms of this Preschool Tuition Contract. Furthermore, each signatory signing above has received, reviewed, and agreed to the policies and procedures contained in the Montessori Escuela Parent Handbook.

**Parent/Guardian #2 Signature**

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

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



By signing above, each signatory declares to have read, understood and come into agreement with the terms of this Preschool Tuition Contract. Furthermore, each signatory signing above has received, reviewed, and agreed to the policies and procedures contained in the Montessori Escuela Parent Handbook.

# Montessori Escuela, LLC

## 2022-2023 School Calendar

September 2022						
Su	M	Tu	W	Th	F	S
		30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
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October 2022						
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November 2022						
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December 2022						
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January 2023						
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February 2023						
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March 2023						
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April 2023						
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May 2023						
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June 2023						
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July 2023						
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August 2023						
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 School Closed-Holiday

 School Closed for students: Parent-Teacher Conferences

 Summer Camp: 12 weeks

 First and Last Day of School

 School Vacation

 Teacher Home Visits & Drop-in Day

# Montessori Escuela, LLC

## 2023-2024 School Calendar

September 2023						
Su	M	Tu	W	Th	F	S
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October 2023						
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November 2023						
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December 2023						
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January 2024						
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February 2024						
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March 2024						
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April 2024						
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May 2024						
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June 2024						
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July 2024						
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August 2024						
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25	26	27	28	29	30	31



School Closed-Holiday



School Closed for students: Parent-Teacher Conferences



Summer Camp: 12 weeks



First and Last Day of School



School Vacation



Teacher Home Visits & Drop-in Day