Child’s Name DOB

Classroom Start Date

Drop Off Time Pick Up Time

MONUMENT SQUARE AND MAGIC SEASONS PROGRAMS OF CHILD CARE OF THE BERKSHIRES, INC.

Dear Families,

CCB is following the requirements and protocols set in place by the National Centers for Disease Control and Prevention (CDC) and the Massachusetts Department of Early Education and Care (EEC). In this letter, we hope to address many of your questions and concerns. The safety of our children, families and staff is our top priority. As part of the EEC requirements for reopening the center, our enhanced safety plan includes:

* Sanitizing/disinfecting protocols at frequent intervals throughout the day, as recommended by the CDC.
* Limiting personal items brought from home to **essential items only:** **2 masks, 2 changes of clothes and sunscreen in a labeled backpack**.
* Limiting access to classrooms and the main building areas to staff, children, and essential personnel only. We ask that parents and visitors not enter the building. Staff will escort children to their classrooms.
* Drop off and pick up times will be staggered to allow for screening.
* Verbal and visual health screenings will be taken as your child arrives at the center.
* Children and staff will wash their hands upon arrival/departure and frequently throughout the day.
* Individual bins of toys and crayons will be available for each child to limit sharing of materials as often as possible.
* **Masks will be encouraged to be worn** by children 2 years of age and older and are **required to be worn by staff.**
* Children exhibiting symptoms of illness, especially with a fever over 100 degrees will not be permitted to enter the building. Also, if someone in your household is ill, please do not bring your child to school.
* Children that develop symptoms after arrival will be isolated and **must be picked up immediately, no longer than 30 minutes of notification**.
* Please notify the director immediately if you or someone you’ve been in contact with tests positive for COVID-19.
* Current immunization records must be submitted, MSQ Fax (413) 664-4307.

**DROP OFF/PICK UP PROCEDURES**

* Families must self-screen each morning to ensure no one in the household has COVID symptoms, including a temperature of 100.0F or higher without having taken fever reducing medication.
* **Arrive at your designated times.**
* **Call the center upon arrival** tocheck-in and answer daily health screening questions.
* A staff member will greet you outside. **Please be sure to follow the 6 ft. physical distance protocol.** The designated staff member will escort your child to their classroom where they will immediately wash their hands.
* At pick-up time, call the center when you arrive and staff will escort your child outside. Children will wash their hands before leaving the center.
* **Please be sure you are wearing a mask during the transfers of your child.**

We ask for your help and patience as we implement these new protocols to limit exposure. Thank you for your cooperation.We look forward to seeing you and your child. If you have any questions, please contact Kelly Phillips, Program Director, at (413) 664-4657 x10. WELCOME!

**By signing this form, you agree that you have read and will adhere to the new COVID-19 procedures.**

*\*\*Failure to follow these new protocols may result in the termination of your childcare slot.*

**Parent/Guardian Signature Date**

**Child’s Name Date of Birth**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**CHILD CARE OF THE BERKSHIRES, INC.**

**Release of Liability / Assumption of Risk / Agreement not to Sue**

Governor Baker ordered all early child care education programs in Massachusetts to suspend providing child care services on March 23, 2020, in response to the outbreak of COVID-19 coronavirus (“COVID-19”).  Child Care of the Berkshires is in the process of re-opening its child care centers and affiliated Family Child Care homes; specific health and safety plans for the individual child care centers and the CCB affiliated FCC homes have been submitted and approved by the MA Department of Early Education and Care.  CCB has received permission to re-open.  CCB has taken important steps to implement the recommended guidance and protocols issued by the Public Health Agencies and the MA Department of Early Education and Care for slowing the transmission of COVID-19 including screening of children and staff, disinfecting, reduced group size, wearing of face masks, and creating additional health and safety plans, to name a few.  The parent/guardian (the undersigned) acknowledges and agrees that the CCB may revise its policies and procedures including those related to or regarding COVID-19 at any time based on updated recommended guidance and protocols issued by the Public Health Agencies and/or MA Department of Early Education and Care, and further agrees to comply with the CCB’s revised policies and procedures while utilizing the services and programs of the CCB.

COVID-19 is highly contagious. Governmental and public health officials recommend social distancing, meaning avoiding contact with others, and, where not possible, maintaining distances of not less than 6 feet between persons. This avoidance of contact and social distancing will not always be possible when entering the child care sites or while you or your child(ren) is participating in its child care programs.  All families who attend one of CCB’s child care programs and/or affiliated FCC homes do so understanding the risks of participation.

 Please read this Release of Liability, Assumption of Risk, and Agreement Not to Sue (“Release”) carefully and in its entirety.  IT IS A BINDING LEGAL DOCUMENT.  After reading this Release, please sign your name below to indicate that you agree to and do assume all risks associated with your child's attendance and participation in the center-based or FCC child care programs and that you release CHILD CARE OF THE BERKSHIRES, INC. of all liability resulting from your child's participation in this program.

I, as the parent/guardian of the child(ren) named below, on behalf of myself and my child, agree that my child(ren) will attend and participate in one of the child care centers operated by Child Care of the Berkshires and/or the Family Child Care homes affiliated with CCB’s FCC System.

I, as the parent/guardian, agree that neither I nor participating child(ren) shall visit or utilize the facilities, services, and programs of the CCB if he or she experiences symptoms of COVID-19 including, without limitation, fever, cough or shortness of breath, or  has a suspected or diagnosed/confirmed case of COVID-19.

I, as the parent/guardian agree to notify the Child Care of the Berkshires, Inc. immediately if I believe that any of the above restrictions may apply.

I further understand and acknowledge that:

1. My child(ren) may be exposed to COVID-19 and other hazards by attending the child care program;

2. The risks of entry to the child care site and attendance at the child care program may include  sickness, injury, death, or other losses caused by accident or illness or other hazards, known and unknown; and

3. I voluntarily agree to assume all risks related to COVID-19 exposure for myself and my child(ren).

In consideration of the CCB providing child care services and my child(ren) attending the program, I HEREBY, NOW AND FOREVER, RELEASE CHILD CARE OF THE BERKSHIRES, INC., its employees, agents, and consultants FROM and against ANY CLAIMS, causes of action, or demands OF ANY NATURE relating to COVID-19 that may be connected in any way to my or my child(ren)’s entry to the child care site or my child’s participation in the child care program (“Claims”). Further, I AGREE NOT TO SUE and agree to indemnify AND HOLD HARMLESS Child Care of the Berkshires, Inc. from any Claims. It is my express intent that this release shall bind my spouse, family members, heirs, guardians, legal representatives, and assigns.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts.  I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

By signing below, I hereby confirm that I am the Parent or Legal Guardian for the child(ren) enrolled in the CCB’s child care center or in an affiliated FCC home.  I have read, understand and fully agree to the terms of this Agreement. I understand and confirm that by signing the Agreement I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver.

**Parent/Guardian Signature Date**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**Child’s Face Sheet**

**Child’s Information:**

Child’s Name Date of Birth

Home Address Town

Phone # Primary Language

Age at Admission Date of Admission

**Child’s Identifying Information (required by EEC):**

Eye Color Hair Color Sex Height

Weight Skin Color Identifying Marks

Siblings

**Parent/Guardian Information:**

Name Relationship to Child

Birth Date Phone #

Home Address Town

Employer Occupation

Hours at Work Work Phone

E-Mail Address

**Parent/Guardian Information:**

Name Relationship to Child

Birth Date Phone #

Home Address Town

Employer Occupation

Hours at Work Work Phone

E-Mail Address

**Additional Information:**

Child’s Physician

Allergies/Special Diet

Chronic Health Conditions

Special Limitations or Concerns

Current Medications

**Parent/Guardian Signature Date**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**Authorization to Release Form**

**Child’s Name: Parent’s Name:**

I hereby authorize Monument Square Early Childhood Center to release my child to the following persons (other than parents):

**Name**

**Relationship to child**

**Phone**

**Name**

**Relationship to child**

**Phone**

**Name**

**Relationship to child**

**Phone**

Please Note:

* **CHILD WILL NOT BE RELEASED TO ANYONE UNLESS PARENT NOTIFIES THE CENTER.**
* No one under the age of 16 may be an authorized contact person unless pre-approved by CCB/MSQ EEC.
* A copy of any court orders that restricts to whom the child can be released must be on file with Child Care of the Berkshires, Inc.

**Parent/Guardian Signature Date**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**Media Release Form**

I, ( ) give permission to Child Care of the Berkshires to use photographs of:

* Myself
* My child(ren).

Permission includes the following:

* Newspaper and other print media
* Websites
* Promotional materials (brochures, posters etc.)
* Facebook, Instagram, and other social media

**Child’s Name:**

**Parent/Guardian Signature Date**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**P.O. Box 172**

**North Adams, MA 01247**

**Phone: 413-664-4657**

**Fax: 413-664-4307**

**Information Release**

**To:**

(Name of Program or Person)

I hereby authorize you to exchange information with Child Care of the Berkshires, Inc., Monument Square Early Childhood Center/Magic Seasons regarding:

**Child’s Name:**

**Parent/Guardian:**

**Address:**

**Phone:**

**Parent/Guardian Signature Date**

*\*This release may be revoked at any time by the person signing it and this person has a right to a copy.*

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**Infant Formula**

Monument Square Early Childhood Center offers Enfamil Regular and Enfamil Soy/AR formulas for infants.

Name of Formula:

Regular or Soy?

*\* If infant is on a special formula, describe its prep in detail:*

**Parent/Guardian Signature Date**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**First Aid and Emergency Medical Care Consent Form**

Child's Name: Date of Birth:

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child.

Parent/Guardian Name: Phone:

Child’s Physician Name:

Child's Allergies:

Chronic Health Conditions:

**Emergency Contacts** (In order to be contacted)

I give permission for my child to be released to the following people:

Name Phone

Relationship to child

Name Phone

Relationship to child

Name Phone

Relationship to child

Health Insurance Coverage Policy #

**Parent/Guardian Signature Date**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.* **Child Care of the Berkshires, Inc.**

**Topical Non-Prescription Medications Permission Form**

**Child's Name:** **Date of Birth:**

I do hereby give permission to the staff of Monument Square Early Childhood Center to apply topical non-prescription medications (i.e. Vaseline, A&D, Desitin, sunscreen, etc.) on my child as needed.

Vaseline Y/N

A&D Y/N

Lotion Y/N

Sunscreen Y/N

Other:

\* We must follow the directions on the original container, unless otherwise authorized by a written order from the child’s physicians.

**Parent/Guardian Signature Date**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**Monument Square Early Childhood & School Age Centers**

**Magic Seasons School Age Center**

**210 State Street**

**North Adams, MA 01247**

**Phone (413) 664-4657 Fax (413) 664-4307**

**Physical & Immunization Records Release Form**

**Child's Name:**

**Date of Birth:**

Children’s records are required by the Department of Early Education and Care for children enrolled in Monument Square Early Childhood Center/Magic Seasons. Information shared will include child’s last physical and date of visit, record of immunizations, lead test results, chronic medical problems, opinion concerning general health and appearance, and information on the child’s physical or mental health as it relates to child care.

I, , hereby authorize

(Parent/Guardian Name) (Name of Pediatrician)

to release/exchange physical and immunizations records with Child Care of the Berkshires, Inc. and Monument Square Early Childhood Center.

**Parent/Guardian Signature Date**

**Relationship to Child**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Please fax records to: 413-664-4307**

**Child Care Of the Berkshires, Inc.**

**210 State Street**

**P. O. Box 172**

**North Adams, MA 01247**

**Tel: 413-663-6593**

**www.ccberkshire.org**

**Online Bill Pay Enrollment Form**

Child Care of the Berkshires has a new payment processing system that allows for you to pay your child care bill and view your statement online.

If this is something that you would be interested in signing up for, please fill out this form and return it to your provider.



**Parent/Guardian Signature Date**

**Parent/Guardian Email Address**

**Child’s Name**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**Developmental History**

**Child's Name** **Date of Birth**

*\*Note: Please provide information for Infants and Toddlers marked (\*) as appropriate to the age of your child.*

**Developmental History**

At what age did your child begin to:

Sit Crawl Walk Talk

\*Does your infant:

Pull up Crawl Walk with support

Any speech difficulties? Special words to describe needs

Any history of colic? Does your child use pacifier? Suck thumb? If so, when?

Does your child have a fussy time? If so, when? How do you handle this time?

**Health**

Any known complications at birth? Serious illnesses/hospitalizations Disabilities, allergies, food reactions: Regular medications:

**Eating Habits**

Special habits/difficulties: Favorite foods: Foods refused: \*Is your child fed held in lap or high chair? \*Does your child eat with a spoon? Fork? Hands?

**Toilet Habits**

\*Disposable or cloth diapers? \*Is there a frequent occurrence of diaper rash? \*Do you use oil, powder, lotion? \*Are bowel movements regular? How many per day?

\*Is there/has there been a problem with diarrhea or constipation? \* Has toilet training been attempted?

Describe any procedure to be used for your child at the center:

What is used at home:

Potty chair Child seat Regular seat

How does your child indicate bathroom needs (include special words): Does the child have accidents?

**Sleeping Habits**

\*Does your child sleep in a crib/bed? Does your child nap during the day? If so, when/how long?

*Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby.*

When does your child go to bed at night? When does your child get up in the morning?

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc.)

**Social Relationships**

How would you describe your child?

Previous experience with other children/day care: Reaction to strangers:

Able to play alone: Favorite toys and activities: Fears (the dark, animals, etc):

How do you comfort your child? What is the method of behavior management/discipline at home? What would you like your child to gain from childcare?

DAILY SCHEDULE: Please describe your child's schedule on a typical day. \*For infants, include waking, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Morning: Afternoon: Evening: Night:

Is there anything else we should know about your child?

**Parent/Guardian Signature Date**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Ages and Stages Questionnaire (ASQ) Developmental Screening Tool**

**ASQ Consent Form**

The Department of Early Education and Care (EEC) is focused on ensuring that all children in Massachusetts have access to developmental learning opportunities, and that parents and families are provided with knowledge and resources to support their role as their child's first teacher. EEC's Coordinated Family and Community Engagement (CFCE) grantees work directly with parents and families to provide these learning opportunities for young children. One of the developmental learning activities used by CFCE grantees is the Ages and Stages Questionnaire (ASQ) developmental screening tool. This tool allows for families to learn more about their child's progress along five developmental domains, as well as what they can do to support their child's growth at home.

CFCE staff are available to assist families with ASQ screening and can provide information, resources, and referrals based on the child's scores. To ensure that EEC's policies and programs reflect the needs of programs and families, CFCE staff may enter your child's screening information into the ASQ Online database. EEC staff uses aggregate, or totaled, information to determine screening trends, future trainings for CFCE providers, and policies.

Aggregate scores tell EEC how many children have been screened within a certain time period, the average age of when Massachusetts children are screened, or if the ASQ English or ASQ Spanish was used. Your child's information and screening scores will never be analyzed or shared. If you do not wish to have this information entered online, you may decline this option and still have you child screened with the ASQ tool.

I acknowledge that I have read the information provided about the ASQ screening tool:

* + **I agree** to have my child screened with this tool to learn more about their developmental progress; and
  + **I agree** to have my child's screening information entered into the ASQ online database.

**Parent/Guardian Signature Date**

**Child’s Name**

*\*\*\*By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.*

**Child Care of the Berkshires, Inc.**

**Monument Square Early Childhood & School Age Centers**

**Magic Seasons School Age Center**

**Social Media Platforms**

You’re invited to join our private **Facebook group** designed for parents/guardians of currently enrolled families to get a glimpse of activities/projects happening in our classrooms! For the safety and privacy of our children and their families, this is a closed group. All members must request to be added and then approved by admin in order to ensure all parents in the group are currently enrolled in our program. If your child leaves our program, you will be removed from the group. To find our group, type “***MSQ Enrolled Children Parent Group”***in the search bar and request to be added.

Parent involvement is the key to your child’s success. We understand how difficult it can be to get involved during these unprecedented times. ClassDojo is our center’s online classroom. We strive for **100% participation** to keep families informed & involved during the pandemic. It is important to stay up to date with the latest classroom happenings. We use it as a means of communication with our families while limiting exposure in order to keep our children and their families safe.

Your child’s teacher will send you an invite via email. Please accept it as soon as possible so you don’t miss out on important updates in your child’s classroom and at the center. ClassDojo is where you will find the latest announcements and important reminders along with activities and classroom projects. There is also an app for quick easy access on the go. We invite you to connect with other parents, ask questions, and stay connected with your child’s education.



**Child’s Name:**

**Parent/Guardian’s Email:**

|  |  |
| --- | --- |
| CCB  210 State Street North Adams, MA 01247 |  |

All students are responsible for their actions and activities involving Child Care of the Berkshires, Inc. computers, tablets, network, and internet services. These rules provide general guidance concerning the use of the agency computers, tablets, internet services and examples of prohibited uses. The rules do not attempt to describe every possible prohibited activity by students. Students, parents/legal guardians and CCB staff who have questions about whether a particular activity is prohibited are encouraged to contact the system administrator. These rules apply to all agency computers, and tablets, internet access and networks regardless of how they are accessed.

Acceptable Use Agreement: Internet

**Acceptable Use**

* Child Care of the Berkshires, Inc.’s computers, tablets, network and internet services are provide for educational purposes and research consistent with our educational mission, curriculum and instructional goals.
* Students must comply with all agency policies, rules and expectations concerning student conduct and communications when using computers.
* Students also must comply with all specific instructions from agency staff and volunteers when using the CCB computers and tablets.

**Compensation for Losses, Costs, and/or Damages**

The student and his/her parents/legal guardians are responsible for compensating Child Care of the Berkshires, Inc. for any losses, costs or damages incurred for violations of the agency policies/procures and rules while the student in suing agency computers and tablets, including the cost of investigating such violations. CCB assume no responsibility for any unauthorized charges or costs incurred by a student while using agency computers and tablets.

**Student Security**

A student is not allowed to reveal his/her full name, address, telephone number, social security number or other personal information on the internet while using an agency computer or tablet. Students should never agree to meet people they have contacted through the internet. Students should inform their teacher if they access information or messages that are dangerous, inappropriate or make them uncomfortable in any way.

**System Security**

The security of Child Care of the Berkshires, Inc., network and internet services is a high priority. Any student who identifies a security problem must notify his/her teacher or system administrator immediately. The student shall not demonstrate the problem to others or access unauthorized material.

* I will use the internet only with my teacher’s permission.
* I will not put on the computer my address or telephone number, or any personal information about myself or anyone else.
* I will not upload, link, or embed an image of myself or others without my teacher’s permission.
* I will not play games that a teacher has not approved.
* I will be polite and considerate when I use the computer or tablet; I will not use it to annoy, be mean, frighten, threaten, tease, bully, or poke fun at anyone; I will not use swear words or any other rude language.
* I will not try to see, send, or upload anything that says and/or shows bad or mean things about anyone’s race, religion or sex.
* I will not damage the computer or tablet.
* If I have or see a problem, I will not try to fix it myself but I will tell the teacher.
* I will not block or interfere with system communications. My teacher may look at the computer or tablet to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer or tablet.

**Parent/Guardian Signature Date**

**Child’s Name**

**Child Care of the Berkshires, Inc.**

**Parent Information**

The General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating and enforcing rules and regulations governing the operation of child care centers (including nursery schools), and school age child care programs. These regulations, 102 CMR 7.00, establish minimum standards for operation of group child care and school age child care programs in the Commonwealth. The regulations require certain things of licensees (child care program owner) in regard to their work with parents. A summary of the required parent information, rights, and responsibilities follows.

* **Parental Input**

The licensee must appropriately involve parents of children in care in visiting the program, meeting with the staff and receiving reports of their children's progress. The program must have a procedure for allowing you to give input and make suggestions, but it is up to the program to decide whether or not they will be implemented.

* **Meeting with parents**

In group child care programs, the licensee shall assure that the administrator or his designee meets with the parent(s) prior to admitting a child to the program. Due to COVID-19, this meeting may be held over Zoom or other online platform. The parents shall have an opportunity to visit the program's classrooms virtually at the time of the meeting or prior to the enrollment of the child. In school age programs, the licensee shall provide an opportunity for the parent(s) and child to visit the program and meet the staff before the child's enrollment.

* **Parent Information**

The licensee must provide to the parents upon admission of their child the program's written statement of purpose, including the program philosophy, goals and objectives, and the characteristics of children served; information on the administrative organization of the program, including lines of authority and supervision; the program's behavior management policy; the program's plan for referring parents to appropriate social, mental health, education and medical services for children; the termination and suspension policy; a list of period.

You must be allowed to view your child's entire record, even if it is maintained in more than one location. The center must have procedures governing access to, duplication of, and dissemination of children's record, and must maintain a permanent, written log in each child's record which identifies anyone who has had access to the record or who has received any information from the record. This log is available only to you and the people responsible for maintaining the center's records.

* **Amending your child's record**

You have the right to add information, comments, data, or any other relevant materials to the child's record. You also have the right request deletion or amendment of any information contained in your child's record. If you believe that adding information is not sufficient to explain, clarify or correct objectionable material in your child's record, you have the right to a conference with the licensee to make your objections known. If you have a conference with the licensee, the licensee must inform you in writing within one week of his decision regarding your objections. If the licensee decides in your favor, he must immediately take the steps necessary to put the decision into effect.

* **Transfer of Records**

When your child is no longer in care, the licensee can give your child's record to you, or any other person you identify, upon your written request. Charge for Copies. The licensee shall not charge an unreasonable fee for copies of any information contained in your child's record.

**PROGRAM RESPONSIBILITIES**

Providing Information to the Department The program must make available any information requested by the Department to determine compliance with any Department regulations governing the program, by providing access to its facilities, records, staff and references.

* **Reporting abuse or neglect**

All center staff are mandated reporters. They are required by law to report suspected abuse and neglect to either the Department of Social Services or to the licensee's program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

* **Notification of injury**

The licensee must notify you immediately of any injury which requires emergency care. The licensee must also notify you, in writing, within 24 hours, if any first aid is administered to your child.

* **Availability of EEC Regulations**

The program must maintain a copy of the regulations, 102 CMR 7.00: Standards for the Licensure or Approval of Group Day Care and School Age Child Care Programs, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, ask the center to show them to you.