Bright Horizons at The Octagon

1) Basic Information

Location: 888 Main Street
New York, New York 10044
Phone number: (212) -750-5301
(212)-750-5306 fax
Bright Horizons Family Solutions' corporate office is located at 200 Talcott Avenue South, Watertown, MA 02472.
The Center's Director is Shela Kochar
The Center's Regional Manager is Cindy O'Neill.
The Center's Divisional Vice President is Tammy Chuprevich

Days of Operation

The Center is open Monday through Friday, with the exception of (9) holidays per year: New Year's Day, President's Day, Independence Day, Memorial Day, Labor Day, Columbus Day, Christmas Day, Thanksgiving Day, and the day after Thanksgiving.

Hours

The Center is open from 7:30 a.m. to 6:30 p.m.

Organization of the Center

The Center has a total capacity of 50 Children are organized into age groups and development. Staff-child ratios and group sizes are established according to what early childhood experts believe is optimum for young children and are often superior to state licensing guidelines. We target these ratios in program planning: Infant--1:4, Toddler--1:5, Young Preschool 1:7, Older Preschool 1:8.

2) The Staff



The Center's approach is to attract and retain trained and experienced early childhood professionals, provide the necessary support, and implement the program around their competence and commitment.

Staff participates in ongoing professional development opportunities which include staff meetings, special workshops, professional conferences, and coursework. All staffs are certified in First Aid and CPR.
The staff selection process includes a three step interview process, health and drug screens, careful checking of work experience and references, and criminal record checks.

Please address all staff on a first-name basis. Children are instructed to do the same.

Office and Support Staff:

Center Director: Responsible for overseeing management and supervision of the program and faculty, and maintaining relations with parents, and the community.

Assistant Director: Under the supervision of the Director, assists in day-to-day management of the program with particular focus on staff supervision and curriculum of the children and staff. Act as the Director in the Director's absence.

Homebase (Classroom) Staff:

Teachers: Provides a warm, nurturing environment that meets the needs of each child in the homebase. Oversees the development and implementation of daily curriculum and works with the Director to develop program goals. Works closely with parents to meet their child's needs and assure their satisfaction.

Substitutes: Provide support to the teacher when a regular classroom teacher is absent.
Full-time teachers serve as primary care-givers to different groups of children to provide each family with a primary contact for communicating information to families about their children's' experiences at the Center. All staff develops a relationship with each child and has caring and learning interactions with all of the children.



ENROLLMENT

1) Eligibility

The center is open to community, as well as specified clients who have bought priority spaces in the center. If you have a question as to your priority, please see the Center Director.

2) Wait List/ Enrollment

Parents who wish to enroll must submit a registration form along with the non-refundable registration fee of $150.00.

The wait list for the Octagon is kept by age and by the date the registration information is received, with consideration of the specific clients that have priority spaces. Children on the wait list move to a new wait list as they become old enough to be part of the next group. For example, a child may be on the infant wait list, but when the child becomes a toddler, he or she will move to the toddler list. That child's place on the toddler list is determined by the date that all the registration material was received.

When a parent is offered a spot, they will have 48 hours to respond to a classroom opening. If they fail to do so then the space will be offered to the next waitlisted parent. If the parent declines, then their child will be moved to the back of the waitlist.

3) Enrollment Process and Intake

All new parents will be asked to visit the center before their child's start date. At that time management will review all policies and procedures, the parents will fill out all required paperwork. A tuition check will be due on the child's first day. In addition, your Primary Caregiver will set-up an intake interview to discuss any pertinent considerations to optimize your child's experience.

4) Changes in Enrollment

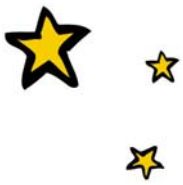
Moving to a New Homebase

Children move to a new homebase based on age, development, and the availability of a space. When children have to wait for an opening or move up a little earlier than expected to take advantage of an opening, the Center makes sure that the homebase meets children's developmental needs at each end of the age range. Individualized and small group learning

and care make this possible. Your child will never be "too young" or "too old" for his/her homebase group. Throughout the transition process, parents and your child's assigned primary caregivers collaborate to make it go smoothly for the child.

Before a child moves, he or she will have spent time visiting the new homebase. Your child's new Primary Caregiver in the new room will meet with you to exchange information, to hear your desires and concerns, and to discuss the new room. An updated child history and medical form may be necessary.





Withdrawal from the Center

The Center requests at least thirty days written notice when a child will be leaving the Center.

Termination from the Center

The Center serves children who are able to function successfully in a group setting.
In the rare circumstance that the Center Director determines a child is not able to function in a group successfully, or the Center's program is not able to meet the needs of a particular child, or the expectations of a family, the Center may ask the family to withdraw the child.

The Center's philosophy is to work through challenges that a child or family may be having with the program. Termination from the program is rarely used, and is a last resort when all possibilities of meeting the child's or family's needs or requests in conjunction with the program, have been exhausted. The Bright Horizons Family Solutions Regional Manager is consulted regarding any decisions to terminate a child from the program.



CENTER WIDE POLICIES AND PROCEDURES

1) Tuitions

Tuition is monthly; tuition is due every 1st of each month.
A morning and afternoon snacks is included in tuition. If your child has special dietary needs, please discuss this with the center director. Parents of infants will provide baby food and formula until their children have fully transitioned to table food. Parents of children in diapers will provide a supply of disposable diapers and wipes on a weekly basis. Parent of older children will also provide food for their children. Morning and afternoon snacks will be provided by the center.

Late Fees

Parents who arrive after the 6:30 pm. closing time are considered late and are subject to a late fee of $5.00 for the first five minutes, and $5.00 a minute for every minute after 6:35 pm. Repeated lateness may result in additional action, including possible termination from the center. Parents are expected to call when they will arrive past closing. Charges for late pick-up are paid at that time by a check payable to Bright Horizons Family Solutions.

2) Holidays and Closings

The Center is closed (9) holidays per year; they are New Year's Day, President's Day, Independence Day, Labor Day, Memorial Day, Thanksgiving, Day after Thanksgiving, Christmas Day, and Columbus Day. In the case of special circumstances or severe weather conditions, parents should call the Center at (212) 355-6969 or (212) 750-5301for updates.

3) Delayed Openings or Early Closings

In case of severe inclement weather, please call the Center at (212) 355-6969 or (212) 750-5301 to hear any opening delays

4) Emergency Evacuation Procedures

Each month the Center practices an emergency evacuation. These drills keep us prepared, so that in the event of an actual emergency, staff and children are prepared. Drills are scheduled at different times of the day so children and staff practice evacuating from different homebase situations. The Center Director schedules evacuation drills in advance. In the event of inclement weather, the drill is rescheduled for another day. Not all alarms are scheduled and the alarm may "go off" as an alert to low water pressure in the sprinkler system, dusty detectors, any electrical malfunction in the alarm system, and of course, smoke. Regardless of the reason, all sounded alarms will be treated as an actual emergency and the evacuation will occur regardless of the weather.

If you are in the Center during an evacuation please:

- stay calm
- follow the teacher's guidance and directions
- exit the building with your child's group
- assist in any way requested

Your cooperation is an essential ingredient in this effort.



HOMEBASE POLICIES

Program and homebase policies balance the specific concerns of individual children and families and the general need for a smooth daily experience for the group.

1) Comings and Goings

Daily Attendance

Children are assumed, but not required, to be in attendance every day. We highly value any time your child may be able to spend at home with you or relatives. If your child is ill or absent for any reason, please call to notify the Center at (212) 355-6969 / 212-750-5301 your earliest convenience, so your Primary Caregiver does not worry about your child and family.

Children's Arrival

Because infant schedules are individualized, the child's arrival time is flexible. For toddlers and older children, though not required, arrival before 9:00 a.m. helps to keep curriculum and class schedules on track.

All children must be accompanied by his/her guardian when they come into the classroom. Please log in, bring your child all the way to their classroom, complete your Daily Experience Sheet, and check for notes.

If your arrival time will vary more than 30 minutes from the usual time, please call the Center. In that way we can plan appropriately for your child and avoid worrying.

When a child has not been picked-up by the Center's 6:30 p.m. closing time and we have not been informed by the parent of any delay, Center staff attempt to contact the parent(s) and/or parent authorized emergency contacts from the child's Emergency Card. If, after an hour, no parent or parent authorized person can be contacted and the staff cannot continue to supervise the child at the Center, the Center staff shall call the 24-hour New York State Child Abuse Hotline (1-800-342-3720) to seek assistance in caring for the child until a parent or person authorized by the parent is able to pick-up the child.



2) Children's Clothing

Label all clothing

Please label all clothes. We do our best to try to keep track of children's clothing, but wet clothes, children's frequent desire to trade, hide and discard clothes, and the sheer number of garments to keep track of makes the job difficult. You are more likely to have missing clothing returned if it is labeled.

Dress your child appropriately

Our program's philosophy encourages children to engage in sensory and art activities that oftentimes are very "messy". Working with water, sand, gravel, flour, paint, and other messy materials provides children with opportunities to experience all kinds of measuring, pouring, basic physics and chemistry activities, self-expression, and make believe play. Please dress your child appropriately so she/he can participate without fear of ruining good clothes. Even the use of smocks and paint shirts cannot guarantee clothes will not get messy.

Generally, children will play outside every day as part of their regular gross motor activities. Please bring outdoor clothing appropriate for the day's weather. We recommend layers of clothing which can be worn or removed to ensure your child's comfort during outdoor activities. Keeping extra clothing on hand is also a good idea.
Please leave a pair of rubber soled shoes in your child's cubby if she/he arrives at the Center wearing boots or smooth soled dress shoes. Water-shoes must be worn for outdoor water play.



Provide Extra Clothes at the Center

All children should have an extra set of clothing at the Center. Infants and toddlers should have at least two sets of extra clothing.

If your child is in diapers, be sure to provide enough for each day's needs. You may want to bring a week's supply.

If you change your child at the Center please use the changing tables and follow the diapering procedures posted at each table. To prevent the spread of illness and infection it is very important that the procedure be completed in proper sequence.

3) Toys from Home

The Center discourages children from bringing toys from home, except for specific program purposes such as "Show and Tell". Toys from home often cause conflict, and we cannot be responsible for their safe keeping. However, bringing a small "piece of home" to child care, for the purpose of ease and comfort during naptime is often important to children. Please be sure that all naptime "lovely" items are clearly labeled with your child's name.

4) Naps

Infants sleep according to their own individual schedules, as determined by parents and primary caregivers. The U.S. Public Health Association and the American Academy of Pediatrics strongly recommend that infants be put to sleep on their backs to reduce the chance of Sudden Infant Death Syndrome (SIDS). It is the policy at all Bright Horizons Family Centers that all infants will be put to sleep on their backs.

Older children nap from approximately 1:00 to 3:00 p.m. Children who do not sleep or who rest for a while are then allowed to play quietly. Children are allowed to wake up at a gentle relaxed pace.

In all of the rooms, there are soft places for children to pause throughout the day and to pace themselves.

5) Birthday Celebrations

Birthday celebrations should be arranged in advance with your child's teacher. Please check with the teacher about appropriate foods and activities. Because they are choking hazards, latex Balloon's is not permitted in the center.

6) Holiday Celebrations

In an effort to affirm each child and family at the Center in their choices of cultural holiday celebrations, we encourage families to share with the home base their special rituals and traditions throughout the year. Each of us has something special to share which makes our style of celebration unique. Your child and all of the children and staff will grow and benefit from this diversity.

Throughout the year we welcome your participation in creating center wide and home base traditions which truly reflect our diverse community. In the home bases, we focus on activities, songs, games and projects which reflect the season and its unique qualities. We share and discuss the various family traditions as contributed by children, parents and teachers. Please discuss with your caregivers the style in which you would like to share rituals, customs, foods or costumes with the children. You may bring family photos, special books, cultural foods or other symbols of your traditions. (If you would like to bring food, please check with your primary caregiver about the appropriateness of any individual food item.) Through these activities, children will develop an understanding of various cultural celebrations as well as gain pride in their own family traditions. If you are uncomfortable with your child participating in a particular tradition or activity, please alert the Center Director, so we can ensure your preferences are respected.

In addition to our home base activities, we are developing Center wide traditions that reflect and respect the diversity within our Center. We feel that children and families will learn from and enjoy the traditions that we create as a community.

7) Transportation and Field Trips

Children 2 years and older may go on field trips. When the toddler classroom plans a trip, the teacher follows a 2:1 ratio (1 teacher for every 2 children). If that can not be achieved by the use of substitutes or parents, then the trip will be cancelled. The ratio for preschool field trips is 3:1. First Aid Kits accompany all trips or walks, as do Emergency and Medical Treatment Authorization forms which parents fill out at intake. Parents are informed of all trips, including walks, and sign a permission slip for those trips utilizing bus transportation. The office is notified of which children and staff members have gone, and where they will be when they leave the building. You may be invited to participate in Center trips.

8) Guidance and Socialization Policy

Young children strive for understanding, independence, and self-control. Their "work" is to learn about the world. They try to make sense and learn how to behave in this mysterious place. Children learn by exploring, experimenting, and testing the limits of their environment and experiencing the consequences of their behavior. In this way, they come to understand their own limits and how the world works.

Our approach to guidance and discipline is to promote a sense of independence, autonomy, and self-esteem, while maintaining the control necessary for a safe and non-threatening environment. The basis of this control is a secure, orderly, developmentally appropriate and caring environment; a positive "yes" environment which allows children to experiment and test their own behavior within clearly defined limits. Shaming, humiliation, extreme duress or corporal punishment are not used with children at the Center and are cause for immediate termination of staff.

Guidelines staff follow:

- Discipline is a matter of planning, setting clear limits and expectations, redirection, and logical consequences; NOT PUNISHMENT.
- The teacher's job is to encourage and support self-control, to protect children and to help children learn how to behave reasonably by praising appropriate behavior and efforts of appropriate behavior.
- Each child has to be respected as a special individual who even at his/her worst is not a "little criminal" but a young child struggling to understand their social world and to achieve self control. It is not appropriate or fair to characterize children as bad, mean, nasty, or other terms.

When a young child is hurting another child or being destructive, teachers will:

1. Support the emotion and always recognize the child's feeling of anger, confusion, or hurt as his/her right.
2. State the rule and tell the child to stop in a firm but friendly voice - personally, not from across the room if at all possible.
3. State and model the acceptable behavior. "Be gentle with John," while stroking John's arm.
4. Identify the emotion and offer acceptable alternatives for handling that emotion "You seem angry. You can stamp your feet or punch the cushion."
5. Offer the child reasonable choices.
6. Seek assistance from other staff if unable to handle the situation calmly.

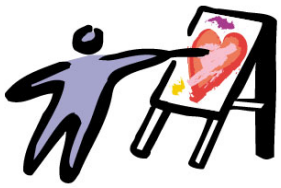
Teachers will not:

1. Shame or humiliate the child.
2. Shake, jerk, squeeze or physically indicate their disapproval.

3. Say "bad" girl or boy to otherwise imply that the child is the problem, instead of the behavior.
4. Moralize or let too much personal emotion come through.
5. Use "no" too often. Staff use the positive ("Hold on to the cup") and other words like "Please don't..." instead of "No."
6. Use bribes, false threats, or false choices.
7. Use food or scheduled activities (music, field trips) as reinforcements.

Teachers always:

1. Make clear that it is the child's behavior and not the child that is unacceptable.
2. Help the child with appropriate language to understand the problems with his or her behavior. Use redirection, logical consequences, or breaks depending on the age of the child, the misbehavior and the child's state.



Logical Consequences

When a child behaves in an inappropriate manner, the most effective discipline is for the child to experience the specific logical consequences of his or her behavior. For example, if John can't play at the water table without splashing other kids, he will be directed to other play. If Marie can't use the markers without drawing on the wall, she may not use markers and will have to play elsewhere.
Teacher role:

- Child's repeated inappropriate behavior.

- Teacher - "I see you are not in control of your behavior right now. You need a break to help you get calm."

- Help the child to express her/his feelings leading to the break, by putting words to her/his emotions and behaviors. "You got very angry when you couldn't get a strike, didn't you?"

- Explain the limit and an appropriate alternative. "I know how upset you were, but you may not hurt people and I won't let people hurt you. Next time, if you get really angry and cannot use your words, get a teacher to help you."

- Explain the reason and procedure for the break. "When you are calm and ready to behave appropriately you may return to the group/activity. When you feel ready, come tell me."

- When the child regains control the teacher asks, "Are you feeling calm?" Are you ready to come and be with us?"

After the break:

- Praise the child for every instance of self-control.
- Try to catch situations before the child loses all control and adjust the environment to avoid the situation the child has trouble with. Encourage the child to take her/his own break.



Biting and Aggression

Periodically in all child care programs, outbreaks of biting occur primarily in infant and toddler rooms. It's an unavoidable consequence of very young children in group care. When it happens, it is scary, frustrating, and very stressful for children, parents, and teachers. But it's a natural phenomenon, not something to blame on children, or parents, or teachers. There are no quick and easy solutions.

Here's how we try to manage biting behavior:

1. When a child is bitten, caring attention is focused on the bitten child. We avoid any immediate response to the biter that reinforces the biting, including negative attention. The child is then redirected to a new activity. When so appropriate, the biter will participate in the care of the bitten child as the lesson in empathy allows for a positive conclusion to the incident.

2. We look intensively at the context of each biting incident and look for patterns.

3. We work with each biting child on resolving conflict or frustration in an appropriate manner.

We try to adapt the environment, and work with parents to reduce any stress the child may be experiencing.

5. We let children know at other times that biting is wrong and hurtful.

6. We help children understand what is acceptable to do with their teeth (chew on teething toys, eat their food).

7. We help children develop other ways to express their feelings which are acceptable.

Some things to keep in mind:

- The program accepts responsibility for biting and other hurtful acts and for protecting the children. It is our job to provide a safe setting where no child needs to hurt another to achieve his or her ends. The name of a child who has bitten is not released because it serves no useful purpose and can make an already challenging situation more difficult.

- Biting is a stage some children go through. It is a natural and common phenomenon that has virtually no lasting developmental significance. There are a number of possible explanations for why some children bite, none of them the fault of the home, parents, or teachers. Most of the time, it is hard to guess what is going on in the child's mind.

- Parents are neither responsible for a biting child, nor always a significant factor in the "cure," other than working with staff on a strategy for change at the Center nor home and reducing any possible stress a child may be feeling.

Some children become "stuck" for a while in a biting syndrome. It may be frustrating for the parents of the bitten child, because the Center staff are unable to "fix" the child that is biting quickly, or do not terminate the biting child's care immediately. We make every effort to address the behavior quickly and balance our commitment to the family of the biting child with that of the other families. Only after we feel we have made every effort to make the program work for the child do we consider termination.

9) Children with Challenges or Special Needs

All children are special. All children have individual needs that require careful attention and flexible programming. A child's behavior at the Center may be very different than in other settings. The behavior we are concerned about may be a function of the setting, the environment, staff behavior or expectations, routines or scheduling. The procedure below is designed to ensure that attributing the problem behavior to the child is the last resort.



FOOD POLICY

Sharing food:
One of the health practices that the faculty teaches the children is that we cannot share our food at the Center. From the standpoints of allergies and hygiene this is easy to understand, but sometimes we have to remind visiting adults as well as children. If you are visiting at mealtime, please try to remember not to share foods, and please only serve your own child.

Infant formula/Breast Milk:
Formula needs to be prepared and bottled at home according to your infant's daily needs. Any leftover formula, juice, or food should be taken home at the end of each day or discarded. Nothing should be left in the refrigerator at the Center overnight. Breast milk should be brought frozen or, if thawed, the date it was thawed must be on the bottle. All partially used bottles of formula or breast milk are disposed of after 24 hours.

All bottles, utensils, plates and bowls (other than the disposable type) should be taken home and washed. Regulations prohibit us from washing dishes here. (Don't forget all items need to be labeled with children's names).

Snack time Procedures

Snacks are planned as relaxed, social, and learning experiences. They are served family style giving children many opportunities to develop self-help skills. Children are not forced to eat. They are served at least a small portion of every food and encouraged to taste all foods. No food is ever withheld as a punishment or used as a reward. Dessert is not used as a special treat. Staff tries to be sensitive to the individual eating patterns of each child. Staff eats seated at the table with the children and model good meal time eating habits and behavior. You are also welcome to take your child out to lunch.

Food from Home

Please be sure that you send a thermos for hot foods or a cold lunch, as lunches will not be heated for children. Any leftover lunch will be discarded when the child is finished. Formula brought from home must be in unopened cans (liquid or powder). All bottles and jars should be clearly labeled with the child's name.



PARENTS IN THE PROGRAM

Bright Horizons is a family center, which means that we always try to view your child in the context of your family. You are the primary caregivers of your children. Our job is to work with you to ensure that your child is well cared for. We expect you to demand the best from us for your child. We believe parents are:

- Experts on their own children.
- Evaluators through polls and surveys.
- Promoters of the Center.

1) Daily Communication

We believe it is important that all of us who care for your child have a sense of the child's experience, at home and at the Center. Staggered scheduling of staff makes the daily experience sheets a critical communication link. These forms provide written information on your child's day at the Center and at home. In addition, we encourage informal daily communication between you and your child's teachers.

Along with routine information, the daily experience sheet will indicate if there is a special need to meet with the teacher. If a child is injured in the classroom then an Occurrence Report will be filled out by the classroom teacher, and a parent will be notified.



2) Parent/Teacher Conferences

Parents are invited to schedule a conference at any time. Twice a year, we formally schedule a conference with your child's teachers.

- Parent/teacher conferences are a time to discuss the child's experience in the program. It is time to share information, develop a relationship between parents and staff, discuss concerns that parents or staff might have, and most of all a time to appreciate the child. It is also an occasion to recognize the efforts of both parents and staff on behalf of the child.

We believe the goals of a high quality child development center are to:

- Provide a relaxed, fun, and secure learning environment for each child.

- Broaden and deepen a child's experience by providing opportunities for new experience to challenge the child and familiar experience to master challenges in all areas of development: motor, cognitive, perceptual, social, emotional, language, and expressive capabilities.

- Promote a sense of positive self-esteem and self-confidence as a competent and capable active learner and member of a community.

- Promote those understandings, dispositions, and skills that lead to success in future schooling.

The following is an outline of the potential topic areas a conference may cover:

The Child's Daily Experience

1. Daily Life: Sense of Security
   Topics: separation, schedule/pacing, care.

2. The Child's Social Experience
   Topics: sense of independence, relationship with adults and children.

3. Socialization and Self Control
   Topics: emerging self-control, frustrating situations for the child, response to frustration and coping styles, program/parent efforts to help child.
4. Program Participation and Learning
   Topics: favorite activities and interests, exploration and learning style, participation in activities and use of materials, problem solving skills, school readiness skills (for older preschool and kindergarten children).

5. Special Strengths
   Topics: individual skills, personality factors.

6. Parent(s)/Staff Questions or Concerns

7. Follow-up Goals or Concerns from Previous Conferences

Written Communication

The Center distributes memos containing news of upcoming events at the Center, monthly newsletters of activities in the children's homebases, and features of interest to parents. Center policies and policy revisions are communicated in writing in Policy Alerts distributed in your child's cubby. Other memos also are put in children's cubbies. Please check daily.

Divorced or Separated Parents

The staff and teachers at the Center are sensitive to the varying dynamic of the families we serve. If divorced or separated parents are sharing custody and there is some way the Center can help make this easier (or avoid making the situation more difficult), let us know. Parents should know that without a legal document, we cannot presume one parent has more or less rights than the child's other parent.



HEALTH CARE AND EMERGENCIES

1) Children's Health Records

All children are required to have a medical on a New York City's Department of Health form, which includes a physical exam and up to date immunizations, at the time of enrollment. These are to be kept up to date thereafter. Record of a physical is required every year. For Infants is every 3 months until they turn 2 years old.

Immunization is an important public health policy affecting children. As a matter of state law, children at the Center must:

1. Be fully immunized OR
2. In the process of becoming fully immunized according to approved schedule OR
3. Have a physician's statement that immunization is contraindicated for medical reasons.

Parents must complete Part I prior to child's exam.

Please urge your pediatrician to be thorough in completing the health appraisal form.

2) Outdoor Play

Health experts agree on the importance of fresh air and the negative health consequences of groups of children spending too much time in closed indoor settings. If a child is well enough to be in the homebase then the child is generally assumed well enough to go outside. Except in extreme weather, children will go outside every day. The Director will determine if weather conditions are acceptable for outdoor play.

3) Sick Children

It is common for babies to have 8-10 illnesses a year and preschoolers almost as many. Illness of children in group child care settings is a difficult problem for staff and parents.

It is inconvenient for the parent who has to leave work or school and difficult for staff trying to care for the child.
Everyone shares a concern for the child's well being, and everyone can get frustrated under the circumstances. Parents are strongly encouraged to arrange alternate child care for the inevitable days their child will be too ill to be at the Center.

4) Guidelines on Child's Exclusion Due to Illness

Children should be excluded from the child care setting for the reasons outlined below.

Note: The following list covers most common illnesses, but is not inclusive of all reasons for exclusion.

- Illness that prevents the child from participating comfortably in program activities
- Illness that results in a greater need for care than faculty can provide without compromising the health and safety of other children
- **Fever -** 100 *F* axillary [armpit], 101 *F* orally, 102 *F* aural [ear] accompanied by other symptoms such as lethargy, irritability, constant crying, difficulty breathing, diarrhea, vomiting

  Note: An infant less than four months of age will be excluded if he or she has a fever of 100 *F (armpit)* or 101 *F* aural (ear) and should receive medical attention as soon as possible.

  Any child with a fever of 105 *F* will be excluded and should receive medical attention as soon as possible.

- **Diarrhea -** stools with blood or mucous, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet, regardless of cause (i.e., medications, teething or illness)
- **Vomiting -** green or bloody, and/or two or more times during the previous 24 hours
- **Mouth sores -** associated with drooling
- **Rash with fever or behavioral changes -** unless a physician has determined it is not a communicable disease
- **Purulent conjunctivitis -** (defined as pink or red conjunctiva with white or yellow eye discharge), until the child has been on antibiotics for 24 hours.
- **Impetigo -** until 24 hours after treatment has begun
- **Strep throat -** until 24 hours after treatment has begun
- **Head lice -** until treatment has begun and all nits are removed
- **Scabies -** until 24 hours after treatment has begun
- **Chicken pox -** until all lesions have and crusted (usually six days)
- **Pertussis (whooping cough) -** until five days of treatment with appropriate antibiotics
- **Hepatitis A virus -** until one week after onset of illness, after immune globulin has been administered

For children's comfort and to reduce the risk of contagion, children should be picked up within 30 minutes of notification. Children should remain home for 24 hours without symptoms before returning to the Center. In the case of a (suspected) contagious illness or continuing symptoms, a doctor's note may be required before returning.

Required Conditions for a Child to Return to the Center

A child who has been excluded due to illness from the Center may return

- when he or she is free of fever (without the use of fever-reducing medications), vomiting, and diarrhea for a full 24 hours
- when he or she has been treated with an antibiotic for a full 24 hours (unless otherwise specified)
- when he or she is able to participate comfortably in usual program activities, including outdoor time

The child should be free of open, oozing skin conditions and drooling (not related to teething) unless

- a health care provider signs a note stating that the child's condition is not contagious
- the involved areas can be covered by a bandage without seepage of drainage through the bandage

If a child is excluded because of a reportable communicable disease, Bright Horizons may require a doctor's note stating that the child is no longer contagious. The Center makes the final decision whether or not to exclude a child from the program.

5) Notification of Infectious Disease

If a child or staff member in the group has an infectious or communicable disease, you will be notified by a sign in your child's homebase or on another visible location in the Center. We will specify the disease, the date the group was exposed, and information on possible symptoms to watch for.

6) Medication Policy

Please see Center Director regarding all medication administration needs.

7) Emergency Care Procedures

All center staffs are trained in CPR and emergency first aid. In the event of an accident that creates a need for medical attention, we will proceed as follows:

1. Minor bumps and bruises are treated and parents receive a phone call and an Occurrence Report.
2. For more serious injuries staff administer first aid, and then contact parents by phone.
3. If an accident indicates immediate emergency treatment, we call 911.

The management team will assign a teacher in charge of all medical emergencies when both Director and Assistant Director are not present.