

NARRATIVE

DEC 5, 2023 | FIRST CIRCLE LEARNING CENTERS, LEXINGTON MA



overview

- ► First Circle Learning Centers were established in 1997 and are comprised of four individual sites, each owned by a separate corporation.
- ► The aggregate licensed capacity of all four sites is 400 children. We employ over 100 staff with an average tenure of 5 years.
- ► The owner is very involved in day-to-day operations and oversight with 26 years' industry experience.
- We employ a dedicated leadership team, each with 20+ years' industry experience, including a Human Resources Manager.
- ► The owner believes in proactive mitigation

- and risk reduction strategies in all aspects of the business.
- Client and active member of international coaching group Child Care Success Academy and frequent attendees at industry conferences/training
- ► We have established effective communication channels with parents, including regular updates, incident reporting, and transparent communication about any safety-related matters. We use the Procare Engage communication app that allows immediate communication with all parents.

80 MAPLE STREET, LEXINGTON MA 02420 27 CHERRY STREET, FRAMINGHAM MA 01701 681 CENTRAL STREET, STOUGHTON MA 02072 165-167 CHESTNUT STREET, NEEDHAM MA 02492







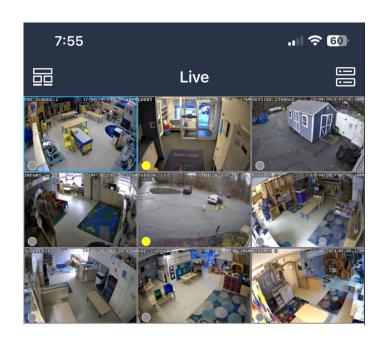


facility

Our management team spends a great deal of time anticipating situations that can lead to injury, litigation, or expense and takes steps to prevent them.

- ▶ Heat is maintained at all times.
- We have water leak detection sensors in utility rooms.
- ► Fire sprinkler systems are inspected and winterized annually.
- ► We have a handyman on staff.
- Plumbing, HVAC, roof and electrical systems are inspected annually.
- ► Playground surfacing is filled annually.
- ► All classrooms, playgrounds, parking lots and entry points have 24-hour audio/visual recording, with management remote access.
- ► Active monitoring of all computers by IT vendor.





security

- All classrooms are open or have multiple internal viewing areas to ensure security.
- We control access to the facility by maintaining secure entry points (either by biometric fingerprint access or frequently changed door codes) and employing a check-in/check-out system for authorized individuals.
- All individuals picking up children must be authorized in writing by parent and verified by an ID check if unknown to center staff.
- We implement strict protocols for supervising and monitoring visitors to the center, ensuring they adhere to safety policies.
- We conduct bi-annual criminal background checks on all staff.

We implement and enforce stringent health and hygiene practices to minimize the spread of illnesses

wellness

- ► Children and adults engage in frequent handwashing and every classroom has at least one sink [see HANDWASHING POSTING].
- We practice food safety in the storing, serving, and disposal of food.
- We are nut-free and implement policies for managing food allergies and other health-related concerns.
- ► Annual flu shots are required for all staff.
- Our healthcare consultant is a pediatric ER nurse who reviews all our healthcare policies and documentation.





medication

- Medications are stored securely out of the reach of children.
- ► A doctor's permission is required for any medication prescription or over-the-counter given to a child.
- We implement strict policies and annual training to all educators for administering medication and allergy management [see ALLERGY + ASTHMA ACTION PLANS].

sanitization

- ► Each facility is cleaned daily by a professional cleaning company.
- All surfaces and toys are sanitized or disinfected with an EPAapproved hospital-grade sanitizer/disinfectant regularly throughout the day and as needed [see CLEANING SCHEDULE].
- ► Each building has a Zono sanitizing cabinet and a Reme Halo air sanitizing system installed directly into the HVAC system
- Cleaning supplies are locked safely out of reach of children
- ► We employ strict protocols for toileting and diapering include gloves, handwashing, and sanitizer.





safety+supervision

- We implement strict supervision guidelines to monitor children at all times, both indoors and outdoors.
- Massachusetts has the most stringent educator:child ratios in the country. We strictly adhere to and exceed the required child-to-staff ratios to ensure proper supervision and individual attention.
- We follow strict safety guidelines and maintenance checklists [see MAINTENANCE CHECKLIST].
- Our fenced-in playgrounds have only high-quality age-appropriate playground equipment that is inspected and maintained at least annually.
- All playground equipment is surrounded by playground safety surfacing that is regularly inspected for the proper depth.
- Outside every classroom and school entrance, a posting reminds adults to check pockets for anything that could cause harm to a child.
- ► For field trips, we only use licensed and bonded bus transportation companies and drivers, and buses with seatbelts.
- Accident/incident reports are logged weekly and trends reviewed by management quarterly.
- We regularly inspect childproofing of furniture, play equipment, and electrical outlets.
- We have 2 staff on site at all times a child is present for accountability.
- We obtain certificates of insurance from all contractors that do work for us.
- Audio/visual recordings of all interior/exterior spaces are kept for 60 days.

illness + injury



- ► All staff are trained annually in first aid and CPR.
- Children are carefully supervised in all areas of the program throughout the day.
- ► Any child with any type of health issue must submit a Special Care Plan to ensure we monitor their health appropriately [see SPECIAL CARE PLAN].
- First aid kits and emergency supplies are readily available in all areas used by children.
- We have clear guidelines about when a child must stay home due to illness [see EXCLUSIONS FROM CARE].
- ► To prevent illness from spreading, children are monitored for symptoms during the day and parents are notified when appropriate.

staff

- ► Each employment candidate has at least two employment references from previous supervisors interviewed and documented.
- ► During the hiring process, each candidate is interviewed a minimum of three separate times with different members of the management team.
- ► We conduct thorough background checks for all staff members, volunteers, and anyone with access to children.
- ► Each new staff member undergoes 15 hours of training on First Circle policies, practices and procedures and is assigned an experienced mentor teacher [see ONBOARDING SCHEDULE].
- ▶ We ensure all staff members are adequately trained, certified, and up-to-date on childcare safety, CPR, and first aid. Additionally, staff are trained annually on abuse and neglect policies, recognizing and responding to allergic reactions, Safe Sleep Practices for infants [see SAFE SLEEP], and emergency preparedness.
- We foster a culture of collaboration and communication among staff members to address concerns promptly and efficiently.



RESPONSE

Being prepared for an emergency ensures that we're ready to make decisions and take appropriate actions before, during, and after the emergency.



emergency management

- We maintain accurate records of emergency contacts, medical information, permissions, and incident reports for each child for efficient and informed decision-making.
- We're vigilant about ensuring that emergency contact information is on hand for each child
- Staff and children practice monthly evacuation drills, alternating evacuation routes
- We ensure regular inspection of smoke detectors and carbon monoxide detectors
- ► We review our emergency evacuation plan frequently.
- Staff are trained annually in our comprehensive emergency preparation, including fires, large-scale weather emergencies, and lockdown situations [see EMERGENCY MANAGEMENT POSTING].

claim history

One claim in 26 years in 2018 when sub-zero temperatures caused the regulator of the HVAC unit to freeze. A subsequent explosion damaged the HVAC unit, necessitating substantial replacement of parts, for a total claim of \$8,500.

ALLERGY ACTION PLAN

FIRST CIRCLE LEARNING CENTERS

ALLERGY/ANAPHYLAXIS ACTION PLAN



PAGE 1 OF 1 • firstcirclelearning.com/forms/Allergy-Action-Plan/ • UPDATED: July 4, 2023 LOCATION CHILD'S NAME CLASSROOM PARENT/GUARDIAN: Please ensure that all emergency contacts in your child's file are up to date to be completed by healthcare provider please use a separate form for each allergy HEALTHCARE PROVIDER NAME PHONE NUMBER FOODS DETAIL SPECIFICS DETAIL SPECIFICS DETAIL SPECIFICS ■ KNOWN ■ SUSPECTED ■ KNOWN ■ SUSPECTED TYPE! TYPE IV OTHER DETAIL SPECIFICS DETAIL SPECIFICS NO KNOWN
SUSPECTED YES* **prevention** Our standard operating procedure is to actively manage allergy avoidance to prevent anaphylaxis. Please mark any additional prevention measures indicated for this child. FURTHER INSTRUCTIONS FROM HEALTHCARE PROVIDER NUT-FREE SCHOOL ALL STAFF NOTIFIED OF KNOWN ALLERGIES NON-LATEX GLOVES/BAND-AIDS USED IF CONTACT WITH OR INGESTION OF ALLERGEN OCCURS, DO THE FOLLOWING: recognition/treatment SUSPECTED INGESTION with NO SYMPTOMS NOTED MOUTH itching, tingling, or swelling of lips, tongue, mouth SKIN hives, itchy rash, swelling of the face or extremities *GUT nausea, abdominal cramps, vomiting, hacking cough *THROAT tightening of throat, hoarseness, hacking cough LUNG shortness of breath, repetitive coughing, wheezing *HEART thready pulse, low BP, fainting, pale, blueness NEURO disorientation, dizziness, loss of consciousness IF SYMPTOMS DO NOT RESPOND IN _ IF REACTION IS PROGRESSING several of the above areas affected *INDICATES POTENTIALLY LIFE THREATENING medication STAFF PROCEDURES FOR TREATMENT EPIPEN 0.3mg 1 Give medication listed at left Contact parent/guardian, or emergency contact
 Notify office EPIPEN JR 0.15 mg Contact parent/guardian, or emergency contact o be given by mouth only if able Take used unit with child to ER NOTE: AN AUTHORIZATION FOR MEDICATION FORM MUST BE COMPLETED AND ON FILE DO NOT HESITATE TO CALL 911 + STAY WITH CHILD AT ALL TIMES DIRECTIONS FOR EPIPEN® + EPIPEN JR® STAFF TRAINING TRAINED BY CLASSROOM DATE TRAINED 1 Pull off gray activation cap. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh. Includes specific classroom staff trained, but may 3 Swing and push the auto-injector firmly until it clicks. The click signals that the injection has started. be performed by any staff member trained TRAINED BY CLASSROOM DATE TRAINED 4 Hold firmly in place for 3 seconds count slowly 1, 2, 3. PARENT SIGNATURE DATE valid for 1 year Stat Circy HEALTHCARE PROVIDER SIGNATURE

EXPIRATION DATE

ASTHMA ACTION PLAN

FIRST CIRCLE LEARNING CENTERS

ASTHMA ACTION PLAN | PART 1



PAGE 1 OF 2 • firstcirclelearning.com/forms/Asthma-Action-Plan/ • • UPDATED: July 4, 2023

This form must be completed and on file, in conjun		nild with a history	of asthma. CLASSROOM
ASTHMA /ALLERGEN TRIGGERS to be completed by healthcare provider Please check any triggers that apply. ✓ An Allergy/Anaphylaxis Action Plan must be on file for any allergy. ✓ An Authorization for Medication form must be on file for any medications to be administered at First Circle.	animal: molds dust end/or dust mites pollens insect sting exercise strong odors respiratory infections latex	zmoke change food: other:	in temperature
CONTROL OF CHILDCARE ENVI List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent triggering an asthma episode:	RONMENT		
MEDICATION ADMINISTRATION Does child need medication before physical exercise?	N FOR EXERCISE NO YES as needed always	MEDICA	ATION:
HEALTHCARE PROVIDER SIGNATURE authorizing First Circle	to implement this plan as described	DATE valid for one	e year

Please also complete Part 2 on the back of this form.



EXCLUSIONS FROM CARE

FIRST CIRCLE LEARNING CENTERS

EXCLUSIONS FROM CARE SUMMARY

PAGE 1 OF 1 . 6 first circle learning com/forms/Exclusions-from Cara-Summary/ 6 HPDATED: November 2023



Our healthcare policy is based on regulations set forth by the departments of Early Education & Care and Public Health. It's approved by our healthcare consultant and implemented as consistently as possible to ensure the health and safety of children, families, and staff. A child that experiences a symptom of an infectious disease-either at home or at school-cannot return until the condition resolves as indicated.

In addition to the below, a child cannot attend First Circle if illness prevents them from participating in the program activities or from resting comfortably; or if it results in greater care needed than First Circle staff can provide without compromising the health and safety of the other children.



If your child has been ill, please check their temperature before coming in. If, after arriving at school, a child does not feel well enough to participate in group activities, we will let them rest for a time; if symptoms persist, they will need to go home.

FEVER 100.5° OR ABOVE



CHILD MAY RETURN TO FIRST CIRCLE:

AFTER 24 HOURS fever-free without



Activity level, irritability, appetite, and ability to participate should also be considered before bringing your child back to First Circle.

VOMITING

not related to stimulation of gag reflex



CHILD MAY RETURN TO FIRST CIRCLE:

AFTER 24 HOURS without any vomiting

DIARRHEA

watery stools more than once, Unless caused by antibiotics



CHILD MAY RETURN TO FIRST CIRCLE:

AFTER 24 HOURS without any diarrhea.

EAR INFECTION

Common for some children; it's important to closely monitor ear infections.



CHILD MAY RETURN TO FIRST CIRCLE:

WHEN FEVER-FREE and able to participate in school activities.

PINK EYE (conjunctivitis)

A highly contagious infection of the eye characterized by a yellow discharge and tearing. Often eyes are crusty in the morning.



CHILD MAY RETURN TO FIRST CIRCLE:

AFTER 24 HOURS on the antibiotic medication (drops or ointment);



OR has been cleared by a doctor without treatment.

MOUTH SORES



CHILD MAY RETURN TO FIRST CIRCLE:

AFTER the sores have healed;



OR with written clearance by a healthcare provider to return, with or without treatment.

RASH

accompanied by fever or behavior change



CHILD MAY RETURN TO FIRST CIRCLE:
WITH WRITTEN CLEARANCE by a

healthcare provider to return, with or without treatment, if fever-free.

COCKSACKIE A

hand, foot, and mouth disease

A viral infection characterized by sore throat, fever, and often tiny blisters on palms and soles of the feet.



CHILD MAY RETURN TO FIRST CIRCLE:

SHOULD remain home until feverfree or if uncomfortable or until sores are scabbed over, including in the mouth.

CHICKEN POX

State regulations require that prior to school entry, all children 19+ months receive the varicella vaccine or provide documentation of chicken pox immunity. Even when a child has been immunized (12 months or over), they can catch a break-through case, which is typically milder in the child but just as contagious.



CHILD MAY RETURN TO FIRST CIRCLE

AFTER all blisters have scabbed over.

IMPORTANT NOTE: Per the DPH, if there is a case of chicken pox at First Circle, non-vaccinated children who have been exposed to the virus must remain home from the 10th through the 21st days after their

PLEASE NOTE that clearance from a health care provider does not overrule the protocols listed above.

first exposure.

IMPETIGO

A highly contagious skin infection.



CHILD MAY RETURN TO FIRST CIRCLE:

AFTER 24 HOURS on the antibiotic medication. Infected areas must be covered.

SHINGLES



CHILD MAY RETURN TO FIRST CIRCLE:

AFTER the sores have healed;

OR with written clearance by a healthcare provider to return, with or without treatment.

HEAD LICE



CHILD MAY RETURN TO FIRST CIRCLE

AFTER one complete treatment, removal of all nits;

HEAD CHECK by First Circle staff.

STREP INFECTION

An infection most commonly presenting in the throat. Fever, swollen neck glands, abdominal pain, and a red throat often accompany strep throat. Treatment requires antibiotics.



CHILD MAY RETURN TO FIRST CIRCLE

AFTER 24 HOURS both fever-free and on the antibiotic medication.



RSV

Virtually all children get an RSV infection by the time they are 2 years old. Most of the time, RSV will cause a mild, cold-like illness.



CHILD MAY RETURN TO SIRST CIRCLE

WHEN FEVER-FREE and after the wheezing and coughing have subsided.

ANY OTHER SYMPTOM OF COMMUNICABLE DISEASE especially if First Circle has a confirmed case



CHILD MAY RETURN TO FIRST CIRCLE

WHEN symptom-free for 24 hours without medication:



OR with written clearance by a healthcare provider to return with or without treatment so long as there is no fever, diarrhea, or vomiting.



CLASSROOM POSTINGS



missing

- bathrooms etc.).
- NOTIFY ADMIN immediately if a child is missing.
- REMOVE other children to adjoining classroom.
- CONDUCT an immediate search of the entire center.





medical emergency

- REMAIN CALM and with the child at all ti
- ONE EDUCATOR should begin emergency first aid while anoth educator takes the other children to another area or room and them as much as possible from viewing the emergency.
- ALERT ADMINISTRATION to send assistance. Decide with admin who will accompany child to hospital if EMS decides to tra-
- THE EDUCATOR with the most knowledge of the incident must complete both sides and sign the injury report form, and then give to the parent to sign.
- COPIES OF THE FORM MUST BE A) given to the parent;
 B) given to the director during debriefing.



shelter-in-place

- GET EMERGENCY BACKPACK from the cabinet outside Infant One.
- CLOSE AND LOCK all windows and doors.
- BRING CHILDREN and staff to the shelter-in-place area specified by
- CONDUCT A HEAD COUNT to ensure everyone is present and accounted for in the area.
- KEEP YOUR GROUP TOGETHER, be calm, follow all instructions, and be as safe as possible.
- WAIT for the "all clear" signal.



emergency evacuation



- BRING ATTENDANCE SHEETS, emergency contact list, and any emergency med
- DO NOT take time to put on coats or boots on children. If it's cold outside, gather coats and/ or blankets as you exit.
 - INFANTS: place three to four infants in each evacuation crib and wheel to the nearest exit.
 TODDLERS: walk or are carried to the safety area.
 PRESCHOOLERS: walk independently.
- FOLLOW THE EVACUATION ROUTES posted in your classroom, go to the designated spot and wait for the "all clear" signal.

CLOSE AND LOCK windows and doors and

lockdown

- shut blinds. BRING children and staff to the shelter-in-place area (specified by admin). Stay away from windows
- TURN OFF LIGHTS, put cell phone on silent mode.
- ENSURE that all children are present and accounted for and that no one leaves the classroom or designated safe area locations.
- ENCOURAGE children to remain out of sight
 (e.g. get under desks, behind cabinets).
 If possible, engage in quiet storytime activities with the children until
 "all clear" is announced.
- IF AN ACTIVE SHOOTER, fight back as last resort.
- KEEP YOUR GROUP TOGETHER, be calm, follow all instructions, wait for "all clear" from administration, and be as safe as possible.





first circle learning center

80 MAPLE STREET | LEXINGTON, MA 02420 TEL: (781) 863-5251 | FAX: (781) 860-9638 TAXPAYER ID: 04-3367505 firstcirclelearning.com



emergency backpack

LOCATION: cabinet outside of Infant One

POISON CONTROL

(800) 222-1222 (617) 232-2120

FIRE non-emergency

(781) 698-4700

ON-SITE ADMIN Audrey Kelly

(978) 821-9954

EXECUTIVE ADMIN Charile Marcotty Stephanie Monterroso

(781) 248-4972 (781) 589-8857

HEALTH CARE 3 Mill Street, Natick MA RN License #281226

(617) 584-0758

CLASSROOM POSTINGS



before entering

please check your pockets for any items that may be harmful to a child!

wash y









- on arrival for the day
- after dispering or using the toilet
- after handling body fluids (blowing or wiping a nose, coughing on a hand, or outhing any mucus, blood or vomit)
- before and after playing in water that is shared by two or more people
- after handling pets and other animals or any materials that may be contaminated by contact with animals
- when moving from one group to another (visiting) that involves contact with infants and toddlers/twos



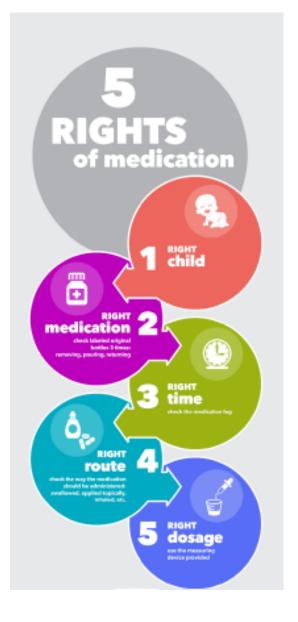


additional requirements for adults:

- before and after feeding a child
- after assisting a child with tolleting
- after handling garbage or cleaning
- before and after administering

CLASSROOM POSTINGS





SAFE SLEEP POLICY



safe sleep policy

for all infants up to 15 months

Research tells us a safe sleep environment for infants helps lower the risk of Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS). First Circle provides a safe sleep environment and follows safe sleep practices as detailed below. This policy reflects MA EEC safe sleep regulations and policy statements, as well as recommendations from the American Academy of Pediatrics (June 2022).

safe sleep environment

- Each infant has their own crib. Only one infant may be in a crib at a time, unless during an actual or practice evacuation.
- We use cribs with a firm, properly fitted mattress and tight-fitting sheet. Cribs are placed at least 2 feet apart, and do not contain any potential head entrapment areas, with slats no more than 2-3/8" apart.
- All cribs comply with current (as of 10/1/23)
 CPSC crib standards, including manufactured date of on or after June 28, 2011.
- Car seats, swings and other sitting devices are not allowed for routine sleep. If an infant arrives sleeping in a car seat, they will be moved to crib and outer clothes removed.
- Infants may be transitioned to a mat at 15 months old. Between 12-15 months, a child may transition to a mat if the infant is developmentally ready, there are no medical reasons that conflict with this decision, and parents have been included in the decision.
- No blankets, comforters, pillows, stuffed animals, wedges, positioners, bumper pads or other soft, padded materials or toys are placed in cribs with an infant. Sleepers and sleep sacks are good alternatives to blankets.

safe sleep practices

- All staff caring for infants receive training on how to implement our infant Safe Sleep Policy, including EEC's training <u>Reducing the Risk</u> <u>of SIDS in Child Care</u>. Training is renewed every two years with each licensing cycle.
- Families are provided with Safe Sleep policy information prior to enrollment.
- Our Health Care Policy includes the Safe Sleep Policy.
- All infants are always under direct visual supervision.
- All infants under 12 months old are placed on their backs for napping, resting, or sleeping unless the infant's health care professional provides a written order for a medical reason.
- When babies can easily turn over from the back to the stomach, they will be placed to sleep on their backs and then allowed to adopt the sleep position they prefer.
- Educators may use a special sleep toy to comfort the infant before they go to sleep, but it must not be placed in crib.
- Pacifiers may be offered to the infant while placing them to sleep.
- We will not prop a bottle or let an infant fall asleep sucking on a bottle.
- To promote healthy development, awake infants will be given supervised "tummy time" for exercise and for play.
- Staff reduce the risk of overheating by not over-dressing or over-wrapping infants.

MAINTENANCE CHECKLIST

Service Charles

Maintenance Checklist

		Q1			Q2			Q3			Q4	
ITEM	JAN	FEB	MA R	APR	MA Y	JUN	JUL	AU G	SEP	ост	NO V	DEC
Refrigerator temperature log is kept monthly	0	0	0	0	0	0	0	0	0	0	0	0
Export emails from Outlook to file on datashare to back up	0	0	0	0	0	0	0	0	0	\circ	0	0
Verify OTC meds are in the original containers labeled with the child's name, with clear written instructions from the health care provider.	0	0	0	0	0	0	$\overline{\circ}$	0	0	0	$\overline{\circ}$	0
Evacuation drills conducted monthly (alternate meeting point)	0	0	0	0	0	0	0	0	0	0	0	0
Accident/incident reports are logged weekly and trends reviewed and	0			0			0			0		
reported quarterly Verify meds are stored in an organized fashion and not expired. They are							0					
stored at the proper temperature out of children's reach Verify prescription meds are in their original, child-resistant container,							0			0		
labeled with child's name, date filled, prescribing health care provider's name, dosage, instructions and warnings	0			0			0			0		
Verify phone numbers to report child abuse and neglect and poison	\cap			\bigcirc			\cap			\cap		
control are clearly posted Verify equipment and furnishings are sturdy and in good repair. There	0			0			0			0		
are no tip-over or tripping hazards Verify there is no hazardous equipment accessible to children	0			0			0					
Verify indoor gates have latches that cannot be opened by children.				0			0					
Outdoor exit gates are in working order	Õ			0			0			0		
There is no clutter, trash, water damage, standing water or leaking pipes	0			\circ			0			0		
There are no cracks or holes in walls, ceilings, floors or screens Situations or times that children and staff should perform hand hygiene	0				0							
are posted in all appropriate places	0											
Fire inspection is completed by town [every two years]		0										
First aid supplies are well-stocked, kept in a cabinet out of children's reach					0							
A well-stocked first aid kit is ready for staff to take along when they leave for field trips					0							
Fall zones extend at least 6 feet beyond the perimeter of stationary climbing equipment and order mulch if necessary					0							
Bolts on outdoor play structures are tightened.					0							
One year's sign in/sign out sheets moved to shed - records from 5						\bigcirc						
years previous purged (have shredder bin delivered) Building inspection is conducted by the town						0						
Pest Management Plan is filed annually							0					
Emergency Management Plan is reviewed annually										0		
Test School Messenger Alert system										0		
Switch Thermostat (heat/cool) and adjust light timers					0					0		
Confirm landscaping contract/snowplowing contract				0					0			
Shut off/turn on water to outside spigots					0						0	
Order tick tubes				0				\circ				
Fire extinguishers are inspected annually [Keane Fire & Safety]											0	Ξ.
Inspect for leaking faucets and toilets	0	0	0	0	0	0	0	0	0	0	0	0
Check proper hot water temperature	0	0	0	0	0	0	0	0	0	0	0	0
Inspect interior lighting, noting bulbs that need replacing	0	0	0	0	0	0	0	0	0	0	0	0
Inspect exterior lighting, adjusting timers as necessary	0	0	0	0	0	0	0	0	0	0	0	0
Replace batteries in carbon monoxide detectors	0	0	0	0	0	0	0	0	0	0	0	0
Clean filters in range vent hood	0	0	0	0	0	0	0	0	0	0	0	0
Clean disposal	0			0			0			0		
Clean diswasher (empty with packet of)	0			0			0			0		
Clean washing machine (empty with packet of)	0			0			0			0		
Duct and vent cleaning (including dryer vent)										0		
Inspect ceiling tiles, making note of those that need replacing	0			0			0			0		
Inspect playground fences and gates, arrange for repairs as needed	0			0			0			0		
Inspect trees on entire property, arrange maintenance on any that could be safety issues.	0			0			0			0		
Arrange for gutters and downspouts to be cleaned out					0							

ONBOARDING SCHEDULE

FIRST CIRCLE LEARNING CENTERS

CTAFE ODIENTATION CHECKLIST



PAGE 1 OF 1 • firstcirclelearning.com/forms/s	staff-orientation-checklist/ • UPDATED: July	17.2023		
STAFF INFORMATION				
NAME		START DATE	ORIENTATION PERIOD	END OF 90-DAY TRAINING
ONBOARDING MODULES				
culture	connection		curriculum	
our story/history our team - lines of authority/organizational structure - reporting relationships mission, vision, values, and standards - statement of purpose expectations - expectations - expectations - expectations - expectations - equal opportunity/non-discrimination staff satisfaction + engagement DATE CONDUCTED BY Classroom assignment work schedule - weekly schedule - humanities - breaks, time off requests, schedule changes punctuality + absences categories of employment	staff hiring - recruitment - hiring - onboarding staff management - ongoing requirements - personnel files, letters of reference - departure staff supervision + coaching - job description - daily supervision - observations - promotion - performance reviews - professional development - corrective action including suspension - termination, resignation/departure - family management - enrollment - onboarding - partnership/parent input - ProCare - confidentiality DATE CONDUCTED BY		child development developmentally appropi temperament classroom placement/trai assessment + parent cond diverse learners including our curriculum overview how/what children learn areas of learning mycharacter curriculum planning learning environment classroom design equipment + materials outdoor learning daily program daily schedules routines/rituals/rules daily program activities child guidance policy plan/prevent/response challenging behavior behavior support plan	nsitions erences g referral
wages - pay scale - hourly wages, paycheck	communication			
- pay categories, deductions - wage review - benefits DATE CONDUCTED BY COMPLIANCE	our communication standards verbal communication overview communication with parents written communication daily sheets/emails journals/portfolios progress reports notifications		staff room, supply arest bathrooms, introduction of classroom postings, of children's records, leevacuation procedures:	is, kitchen + in to all staff, review location and contents scation of first aid kits,
other employment policies	challenging communication resolving conflict/grievances			
confidentiality audio/video monitoring weapons, smoking employee accommodations disability pregnancy, breastfeeding religious regulatory compliance	- procedure with parents - procedure with staff - whistleblower policy - definition - reporting wrongful conduct - no retaliation - confidentiality - harassment			
- postings - availability of regulations - ratios - supervision of children - interactions/curriculum	DATE CONDUCTED BY			
daily program management typical daily schedule meals and snacks, rest time arrival/departure, late pick-up cleaning, sanitizing + disinfecting	COMPLETION ATTEST	ATION		
toileting + diapering policy health, safety + security health care policy supervision of children	DIRECTOR SIGNATURE			DATE
first aid procedures medication administration special care plans safe sleep policy	The employee has completed this orie	entation and has been	trained on all of the abo	ve components.
emergency management + procedures abuse + neglect policy procedures for protecting children mandated reporter responsibilities	EMPLOYEE SIGNATURE			DATE
DATE CONDUCTED BY				

I have completed this orientation and all of the above components have been explained to me.

SPECIAL CARE PLAN

FIRST CIRCLE LEARNING CENTERS

CHILD'S FULL NAME

SPECIAL CARE PLAN | PART 1



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School records and information indicates your child has a condition that may impact their life in school. The Department of Early Education & Care requires First Circle to maintain an individualized health care plan for each child diagnosed with a chronic medical condition by a licensed health care practitioner, or for other special care requirements. First Circle has chosen to incorporate the required IHCP into a Special Care Plan, which provides a standardized plan between parents/guardians (and, if applicable, the child's health care practitioner) and the child's teachers in order to meet the child's individual needs.

In order to attend to your child's health and safety, we require you to complete this form and return as soon as possible. It will become part of your child's confidential school health record. With your written consent, this information will be shared with specific First Circle personnel on a "need to know" basis. Please keep us informed of any changes in your child's condition or medication schedule. Our primary concern is that your child's needs are met while attending school, while safeguarding their privacy, dignity, and safety.

LOCATION

CLASSROOM

	ditional forms indicated below, as necessary.		
CHRONIC MEDICAL CONDITION	SPECIFIC INFORMATION	SPECIAL DIETARY REQUIREMENTS	SPECIFIC INFORMATION
AUTHORIZATION FOR MEDICATION			
■ EMERGENCY RESPONSE PLAN			
ASTHMA AND/OR	SPECIFIC INFORMATION	HEARING, VISUAL, OR	SPECIFIC INFORMATION
SEASONAL ALLERGIES		HEARING, VISUAL, OR DENTAL CONDITION	
ASTHMA ACTION PLAN			
AUTHORIZATION FOR MEDICATION			
ALLERGY	SPECIFIC INFORMATION	LIMITATIONS TO PHYSICAL ACTIVITY	SPECIFIC INFORMATION
ALLERGY ACTION PLAN *required		PHISICALACIIVIII	
AUTHORIZATION FOR MEDICATION			
SPECIALIZED EMERGENCY PLANS	SPECIFIC INFORMATION	DEVELOPMENTAL CONDITION	SPECIFIC INFORMATION
■ EMERGENCY RESPONSE PLAN *required		MENTAL HEALTH CONDITION	
*required		BEHAVIORAL CONCERN	
		CONCERN	
MEDICATION TAKEN ON A REGULAR BASIS	SPECIFIC INFORMATION	OTHER	SPECIFIC INFORMATION
AUTHORIZATION FOR			
MEDICATION			

Please also complete Part 2 on the back of this form.



SPECIAL CARE PLAN

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SPECIAL CARE PLAN | PART 2

Please provide specific details regarding your child's condition and needs.

TPARAMETER C	LIFALTI ICADE BROMBERIO					
TEAM MEMBERS list teachers, support personnel	HEALTHCARE PROVIDER(S)					
	CONTACT INFO					
	CONTACTINEO					
	MEDICAL MANAGEMENT					
DESCRIPTION OF CONDITION + SYMPTOMS	Include reason, details of when, how, where, and how often; and	who will perform the procedure				
MEDICATION REQUIREMENTS if any	POTENTIAL SIDE EFFECTS					
EQUIPMENT SUPPORT/NEEDS if any	CONSEQUENCES OF NOT TREATING THIS CONDITION					
HEALTH STATUS						
List indicators that a change of health status	is occurring. This should include parameters	as well as when to				
move to the Emergency Response Plan.						
HEALTHCARE PROVIDER SIGNATURE authorizing First Circle to	implement this plan as described	DATE valid for one year				
PARENT/GUARDIAN SIGNATURE giving First Circle consent to in	nplement this plan	EXPIRATION DATE				









PHOTOS





INFANT CLASSROOMS





TODDLER CLASSROOMS





PRESCHOOL CLASSROOMS

PHOTOS





PRE-KINDERGARTEN CLASSROOMS









PLAYGROUNDS

PHOTOS









EXTERIOR