



PARENT HANDBOOK

*Early Learning,
Child Care,
&
Out of School Time
Programs*

TABLE OF CONTENTS

MISSION.....	4
STATEMENT OF PURPOSE.....	4
LICENSING AND ACCREDITATION.....	6
POLICIES AND PROCEDURES.....	6
REGISTRATION PROCEDURES.....	6
FEES.....	7
PAYMENT FOR CHILD CARE.....	8
CHILDREN WITH DISABILITIES.....	8
TRIAL PERIOD.....	9
ATTENDANCE.....	9
ABSENCES FOR SCHOOL AGE CHILDREN.....	9
HOLIDAYS, VACATIONS, AND SNOW DAYS.....	10
FAMILY CHANGES.....	10
ITEMS TO BRING TO THE PROGRAM.....	11
TRANSPORTATION PLAN.....	11
YOUR CHILD'S DAY.....	15
NUTRITION.....	16
CHILD GUIDANCE.....	18
TRANSITION PLAN.....	20
REFERRAL FOR SOCIAL SERVICES.....	22
SUSPENSION AND TERMINATION OF CARE DUE TO UNSAFE CHILD BEHAVIOR.....	23
HEALTH AND EMERGENCY INFORMATION.....	25
HEALTH RECORD AND MEDICAL REQUIREMENTS.....	25
POLICY OVERSIGHT / TRAINING RESPONSIBILITY.....	25
STAFF TRAINING.....	26
ILLNESS.....	26
MILDLY ILL CHILDREN.....	27
DOCTOR'S NOTE.....	27
CONTAGIOUS DISEASES/CONDITIONS.....	27
ADMINISTRATION OF MEDICATION.....	27
ALLERGIES, CHRONIC CONDITIONS, OR LIMITATIONS.....	30
HANDWASHING/DIAPERING/TOILETING.....	30
INFECTION CONTROL PROCEDURES.....	31
LEAD POISONING INFORMATION.....	31
PREVENTION OF ABUSE AND NEGLECT.....	32
EMERGENCY PROCEDURES.....	32
FIRST AID EQUIPMENT.....	34
EMERGENCY EVACUATION PROCEDURES.....	34
ADDITIONAL POLICIES.....	37
VISITORS.....	37

IF A CHILD IS BITTEN.....	37
SAFETY.....	37
SAFETY CHECKS.....	37
SMOKING.....	37
STORAGE.....	37
LOCATION FOR THE STORAGE OF TOXIC SUBSTANCES/HAZARDOUS ITEMS.....	37
MEDICATION.....	37
ANIMAL AND PET POLICY.....	37
DISINFECTION AND SANITATION.....	38
SLEEPING/NAPPING POLICY.....	38
PARENT RIGHTS AND RESPONSIBILITIES.....	38
EMERGENCY RESPONSIBILITIES.....	38
PARENTAL RIGHTS.....	39
PARENT VISITS, INPUT, CONFERENCES AND COMPLAINTS.....	39
CUSTODY, VISITATION, SUPPORT, CARE AND RELATED ISSUES.....	40
CONFIDENTIALITY.....	41
CHARGE FOR COPIES.....	41
UPDATING THE CHILD'S RECORD.....	41
AMENDING THE CHILD'S RECORD.....	41
TRANSFER OF RECORDS.....	41
AVAILABILITY OF INFORMATION TO THE DEPARTMENT OF EARLY EDUCATION AND CARE.....	41
NOTIFICATION TO PARENTS.....	42
RESEARCH AND EXPERIMENTATION: UNUSUAL TREATMENT.....	42
UNAUTHORIZED ACTIVITIES.....	42
PROGRAM DETAILS.....	43
LOCAL RESOURCES.....	45
HEALTH REQUIREMENTS.....	46
SAFE SLEEP.....	47



MISSION

The mission of The Community Group is to create, manage, and nurture high quality programs focused on education and related services that support families.

ABOUT THE COMMUNITY GROUP

We welcome your family to The Community Group Child Care Program. Community Day Learning began in 1970 as Community Day Care of Lawrence, Inc., a small preschool with 20 children enrolled. As the students in this first class grew and thrived, the organization grew with them. Programs expanded to meet the changing needs of these early students and the community at large.

In 1974, the Latchkey Enrichment Program was founded, providing care to children who had started school and needed care when school was not in session. Shortly thereafter, in 1975, Family Child Care was established, offering home-based care for infants, toddlers, and older children. The network of home care providers offers a small, nurturing setting for children.

The Community Group Inc., began its Lawrence High School Infant and Toddler Program, one of the first infant/toddler programs in the state to focus on the needs of young parents and their children, in 1984. While mothers attended school, their babies were cared for in a safe, loving, and developmentally appropriate environment. Mothers were supported in developing parenting and life skills to help them create bright futures for their children.

Today, TCG programs serve children in infancy through 12 years in the Greater Lawrence area and are designed to deliver the skills and competencies that maximize children's success in school. TCG collaborates with other programs of The Community Group, including Community Day Charter Public Schools.

Programs operate year-round, Monday through Friday. Programs of The Community Group include (full contact information for each program is available at the back of the Parent Handbook):

- Early Learning Center
- Early Head Start Child Care Partnership (EHS-CCP)
- Family Child Care
- Out-of-School Time Programs:
 - Arlington School
 - Bruce School
 - CDCPS-Webster
 - Frost School
 - Guilmette School
 - Methuen
 - Parthum School
 - South Lawrence East School
 - Tarbox School
 - Wetherbee School
- Lawrence Early Achievement Partnership (LEAP)
- Lawrence High School Infant and Toddler Program

Our programs focus on the individual needs of each child. They are designed to provide activities for children in all areas of development: social-emotional, cognitive, language and physical. We aim to support the nurturing and guidance provided by parents that are essential to the healthy development of children. Special needs children are enrolled whenever possible based on the accommodations needed.

Our staff members are thoughtful and caring professionals who are well trained in all aspects of child development. In addition, we seek to reinforce the children's language and culture while providing exposure to other cultures. Our programs stress instruction in both English and Spanish. We are proud of the cultural and linguistic variety of our children, and emphasize this variety in our curriculum.

Our agency has developed a philosophy, which we reflect and model in our training sessions. We believe that quality education:

- Considers the whole child
- Fosters a love and excitement of learning
- Has a curriculum based on knowledge of child development
- Supports and respects children and their families
- Respects staff and encourage their professional development

Our agency now exists:

- To provide the family with a secure nurturing environment for the child
- To provide a stimulating environment in which the child can explore his/her world and develop a positive self-image through quality curriculum

We believe that a quality curriculum is a planned program of developmentally appropriate teacher/child directed activities that reflects our educational philosophy. In addition, the curriculum should meet a wide range of individual needs and learning styles. Curriculum should:

- Consider the individual within the context of the group
- Be supported by a knowledgeable, trained staff using varied techniques, materials and settings
- Be nurtured by the environment
- Build in opportunities for success, including the achievement of individual and group goals, fostering self-esteem for children and staff

Our programs combine freedom with structure, challenge with consistency, and play with learning to enable each child to develop to his/her potential and to develop a positive self-image. We hope this handbook serves in giving you some insight into our programs and policies. Feel free to call your program's office at any time to discuss your child, center policy or any question you may have.

Please notify your child's program immediately if any of the information given to us at the time of intake changes. In the event of an emergency we must be able to contact you. Additionally, if any new or upsetting event occurs in your household, please notify the Program Director as this incident may have an effect on your child's behavior. All information will be held in confidence.

We hope that you will take an active interest in working with us to provide care for your child. Please talk with staff, visit us often, come to observe and read this parent brochure as well as any notes we send your way.



Our work is important because your child is important. We look forward to providing the best possible care for your child.

LICENSING AND ACCREDITATION

Our programs are licensed by the Department of Early Education and Care (360 Merrimack St, Lawrence, MA 01843 phone: 978-681-9684) and meet or exceed all licensing requirements. Copies of the regulations are on file at each program and shall be made available to any person upon request. Parents are welcome to contact EEC for information regarding the program's regulatory compliance history.

Additionally, our center-based programs, caring for children ages 6 and under, have earned recognition and accreditation from the National Association for the Education of Young Children. The Community Kids Place Program has received accreditation through the National School-Age Care Alliance.

Home-based Family Child Care Educators associated with The Community Group receive extensive training and education from The Community Group staff who visit the homes regularly to maintain quality control and accountability. FCC Educators also work toward the Child Development Associate (CDA) and/or the Associate and Bachelor's degrees.

Early Head Start educators require a minimum of a CDA and are encouraged to pursue further degrees.

NON-DISCRIMINATION STATEMENT

The Community Group does not discriminate against children or families on the basis of race, religion, sex, national and ethnic origin, cultural heritage, political beliefs, sexual orientation, disability, marital status or age or the child's toilet training status.

POLICIES AND PROCEDURES

The Community Group Inc., believes that the following policies and procedures are essential to the success of our programs. These policies are distributed to parents at the time of enrollment and to all staff. It is only possible to offer quality early education and child care with your help. We welcome any comments or suggestions and we thank you in advance for your cooperation with these policies.

REGISTRATION PROCEDURES

To be eligible for Commonwealth of Massachusetts subsidized child care slots, parents must be at least 25 hours/week at work, in school or an approved training program. Subsidized child care tuition is based upon a sliding fee scale; fees are determined at intake and at each reassessment. The Commonwealth of Massachusetts Department of Early Education and Care establishes eligibility guidelines. We also have private contract rates available. Both the MA Subsidized Fee Scale and the TCG Private Rate Contract are shared with parents prior to intake.

At the time of registration, the parent is required to provide:

- A copy of the child's current immunization record, and
 - A physical examination report signed by a doctor and current within one year must be obtained within thirty (30) days of enrollment.
 - For children 12 to 48 months, a lead exposure blood test is also required.

- Birth certificate of child enrolling
- Verification of family income
- Proof of address
- Birth certificates for all children in the family
- Photo identification for the parent
- Health insurance cards
- Proof of address for the father of the child (if on the birth certificate)
- Verification of enrollment in school (copy of current class schedule) or training program (if applicable)

The parent will be provided access to a parent handbook, which will include a program description and the policies for health, emergency care, termination and suspension. Also provided will be the program's statement of purpose, services, a description of parental involvement, information on our administrative organization and plan for behavior management. The parent will also be provided with the program transportation plan and lunch menus.

The parent and child will also have the opportunity for a tour of the child's classroom at this time and are encouraged to visit again prior to enrollment.

- Please schedule at least an hour for the intake appointment so that all necessary information can be exchanged and a thorough orientation can be completed.
- On your child's first day you are requested to spend a little extra time at the child care site with your child.

Child Care slots include:

EEC Contract Slots: These slots are contracted to The Community Group Inc., and are for eligible families. You must be on the EEC Centralized Waiting List and you should contact The Community Group directly in order to learn more about how to access these slots. Eligibility is based on a family's service need and income as determined by EEC. Parent fees are based on family size and household income.

DCF Supportive Slots: To be eligible for a Supportive Slot you must have an open case with the Department of Children and Families (DCF). A referral must come from the families DCF worker directly to The Community Group.

Vouchers: The Community Group accepts childcare vouchers if there is space at the requested program. Vouchers are issued depending on availability and need through the Child Care Circuit. Parent fees are based on family size and household income.

FEES

Tuition is based upon a sliding fee scale for those parents eligible for state subsidies (a current copy is available prior to intake). Such subsidy is provided by the Commonwealth of Massachusetts, Dept. of Early Education and Care and is based upon family size and income.



Private tuition slots are also available and published private rates are available upon request. Parents must come to the program office for reassessment of fees and eligibility annually or sooner if family income changes, if the child has been excessively absent or if required by the state subsidy.

Fees will be charged for late pickup (see Transportation: Arrival and Departure) but not for field trips or materials.

These fees apply to all programs unless otherwise noted in your program description, which will be given to you at your intake appointment.

PAYMENT FOR CHILD CARE

Payment for childcare is due the Friday prior to services being provided. If a program experiences an emergency closure, accounts will be credited for the closure the following week. Failure to make payment will result in a non-payment warning being issued which could result in termination of services. Payments must be made 3 days prior to termination date in order to ensure your child's space is secure in the program. Please reference EEC's payment policy regarding actions that may be taken for repeat offenders.

A two-week written notice is required for any schedule changes and/or withdrawal from the program.

All parents must be enrolled in the EFT auto payments system and will be charged their full balance due each week on Friday. These balances could include but are not limited to: late pick up fees, non sufficient funds fees, full time rates differences for afterschool children, and child care fees. Our EFT system will charge your bank account or credit card account any accumulated balance on the next scheduled transaction date. If an ACH payment is declined, the account will be charged a \$30 fee. If your EFT payment information changes, you must contact our office to avoid termination for late payment fees.

Non-payment of tuition or excessive late payments will result in termination of day care services.

CHILDREN WITH DISABILITIES

In accordance with DEEC regulations, The Community Group will accept applications for any child with a disability. In considering the admission of a child with disabilities, the Director will, with the consent of the parent, request information related to the child's participation in the program from the Local Education Agency, Early Intervention Program and/or other health or service providers. The agency will, with parental consent, identify in writing any accommodations needed to meet the needs of the child, including:

- Any change or modification in the child's participation in regular center activities.
- The size of the group and the appropriate staff/child ratio.
- Any special equipment, materials, ramps or aids.
- Any appropriate or specific health requirements.

If the accommodations required by 7.04(13) are determined by the agency to cause an undue burden to the program, the center will notify parents in writing within 30 days, stating the reasons for the decision. In addition, the notification shall inform the parent that they may contact the Department of Early Education and Care (EEC) and make a request that EEC determine if the center is in compliance. A copy of this notification will be kept on file. The accommodations related to the toileting needs of a child with a disability who is not toilet trained shall not be considered an undue burden.

In determining whether the accommodations required would cause an undue burden, the agency will consider the:

- Nature and cost of the accommodations
- Ability to secure funding or services from other sources
- Financial resources of the agency
- Number of employees employed by the center
- Effect on expenses and resources

The agency will, with parental consent, participate in the development and review of an Individual Educational Plan in cooperation with the other educational, health and service providers.

For each child with a disability, a liaison will be chosen to coordinate services between parent, the program and the outside agencies. The designated person will either be the program director, the classroom teacher or the Parent Advocate/Liaison.

The Community Group will make every effort to incorporate specialized consultants to support the efforts of meeting the needs of children and families to participate fully in the program, including children with disabilities, behavior challenges, or other special needs. The program will continually update our list of community resources, determining what services are provided by local agencies and how our families might be eligible for the services. As necessary, we will work with the families to make the referrals and arrangements for services, and will explore contractual, third-party billing and grant-funded arrangements in order that any necessary services for the child might begin.

TRIAL PERIOD

All children are accepted into the program on a two-week trial period, after which a parent conference may be held to discuss the child's acclimation to the program. If there is some question about your child's adjustment or about the program's ability to meet your child's needs, you will be asked to meet with the Director to discuss his or her continuation in the program. Please see detailed procedures in our referral plan.

ATTENDANCE

Your child should attend care every day unless he/she is sick. If a child does not attend regularly, it makes it difficult for the child to adjust and also difficult for the teacher to know your child well. If your child is going to be absent, please call the center or FCC Educator prior to your child's regular arrival time. **It is necessary that we know the reason for the absence.** Failure to comply may result in the termination of your day care.

ABSENCES FOR SCHOOL AGE CHILDREN

Whether or not your child goes to school, you must call us to let us know that he or she will not be in the program that day. Otherwise we worry that something happened to prevent your child from getting on the bus and that they may be lost.

Community Kids Place - 978-771-1442
Arlington

Community Kids Place 978-382-8253
-Webster

Community Kids Place - 978-807-5185
Guilmette

Community Kids Place - 978-914-8930
Tarbox

Community Kids Place - 978-771-1998
Frost

Community Kids Place - 978-857-3324
Methuen

Community Kids Place - 978-221-7901
Parthum

Community Kids Place - 978-857-7589
Wetherbee

Community Kids Place - 978-771-3148
South Lawrence East

Our program's goal is for 100 % accountability for the children in our care. In order to achieve this, parents must notify the appropriate program by calling and speaking with a staff member or leaving a message on the answering machine when their child will be absent or if there is a change in contact phone numbers.

Staff will be required to suspend children from the program when parents do not notify the program of a child's absence. Suspension will be required within three days for failure to notify. Repeated occurrences will result in children being asked to leave the program permanently.

HOLIDAYS, VACATIONS, AND SNOW DAYS

At the time of intake and at the start of each fiscal year (which begins on July 1st), parents will receive the list of holidays of when the program will be closed. For this year's holidays, please refer to the Program Calendar received with your intake packet.

If your child is in a sliding fee scale or voucher slot, the Department of Early Education and Care pays a portion of your child's child care. They allow a maximum of two weeks vacation a year. Parents are required to let the program or center know prior to vacation time. In addition, if a parent wishes to terminate childcare, EEC requires that parents notify the child care center at least 3 weeks in advance so that another child can benefit by immediate enrollment and money is not expended on a vacant slot. Parents must notify the child care immediately to explain any absence so that the program is assured that you plan to continue services.

SCHOOL CLOSING / SNOW DAY

Programs may have a delayed opening or a full program closure when the local public school systems are closed due to bad weather. In the event of extreme weather or in a state of emergency will the program be closed. Delays and closing information will be posted on our website, www.thecommunitygroupinc.org and social media pages.

There may be days when the program is open, but due to dangerous road conditions transportation will be canceled. If transportation is canceled and your child attends an after school program and is in school, he/she will be transported from school to the program but you will be required to pick him/her up from the program. On snow days, you may be notified to pick up your child early if the storm worsens.

The Lawrence High School Infant and Toddler Program follows the Lawrence Public Schools cancellation. If Lawrence High is closed, care will not be provided at the LHS campus.

FAMILY CHANGES

Notify the Program Director immediately if your address, phone number, emergency number, emergency contacts, place of employment, school or schedule changes. Also, the Program Support Team (at the Business Office - 190 Hampshire Street) must be notified of changes in employment status, pay rate, family size, household income or welfare eligibility.

If any new or upsetting events occur in your household, please notify the teacher and/or Director as this incident may have an effect on your child's behavior. All information will be held in confidence. Please notify the Director of such things as a

new baby, remarriage, loss of job, death, illness, hospitalization of a family member or close friend. We want to help your child cope with his/her problems, but first we must be aware of them.

ITEMS TO BRING TO THE PROGRAM

Parents need to supply infant formula or breastmilk (for infants up to 12 months of age), diapers, and wipes.

Children should come to child care appropriately dressed for outdoor activity, in dry clothing, layered for warmth, including hats, mittens and boots in the winter and swimsuits in the summer. For children 7 years old and younger, they must have a change of clothing on site in case of accident. This includes underwear, socks, pants and a shirt. If we send home wet or soiled clothing, please replace it with clean clothing the next day. If your child was changed into clothing belonging to the center, please clean and return the items.

To minimize any mix-up or loss of clothing, label all of your child's clothes, boots, coat, hats, sweaters, gloves, etc. Please do not send your child to care with toys, money, valuables, food, beverages, candy or gum. For the after school programs, we will notify you when your child will need to bring lunch to the program. Infants cannot wear jewelry, including necklaces, earrings, bracelets, and pacifier holders.

Early Head Start Partnership Program enrollees will receive diapers and formula (for infants up to 12 months of age) during child care hours only. Parents are responsible to provide their own wipes.

TRANSPORTATION PLAN

PROGRAM ARRIVAL

Children may arrive at the program via several methods:

- Parent drop-off
- Program vehicle
- Contracted bus (and/or Lawrence Public Schools)
- Escorted private transportation set up by the parent or guardian (children must be walked to their classroom and be signed in for Early Learning)
- Escorted walks with a staff person
- Unescorted walks from the child's classroom to the program site within the public schools (school age children only).

Written parental permission is obtained for all forms of transportation to and from the program. Each Program Director/Manager is responsible for his/her program's transportation coordination and parents are required to discuss any changes, questions or concerns with that person (program telephone numbers are listed at the back of the Parent Handbook). Parents are encouraged to contact the program directly during transportation times, and only to contact the contracted bus company in the case of an emergency.

If parents or private transportation bring their children, they are required to escort them into the classroom and sign them in, and need to abide by the program's cut-off arrival time.

We ask that children are dropped off at Early Learning childcare programs **before 9:00 am** each day. This helps us maintain a smooth routine and ensure that your child gets the full benefit of our daily activities. Late arrivals can disrupt the flow of the day and affect both staff and other children.

PROGRAM DEPARTURE

When leaving the program at the end of the day, children are:

- Picked up by their parent/authorized alternate
- Transported by contracted bus (and/or Lawrence Public Schools)
- Private transportation arranged by the parent or guardian

When the parent or authorized alternate (age 18 or over with a photo ID) is responsible for pick up, he or she is required to enter the classroom (or FCC home), make sure that the staff person knows that the child is going home, and sign the child out. Children will be released only to adults designated by the parent whose names are on file. If there is a change concerning the person or the time of pick up, please notify us in writing and in advance. Children are never allowed to leave the program unattended and under no circumstances will a child be sent home in a taxi or rideshare unless accompanied by an authorized adult.

Children must be picked up before the program closes (refer to your program description for the closing time). If you are late due to an emergency, please make other arrangements to have your child picked up and call to notify us of these arrangements. We will not release your child to anyone who is not on your list of authorized release people.

LATE PICK UP FEES

First Time The late fee will be \$5.00 per 15 minutes or portion thereof

(i.e. \$5.00 for 15 minutes late, \$10.00 for 15 to 30 minutes late, etc.,)

Second Time The late fee will be \$10.00 per 15 minutes or portion thereof

Third Time The late fee will be \$15.00 per 15 minutes or portion thereof

The fee will continue to rise by \$5.00 each time you are late picking up. The third late pickup within three months may result in termination from the program. If you go three months in a row without being late, your fee will go back down to \$5.00 per 15 minutes. Late fees are paid first out of any payment you make, so if you do not pay the late fee plus your regular fees, your child may be terminated from the program.

If your child is still at the program after closing and we are unable to reach you or any of your contacts, we will notify the MA Department of Children and Families (DCF) to arrange a foster care placement.

If a parent or designated pick-up person arrives to pick-up a child and is suspected of being under the influence of alcohol/drugs, the child's teacher and/or Program Director will call the individual aside to discuss the suspected condition and potential danger to the child. Agency personnel will offer to call a spouse, friend or taxi for the individual. If this is ineffective, agency personnel will notify the police to report their concerns about the welfare of the child and will assist the police as requested. In addition, a 51-A report which is a report of potential abuse and neglect will be filed with the MA Department of Children and Families (DCF).

THE COMMUNITY GROUP INC., TRANSPORTATION

For those that are picked up at home or school by the program vehicle, the program is responsible for the children from the time of pick-up, once the child enters the vehicle. Both the vehicle and driver comply with all pertinent Massachusetts laws and regulations.

A first aid kit, child information, and emergency medical release forms for each child are kept in the program vehicle. In the event of an emergency the driver will:

- Call an ambulance (911), if necessary.
- Call the Program Director and the bus company.
- The Program Director will notify the parent and the hospital, and go to the site of the accident to accompany the child to the hospital.
- For minor injuries, either administer First Aid on site, or drive to the hospital directly, or call 911, if necessary.

Children taking TCG Transportation will be transported to the program by bus companies with which TCG has contracts (North Reading Transportation, 978-681-4100). The bus companies are responsible for the children until they arrive at the program. These contracted buses and drivers are licensed, registered and insured according to Massachusetts law and all of the buses are equipped with two-way radios. All drivers are required to submit a completed CORI/BCR request form and a copy of their driver's license to TCG, which will be submitted for a background records check. In addition, all buses are staffed with a TCG bus monitor who has also submitted a CORI/BCR request form and is trained in CPR, First Aid and Child Guidance. The bus monitor is responsible to supervise the children from the time they enter the bus until she/he signs off the child to the FCC provider or designated staff person. A daily bus attendance list will be maintained, recording the attendance as each child enters the bus and again when they are passed onto the responsibility of a TCG staff member, teacher or FCC provider. For center-based programs, the TCG staff member, or teacher sign as having received the child(ren) and then record them immediately on the classroom attendance. For FCC, each Provider signs the Attendance Log as they receive children from the bus. Information regarding any bus child's absence will also be recorded and shared with the teacher/provider. At the end of each bus route, both the bus monitor and the driver will complete a thorough check of the bus, checking in and under seats, and will make a record of such on the Daily Attendance sheet, before either the monitor or driver leave the bus.

For children arriving to TCG programs by TCG buses, parents need to have their child ready 15 minutes before the bus time and need to accompany their child to the bus when it arrives. The bus can only wait one minute at any address. These buses will pick up and drop off children according to the route prepared by the Transportation Program Director. A copy of the bus route will be kept at the program site, on the bus, The Community Group's Transportation department and at the bus company office. In the event of any injury/illness that might necessitate immediate emergency medical attention, the bus monitor and driver have been instructed to pull over, immediately radio the bus company to call 911. The bus company will then contact the program whereby the Director will contact the parent and go directly to the hospital with the child's record. EEC will be notified according to the regulation procedures. In the event of a minor injury not requiring immediate medical attention, the bus monitors have been instructed to administer First Aid as necessary, relay the incident directly to the Site Coordinator or Director and to fill out an accident report. The report information is relayed to the parent, the parent is asked to sign the accident form, and then the form is kept in the child's file and in the central log of injuries.

If the child is transported home by our contracted bus, a bus attendance list will be maintained as the child both enters and leaves the bus. The child(ren) will be escorted to the bus by the teacher/provider or the bus monitor and the monitor will

sign the child as received on the Attendance Log. The parent must be available to receive the child at the bus door, at the designated delivery time. In rare circumstances, for school age children only, the Program Director may approve (with written parental permission) that the child may be released to the parent (or approved alternate) who is visibly present at the doorway or window, and the bus will wait to make sure that the child has entered the home. In the event that the parent is not available, only a person (age 18 or over with a photo ID) who has been designated in writing by the parent will be allowed to receive the child. The bus drivers and monitors will be supplied with an updated list of persons authorized to receive the child(ren). Drivers will wait a maximum of one minute (if possible, without blocking traffic) after stopping at the child's home and blowing the horn. If no appropriate adult is available to receive the child the bus will return the child to the program site and a \$5.00 fee will be charged (except at LHS Infant/Toddler Program). The parent will be called and will be responsible for coming to pick up the child at the program site.

In the event that a child presents with disruptive behavior, unbuckles the seatbelt or refuses to remain seated, the bus monitor will attempt to guide the child into compliance, using appropriate child guidance techniques. If this guidance is unsuccessful and the child is a safety risk to him/herself or others, the bus will pull over and the bus monitor will contact the Program Director via cell phone who will arrange for the parent (or approved alternate) to meet the Director at the bus and the child will be removed from the bus. Before resuming program transportation, the Director will have a conference with the parent (and child, if appropriate) to discuss the behavioral concerns and develop a behavioral plan.

The program reserves the right to refuse transportation for non-payment, if a child's behavior endangers him/herself or others, if a parent is not home for the bus 3 times, or if the distance from the regular route is too great.

In the event that, while children are being transported, the bus becomes disabled, becomes involved in an accident, or the driver is stopped by the police or RMV for any reason, the driver is responsible to radio the bus company immediately and the monitor is responsible to use the agency cell phone immediately to notify the Program Director. If appropriate, the Program and/or Deputy Directors will go to the site to provide assistance.

PRIVATE TRANSPORTATION

If a parent or guardian arranges private transportation, The Community Group programs assume responsibility once the child arrives at the program and is signed into the program site. For those school age children who attend our program onsite at their school, with written parental permission, they will be allowed to walk from their classroom to the program site within the school. The program will assume responsibility for the child once the child enters the program site. For parents or guardians who arrange their own private transportation, an authorized person needs to come in and sign out the child. Once the child leaves the program via private transportation, the parent or guardian is responsible for the child.

CHILDREN WITH IEP OR SPECIAL SERVICES

Children with disabilities who receive services through the public schools are transported to the program in buses provided by the Public Schools. The Public Schools are responsible for the children until they arrive and enter our program site. In other circumstances, children with disabilities will be transported in the same vehicles that are used to transport other children, whenever possible.

FIELD TRIPS

On field trips, children may be transported by the program vehicle, contracted bus or may walk to nearby destinations. Written parental permission will be on file for all field trips.

If a child must go immediately to the hospital:

- The Director or designated staff person shall:

- Call an ambulance (depending upon the seriousness of the injury when in doubt, call)
- Notify the hospital that the child is on route
- Notify the parent(s) to meet the child and adult at the hospital
- Accompany the child to the hospital with the child's Emergency Authorization and Consent Forms.
- Notify EEC according to regulation procedure

Only staff vehicles with the following insurance are allowed to transport children to the hospital:

- \$100,000 - \$300,000 personal liability
- \$5000 property damage

In the event there is no available transportation from the Center to the hospital and an ambulance is not necessitated, the Police may be called to transport the child and will be accompanied by a staff person. Contact numbers for all parents are found in the child's file in the office. If a parent cannot be reached, at the home or work, the person listed in the child's file as the emergency contact will be notified. Again, an accident report must be filled out by the staff person who witnesses the injury. It is the mutual responsibility of the Program Director and the parents to inform each other of the necessity of making any changes in transportation arrangements. Any child's transportation plan that varies from these policies must be authorized in writing by the parent, and any permanent address changes must be made with and approved by the Program Director 24-48 hours in advance.

YOUR CHILD'S DAY

Our programs focus on the individual needs of each child and are designed to provide curriculum activities for your child in all areas including social/emotional, cognitive, language and communication approaches toward learning, and perceptual, motor and physical development. Through participation in these activities, each child can achieve success and receive encouragement and assistance as needed. By supporting children in all developmental areas/domains through developmentally appropriate activities each child can achieve success and receive encouragement and assistance as needed as well as getting ready for school. Our programs are very proud of the cultural and linguistic variety of the children and emphasize this variety in curriculum activities.

Educators are responsible for assessing young children using the Teaching Strategies GOLD (TSG) system. We use this high-quality assessment practice as it is aligned with developmentally appropriate goals and enhances the individual learning and development of every child.

All Educators must complete comprehensive training in Teaching Strategies GOLD prior to independently administering assessments. The training includes competency in observation, documentation, use of the TSG platform, and the objectives for development and learning, as well sharing of child progress with families. Ongoing professional development and performance monitoring is implemented to maintain quality and fidelity of use.

Physical activity is important and educational and will be offered throughout the day, both indoors and outdoors (at least 30 minutes for part-day programs and 60 minutes for full-day programs). It is therefore crucial to send appropriate outdoor clothing. Programs are unable to keep individual children inside when the group is going out to play. A child who is not well enough to play outside should stay home. The Program will make every effort to have children dress warmly, and will not go

outside in extreme weather. In warm weather there will be opportunities to play in the shade and sunscreen (SPF 15 or higher) will be applied with written parental permission.

There will also be opportunities for children to learn about proper nutrition, healthy habits and personal safety. When applicable, If applicable, Educators will assist children with brushing their teeth while in care. Individually labeled toothbrushes will be stored in a hygienic fashion in accordance with the regulations.

Educators will assist the children with brushing their teeth whenever they are in care for more than four hours or if they consume a meal while in care. Individually labeled toothbrushes will be stored in a hygienic fashion in accordance with the regulations.

Quiet activities and rest or napping periods are also offered throughout the day, appropriate to the needs of the child and the duration of care (extended rest periods are offered for children in care longer than four hours). Infants under 12 months of age are always placed to sleep on their backs, unless there are specific written orders from the child's health care professional.

For your child's specific daily schedule and curriculum activities, as well as information on field trips and summer programs, please refer to the program description that will be shared as an addendum to this handbook.

DEPARTURE TIME

Often your child will be involved in an activity that requires some time to clean or pick up. Please allow a few minutes for this procedure when you come to get your child at the end of the day. Having children participate in clean-up helps build responsibility and is immensely helpful to our teachers. This is a great time to ask the teacher and child about the events of his/her day.

NUTRITION

USDA and CACFP

The Community Group programs participate in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) administered by the Massachusetts Department of Elementary and Secondary Education.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the

Early Learning, Child Care, and Out of School Time Programs

Parent Handbook



Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Meals served must meet the nutrition requirements established by CACFP. In order to participate, The Community Group follows the CACFP guidelines which require the completion of the CACFP Child Enrollment Form for each enrolled family, and the Program's menus meeting CACFP Meal Pattern requirements. The Program's menus are also in keeping with the USDA Dietary Guidelines according to the child's age. A medical statement from your doctor is necessary if your child's dietary restrictions do not allow for a nutritionally equivalent substitution as required by the CACFP.

Meals and Snacks

All children will receive nutritious meals while in care. The children receive breakfast, lunch and snacks if they are in a center for more than eight (8) hours. Meal time is considered an important part of each child's curriculum.

Educators will sit with children during mealtimes to educate them about the foods in the meal, and encourage them to try new and nutritious food. As young children develop they often need to be exposed to a new food 12-15 times before they decide if they like it. Meal times are also a time for children to engage with peers and educators in conversation and practice new social interaction and language skills.

All food will be provided by The Community Group Inc., programs. Meals are prepared in licensed kitchens and the Food Service Staff are certified and trained to prepare meals for children requiring special diets for such medical conditions as food allergies, intolerances, diabetes and failure to thrive. Food that is nutrient dense, high in vitamins, minerals, and fiber and low in fat, sugar, and salt is provided. Foods such as hot dogs, bologna, soda, syrup, and candy are not served because of their poor nutritional content. To ensure food safety, any food items found with expired dates will be promptly discarded by program staff.

Infants are fed on demand when they are hungry. The infant will determine how much he or she eats. Infants have small appetites, especially when first beginning to eat solid foods. They may not be able to eat a complete meal at one time. Younger infants (under 6 months of age) feed on demand and, therefore, will be fed as necessary every 2 to 4 hours. Older infants may need to eat more frequently than the specified feeding. Infants are never forced to finish a bottle or solid food. To comply with EEC requirements regarding bottle warming safety, centers cannot use a crock pot, bottle-warming appliance or microwave oven to warm infant bottles. If parents request to have an infant's bottle warmed before feeding, the bottle may be held under warm, running water or placed in a container of warm tap water. Infants and toddlers are introduced to solid foods at six months or when developmentally appropriate.

Food such as popcorn and whole grapes are not served to infants and toddlers because they are sometimes difficult to eat; therefore, pose a choking hazard.

The Community Group Inc., programs serve USDA approved formulas and provide iron fortified cereal and appropriate foods to all infants in our care. If you breastfeed your infant, the program can offer you space and resources needed to ensure that your child receives your breast milk while in the program.

Nursing mothers are encouraged to breastfeed. To help the nursing mother the staff will:

- Not feed the baby either breast milk or formula for 1 to 1 ½ hours before the mother is expected to return so that the infant is ready to nurse when she arrives.
- Offers mother a quiet place to nurse.
- Support mothers through verbal encouragement.
- Provide refrigeration within or near the infant's classroom to properly store breastmilk.

Menus are given to parents each month and posted outside of classrooms. Since meals are based on the cultural diversity of all our families, some food may be different from what children receive at home. Parents are asked to review the menus each month and speak with the program directors if they have any suggestions, questions, or concerns.

Food From Home

For safety reasons, the Commonwealth of Massachusetts requires that meals for children be prepared by licensed kitchens by staff certified in food safety and sanitation. For this reason all food is provided by The Community Group Inc., only. The program's food agencies will prepare all food, including food for children on special diets when a medical statement for children with diet modifications has been completed by the child's pediatrician or allergist. Parents may not send any food or drink for children including party foods, favors, or gifts for celebration such as holidays, birthday parties or end of the school year celebration. See the manager or director for the proper forms should you need to request a special diet or food modifications. We will do our best to meet dietary needs, once we have received the proper information/documentation.

Meal Modifications

The program staff will request a medical statement to be completed by the child's primary care provider when the child requires a diet modification and an allowable alternative cannot be provided. If an allergy or other condition requiring diet modification develops for a child during the school year a medical statement is needed for the child to continue receiving meals at school. The medical statement is not required for religious or personal preferences such as vegetarianism. Reasons for diet modifications include food allergies or intolerances, texture modifications for chewing or swallowing problems, or medical conditions such as diabetes or PKU.

The after school programs request that parents send a bag lunch on school half days. A thermos or cold pack will help maintain the food at the right temperature so that it does not spoil by lunchtime. We suggest the following nutritious items:

Soup	Salad	Yogurt
Fresh or Canned Fruit	Cheese	Chicken Pieces/Other Cold Meat
Juice or Milk	Sandwiches (tuna, egg, meat)	Crackers
Vegetable Slices		

For those children whose parents fail to provide a bag lunch, an alternate lunch will be provided.

CHILD GUIDANCE

The Community Groups staff goal is to provide positive and consistent guidance to children based on their individual needs and development in order to maximize the growth and development of each of our children in a safe and healthy environment. Programs work towards helping each child learn self-control and respect for him/herself and others, while teaching children that there are consequences to their actions.

In cases where a child is disruptive to normal classroom functioning, disruptive to school or personal property or is inflicting harm on others, a method of discipline will be used which is consistent with the child's age and developmental level and with the act which necessitates disciplinary action. The staff will direct discipline to the goal of maximizing the growth and the development of the child and for the protection of the group and individuals within it. All staff are aware that children's behavior may be influenced by a variety of factors.

No child shall be subjected to:

- **abuse or neglect,**
- **cruel, unusual, severe or corporal punishment including:**
 - **spanking or any type of physical hitting inflicted in any manner upon the body,**
 - **punishments which subject a child to verbal abuse, ridicule or humiliation,**
 - **denial of food, rest, outdoor time or bathroom facilities,**
 - **confinement,**
 - **excessive time-outs,**
 - **punishment for soiling, wetting or not using the toilet, or**
 - **forcing a child to remain on the toilet, or**
 - **using any other unusual or excessive practices for toileting, or**
 - **punishment related to eating or not eating food.**

The Community Group Programs use many techniques to encourage and facilitate positive interactions for children:

- Arrange our classrooms to allow children to move freely between areas with the fewest disturbances at the same time allowing staff to observe with ease.
- Plan our day to provide a balanced schedule of stimulating and age appropriate activities.
- Provide a quiet area for children to use, as needed.
- Provide positive feedback to children throughout the day.
- Inform children consistently of age-appropriate expectations/rules/limits to their behaviors.
- Offer children choices whenever possible.
- Redirect children who may begin to experience difficulties.
- Verbalize alternatives to children who may become frustrated or unable to participate in activities in a constructive way with others.
- Mediate between children experiencing difficulties, modeling and verbalizing possible alternatives to a situation.

- Provide children, when needed, special support, such as holding a child's hand or having a child sit next to staff during an activity.

Staff members will attempt to reason verbally with a child and try to solve behavioral issues through discussion, explanation or redirection of a child's attention. If these attempts are unsuccessful, staff members will generally give two warnings before initiating a brief 'time-out' (not to exceed one minute for each year of the child's age and within view of the teacher/provider).

The number of warnings given may vary according to the particular circumstance. Children who are hurting other persons or property may need to be removed from the situation immediately, but this will be done in a manner that is not harmful to the child. Only in rare cases of an emergency where a life-threatening or dangerous threat to a child or other children exists, a staff member may need to supportively hold a child. In such circumstances, the staff may only hold the child long enough to remove him/ her from the dangerous situation and when appropriate, return him/her to safety. It will be accompanied by calm but firm language stating that the child is safe and no one is going to get hurt. This support may take the form of hugs, taking the child by the hand, picking up a child and moving the child to a safe area, and holding a child on one's lap - familiar ways of touching that acknowledge and affirm the child while interrupting their behavior. After the child is calm, the teacher will review the incident with the child. Whenever possible another staff person will be present as a witness, or one will be brought in as soon as possible.

The Community Group Inc., recognizes that staff need assistance and support to work effectively with children. Therefore, we provide staff with:

- An overview of child growth and development.
- An orientation to behavior management techniques that is consistent and acceptable in the classroom.
- Access to training sessions on behavior management techniques.
- Ongoing supervision with his/her supervisor to discuss individual children and classroom programming.
- Regular observations of staff in order to critique his/her techniques offering feedback to increase their skills.
- Access to a supervisor, social worker, mental health therapist and Early Childhood Program Director to discuss concerns he/she may have on children or the classroom.
- An ongoing review and planning process for children through their classroom team meetings.
- Support for meetings with parents to discuss behavioral issues and referrals to the appropriate resources.

When appropriate and feasible, children will participate in the establishment of rules, policies and procedures related to behavior management. Positive reinforcement for appropriate behavior will be used whenever possible. Under no circumstances will staff engage in physical interventions for their own convenience or as a form of punishment.

A child will never be left unsupervised for any reason.

This policy will be distributed to all staff members and parents and posted at all sites.

TRANSITION PLAN

In order to support children through the transition when a child is:

- Entering a program for the first time
- Moving to a new classroom
- Moving from one TCG program to another
- Moving from a TCG program to school
- Moving from a TCG program to another community program

The Community Group program will include the following as part of the transition plan for each child:

- Have the parent and child visit the program or FCC provider one or more times before the child's first day. Children will be allowed/encouraged to bring a blanket or transitional object to ease the transition.
- For classroom and program 'aging-up' transfers, discuss the transition with the parent (and child) in advance and arrange a transition schedule.
 - TCG seeks to support children with bonding, relationship building and social emotional skills by providing continuity of care with the same educators for infants, toddlers and 2s for at least nine months or longer whenever possible.
- Teachers and FCC providers will incorporate transition conversation, books and activities into the daily schedule to help prepare the child for the transition, in a manner they can understand
- Arrange for 'step-up' day visits, allowing the child to participate in various parts of the daily schedule
- With written parental permission, a transition form will be completed by the child's teacher/provider, which will then be passed to the new TCG teacher, new school or new community program. The transition form will include information regarding any allergies, special needs or accommodations needed for the child.
- For children aging-up within TCG, the child's folder will accompany the child, so that all developmental history forms, assessments, Progress Reports, IE, IFSPs, IEPs, etc. will be available to the new director and teacher. For any child receiving SPED services, the director will communicate with the other agencies to ensure that the child continues services in a seamless fashion.
- For children transferring to school or another agency, a copy of the child's IEP will be sent to the new program if written parental permission is given.
- With written parental permission, teachers and providers will be available for phone conferences and in-person meetings (COREs, team meetings) to discuss the transition of a new child
- Parents will be encouraged to call and/or visit at any time to see how their child is adjusting.
- For new children in the program, a 30-day Adjustment Progress Report will be completed and will be shared with the parent at a conference/conversation.
- Parents of children enrolled in the EHS program play an important role in the transition process which begins six months prior to their child exiting the EHS program.

For the rare instance when a child may need to transition from a TCG program due to behavioral challenges, TCG will work with the parent to ensure that the child has been evaluated and referred to an appropriate program that will best meet the child's needs. Prior to the determination that a child's needs may be best served by another program, TCG will follow the guidelines as set in our Parent Handbook to evaluate, refer and address the challenging behaviors in order to prevent termination, which may include any of the following:

- Coordination with a Mental Health Therapist for observation, evaluation and therapy as indicated (with written parental permission)
- Coordination with our other therapists (speech, OT, PT) to determine if there are related developmental issues that could benefit from therapy (with written parental permission)
- Offering training and support for staff/providers in order to best serve the child
- Assessing and making environmental accommodations that would benefit the child
- Designing a Behavior Management Contract with the parent (and child, when age-appropriate)
- Referral for additional services (with written parental permission)
- Consultation with other agencies and/or mental health personnel (with written parental permission)
- Hiring of a one-on-one assistant to support the child in the classroom or FCC home
- Supporting the parent and child by attending team meetings, etc.
- Conferencing with the parent on a regular basis to discuss concerns, referrals and transition to a new program, if that is deemed in the child's best interests.

REFERRAL FOR SOCIAL SERVICES

The Community Group programs shall use the following procedures for referring parents to appropriate social, mental health, educational, medical (including vision and hearing) and dental services for their child should the center staff feel that an assessment for such additional services would benefit the child. Through the TCG Human Resources Dept., staff will also be provided with referrals to resources that support them in wellness, prevention and treatment of depression, and stress management.

Staff are responsible for informing the Program Director of any concerns. Whenever any staff member is concerned about a child's development, behavior or health and feels that further evaluations should be done, he or she should report it to the classroom's Lead/Co Teacher, who will review concerns with the administrator in charge. The Teacher is requested to complete an observation report and the Administrator will review the report and information in the child's record prior to making a referral.

The Administrator will maintain a list of current referral resources in the community for children in need of social, mental health, educational, medical (including vision and hearing) or dental services. This list shall include the contact person for Chapter 766 and early intervention program referrals.

Referral Meeting

The Director schedules a meeting with parents to notify them of the center's concern and prepares a current list of possible resources. At the meeting, the Director will provide to the parent a written statement including the reason for recommending a referral for additional services, a brief summary of the center's observations related to the referral and any efforts the center may have made to accommodate the child's needs. The Director will offer assistance to the child's parents in making the referral. Parents should be encouraged to call or request in writing an evaluation. If parents need extra support, the center may, with written parental consent, contact the referral agency for them. If a child is at least 2.5 years of age, the Director shall inform the parents of the availability of services including the right to appeal, under Chapter 766. If the child is under the age of three, the Director shall inform the parents of availability of services provided by early intervention programs. Copies of any written communication between the program and either the public schools or early intervention program will be kept in the child's file.

Follow Up to the Referral

The Director will, with permission, contact the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs at the center. If it is determined that the child is not in need of services from this agency, or is ineligible to receive services, the center shall review the child's progress at the center every three months to determine if another referral is necessary.

When any child is terminated from the center, initiated by the center or parents, the center shall prepare the child for termination in a manner consistent with the child's ability to understand, and shall provide information and referrals for other services upon request. The center shall inform parents of the availability of information and referral services.

SUSPENSION AND TERMINATION OF CARE DUE TO UNSAFE CHILD BEHAVIOR

The Community Group Inc. is committed to providing a safe, inclusive, and supportive learning environment for all children. A primary goal of this policy is to limit or eliminate the use of exclusionary measures, such as suspension and expulsion. We believe that maintaining a child's access to the program, whenever possible, is in their best interest.

Circumstances for Exclusion:

Exclusionary measures are considered only in rare and exceptional circumstances when a child's behavior poses a significant and immediate risk of serious harm to themselves, other children, or staff members, and less restrictive interventions have proven ineffective in mitigating that risk.

Steps Before Considering Exclusion:

Before a decision to exclude a child is considered, the following steps will be taken:

- **Behavioral Interventions:** Program staff will implement and document various positive behavioral interventions, support strategies, and accommodations tailored to the child's needs.
- **Collaboration:** We will engage in active collaboration and communication with the child's family, and potentially external specialists, to develop and implement a plan to address the challenging behavior.
- **Documentation and Review:** All intervention efforts and outcomes will be thoroughly documented and reviewed by program administration to ensure all possible alternatives have been exhausted.

Decision to Exclude:

Exclusionary measures will not be considered until all other possible interventions have been exhausted. A decision to exclude a child requires careful consideration and agreement among program leadership and, ideally, the family, that such a measure is in the best interest of the child's safety and well-being or that of others in the program.

Support and Assistance:

If exclusionary measures must be taken, the program is committed to offering assistance to the family in accessing necessary services and identifying potential alternative placement options to ensure the child continues to receive appropriate support and education.

Compliance with Laws:

This policy acknowledges and fully complies with all applicable federal and state civil rights laws and regulations, ensuring fair and equitable treatment for all children and families.

REMOVE EXISTING (underlined here) and REPLACE WITH ABOVE HIGHLIGHT In order to maintain children's safety in the program, the agency will pursue options for any available supportive services, which may include consultation, educator training, and additional staff, as well as offering referrals to parents for evaluation, diagnostic or therapeutic services. TCG will uphold this commitment unless it becomes apparent that TCG programs are not able to provide the most appropriate environment for a particular child. If after exhausting all resources and extensive meetings with parents, the unsafe and/or aggressive behavior continues, TCG will consider it in the best interests of all involved to ask the parents of the child to withdraw from the program. TCG will assist families as to the availability of other options if possible. In the case of serious injury, termination may be immediate. This will be a joint decision made by the Program Director and Executive Director. All executive decisions will be final. In all cases, termination will be viewed as the last alternative.

A child may be suspended or terminated from the program as a result of the following behaviors:

- Leaving the group
- Physically striking or causing harm to another child
- Physically striking or causing harm to a staff person
- Causing harm to him/herself
- Putting him/herself in danger
- Causing property damage or other destructive behavior
- Unsafe behavior while being transported
- Verbally or physically threatening others
- Lack of cooperation on the part of the parent in helping to solve the problem
- Lack of parental adherence to program policies or procedures

The procedures listed below will generally be followed when any of these behaviors occur:

The Director will be informed and then will meet with the parent and describe the action to be taken by the Center. An incident report will be written and made part of the child's file. Suspension may occur the first time a child strikes a staff person. A meeting with the parent will occur at this time. If the behavior occurs again, a meeting will be held with the parent(s), social worker and/or family staff (when applicable) and the child (when appropriate). A plan for behavioral intervention (for at home and in the program) will be developed and signed at this meeting. A school age child will be asked to sign the behavioral contract. Depending on the severity of the incident, suspension may occur at this time. The third offense will result in suspension. Suspension may range from one to three days during which a meeting with the parent must occur. However, the period of suspension may be longer if the parent is unable to meet with the Director.

A fourth offense will result in suspension. At this time the Director will:

- Meet with the parent(s) to discuss whether the child should continue the program,
- Discuss the possibility of termination with the Executive Director,
- Discuss the possibility of termination with the social worker/family staff, when applicable.

An incident report will be filed for each occurrence. Because each child and therefore each incident are unique, the Director will view each case individually. Some steps may be repeated or deleted at the Director's discretion. Depending on the severity of the incident, a parent may be called to pick the child up immediately and suspension may be immediate.

If a child's tendency toward a particular behavior, such as leaving the group, may endanger the child or others during a field trip, the Director may decide to keep the child from going on the trip. The parent will be informed of this decision in advance. If a child attempts to leave the group during a field trip, staff will supportively hold the child if necessary and help the child return to the safety of the group.

If a child is terminated, the parent(s) will generally have ten days notice and will receive information about appropriate mental health, educational and social service agencies. The Program Director and the Executive Director will make a decision regarding the termination.

In case of serious injury, termination may be immediate. This will be a joint decision made by the Program Director and Executive Director. In all cases, termination will be viewed as the last alternative.

A child may be terminated for non-payment of fees, where applicable. See Policies for Fee Payment.

HEALTH AND EMERGENCY INFORMATION

The agency has designated a Massachusetts licensed RN/Nurse Practitioner with pediatric and/or family health training and experience as the program's Health Care Consultant. The consultant shall assist in the development of the program's health care policy including a plan for monitoring the program's infection control procedures, approve and review the policy initially and at least yearly, approve any changes in the policy, approve first aid and medication administration training courses for staff, and shall be available for consultation as needed.

HEALTH RECORD AND MEDICAL REQUIREMENTS

The program requires a Massachusetts School Health Record for each child enrolled and a Lead Screening for each child between 9-12 months up to 48 months old, completed and signed by the child's physician within one month of admission. An up-to-date immunization record must be received prior to the child's first day of attendance. Documentation of physical examination and lead test (if applicable) will be required on an annual basis. Depending on the age of the child, additional immunization records and lead tests may be required. Failure to submit these records may result in the suspension and/or termination of day care services. Each child enrolled must be reasonably healthy, free from communicable disease or illness and be able to participate in normal, everyday activities. The program will work to meet each child's specific health care needs, and will work with parents to identify allergies and then protect children from those to which they are allergic.

POLICY OVERSIGHT / TRAINING RESPONSIBILITY

The Program Director is responsible for overseeing the program's health policies and ensuring that health records are complete and up-to-date according to EEC regulations. The Program Director shall be in contact with the Health Consultant in the event of any health related questions/issue, which may arise during the year.

The goal of the program is to maximize injury prevention at all times. Health and safety issues are critical components of staff orientation. Teaching staff supervise children primarily by sight. Supervision by sound is permissible for short periods of time, with the understanding that teachers will check on these children frequently (i.e. in cases where children may be playing in an area within the classroom but temporarily out of sightline, or when a child is in the bathroom and the teacher is in the adjacent hallway). Staff members are assigned to supervise specific areas that are near equipment where injury could occur (i.e. playgrounds). In addition, a safety checklist is completed daily in each classroom. It is the responsibility of the Program Director to check that this form has been completed and to monitor overall safety of the room.

STAFF TRAINING

All staff are trained in First Aid by taking an approved course arranged by the Director. New staff must receive training within 6 months. At least one staff member on the premises has current certification in CPR procedures. FCC Providers are trained in both First Aid and CPR. Additionally, a parent, with written permission from their child's physician, may train staff/providers in the implementation of their child's individual health care plan.

ILLNESS

It is our expectation that any child sent to day care is well enough to participate fully in all curriculum activities, outdoors as well as inside. Parents will be notified by their child's Teacher or by the Director in the event of illness, which develops during the course of the day. The child will be isolated in a quiet, supervised area of the classroom and made as comfortable as possible until the parent or emergency person arrives. Symptoms which require exclusion from the center include but are not limited to: elevated temperature (see below), vomiting, diarrhea, overall discomfort associated with such illnesses as cold or flu and/or the manifestation of a contagious disease such as chicken pox.

FEVER

When a child has a fever of a degree or more above normal (i.e. 101 or above orally, or 100 or above under the arm), he/she must stay home until he/she has been **FEVER FREE FOR 24 HOURS WITHOUT MEDICATION**. If your child develops a fever while at the program, we will call you and you will be expected to pick up your child as soon as possible (within the hour).

ANTIBIOTICS

A child with a contagious condition for which antibiotics have been prescribed may not attend the center until he/she has taken the antibiotics for 24 hours. A child with a noncontagious condition on antibiotics may attend the program as soon as the child feels well.

VOMITING

A vomiting child must stay home. If he/she becomes ill while at the program, he/she must go home. The child may not return until 24 hours after the vomiting has stopped.

DIARRHEA

A child will be sent home if he/she has had two or more watery stools during the day. Children may not return until 24 hours after the diarrhea has stopped. If you wish your child to return to the program with looser than normal stools due to antibiotics, teething, etc., we must have written consent from your pediatrician that it is not contagious.

IMPETIGO AND CONJUNCTIVITIS

These are very contagious conditions, and must be treated with antibiotics before the child may attend the program (see antibiotics above). If your child has red eyes with discharge or crusted moist sores, the teacher will notify you. The child must be taken out of the program until a doctor has treated him/her. Parents need to bring a doctor's note verifying the diagnosis, treatment, and clearance to return to school to the program upon the child's return.

STREP THROAT

This can show a variety of symptoms. You should have a doctor check for Strep if your child has a fever, rash or sore throat. We will notify you if there are any cases of Strep in your child's group so you can be on the alert.

COLDS

Any child well enough to come to the program will be expected to participate with other children in the usual outside activities. A common side effect of a cold is a runny nose. Nasal discharge may indicate that there is a viral infection and parents are encouraged to treat the symptoms by offering extra fluids and using a vaporizer at home. If the nasal discharge becomes excessive or if the child does not seem well enough to participate in regular program activities, the Program Director may ask you to keep the child at home until the symptoms subside.

CHICKEN POX, MUMPS, ETC.,

Children who have been exposed to a contagious disease may attend the program during the incubation period, but you should inform us immediately if your child has been exposed so that other parents can be informed. Children who have contagious diseases must stay home until all contagion has passed.

PEDICULOSIS (HEAD LICE)

This is a very contagious condition and the child must receive the head lice treatment and see the Program Director for a “nit-free” inspection in order to return to the program. Please be aware that all personal items, bedding and home furnishings should be treated for lice infestation and other family members should be examined and treated for lice if detected.

HIV INFECTION

Children who test HIV positive will be admitted to the program if their health, neurological development, behavior and immune status are appropriate. The decision as to whether a child with known HIV infection may attend day care will be made in conjunction with the child's doctor and the agency's health consultant. As with any child for whom we have health or developmental concerns, observational records will be kept. If symptoms change to the extent that attendance is questionable, our concerns will be brought to the parent, doctor and our health consultant, who will decide if continued enrollment is appropriate.

MILDLY ILL CHILDREN

Mildly ill children will be given a chance to rest in a quiet area of the classroom isolated from other children and in view of staff. Staff will observe mildly ill children frequently to monitor their condition and provide quiet activities, extra liquids and food and comfort as needed. Special precautions (as outlined in the “Health in Day Care” Manual) including extra hand washing, cleaning or the use of disposable latex gloves as needed, will be taken when a child has any type of infectious illness (respiratory, gastro-intestinal and skin or direct contact infections). The decision to contact the parent and exclude the child will be made on a case by case basis depending on the staff's assessment of the child's condition, the prevention of the spread of illness and the availability of staff to care for the child's additional needs. The decision of the program is final.

DOCTOR'S NOTE

In cases where a child is absent due to health related reasons, the program may require a doctor's note before the child returns.

CONTAGIOUS DISEASES/CONDITIONS

Children who have contagious diseases or conditions must stay home until all contagion has passed. Children can generally return after they are free of symptoms for 24 hours. Parents are required to inform the program when a child has a serious contagious illness, so that the program can notify other parents of the incidence of the illness/condition. The program will inform the parents in writing within 24 hours of the occurrence of any serious communicable disease.

ADMINISTRATION OF MEDICATION

Parents/or legal guardians and primary care providers are encouraged to arrange medication times for non-school hours whenever possible. *If the medication must be given by the staff, a Medication Authorization form must be completed for*

the child signed by the physician and parent/guardian and be on file at the program in order for staff to administer the medication. Parents are instructed to bring in all medications with original pharmacy labels. Prescribed medications from home without pharmacy labels, such as Benadryl, will not be accepted in the program. Written parental and licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner and must be renewed annually, or when the child's condition changes, for administration of medication and/or treatment to continue.

- All medications administered to a child, including but not limited to oral and topical medications of any kind, must be provided by the child's parent. All medications must be in the original containers and with original pharmacy labels affixed. Topical Non-Prescription medications, those not requiring a pharmacy label, will be labeled with the child's name by the program director before placement in a classroom.
- All medications returning to the program must be given to staff prior to the child being permitted to attend the program, directly by the parent/guardian. Any new medication must be brought with all required and up to date documentation, to the program prior to the child resuming/beginning services. The program director must be notified immediately when medication is brought into the program and conduct a visual inspection of medication and accompanying documentation for accuracy and completeness. If a parent leaves medication in the program without a signed medication authorization form or without a pharmacy label, the program director will be notified and the medication will be sent home the same day.
- The first dosage of all medications must be administered by the parent/guardian at home. The educator must not administer any medication contrary to the directions on the original container, unless it is authorized by the child's licensed health care practitioner.
- Programs may provide sunscreen for children ages 6 months and older. Sunscreen will be administered to the infant/child with written parental permission. Sunscreen will be kept out of the reach of children in the classroom and will be applied by program staff.
- All medications for children are to be labeled and stored out of reach of children and refrigerated if necessary. Prescription medications requiring refrigeration shall be stored in a refrigerator, inaccessible for the children and will be maintained at temperatures between 38° and 42° F. All emergency medication such as epinephrine auto-injectors must be immediately available for use as needed. All medications are stored in the First Aid Kit in the classroom, elevated out of reach of children but accessible to staff. All medication should be stored under proper conditions for sanitation, preservation, security and safety.
- All medications (prescription and non-prescription) will be given to the child by the Teacher or Designee (appropriately trained staff member). Each person who administers prescription or non-prescription medication to a child must be trained to verify and to document that the right child receives the proper dosage of the correct medication designated for the particular child and given at the correct time(s), and by the proper method (Five Rights for Medication Administration).

Each person who administers medication (other than topical medication) must be trained and should demonstrate annually competency in the administration of medication, before being authorized to administer any medication. The appropriate staff should be able to demonstrate proper techniques for administering, handling and storing medication, including the use of any necessary equipment to administer medication.

Anytime a child transfers into a new classroom or a teacher is reassigned to a new classroom, the program director must be informed to ensure all teaching staff are aware and trained to care for the special health care needs of the children in each classroom, including but not limited to asthma, food allergies, or any dietary restriction.

If a physician or licensed medical professional orders a specific medical management procedure, including the administration of medication, for a child while they are in our facility:

- An adult who has been specifically trained in that particular procedure will be on-site and readily available whenever the child for whom the procedure is ordered is present.
- Staff training is documented and verified to ensure competence in managing the child's specific health needs as directed by their physician's order.

These procedures are in place to guarantee that your child's medical needs are met with the utmost care, accuracy, and professional attention at all times.

- All education staff, including those who do not administer medication, receive training recognizing common side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program.
- Each time medication is administered, the staff must document in the child's medication log the name of the medication, the dosage, the time and the method of administration, and who administered the medication, except for topical non-prescription medications, such as sunscreen.
- Parents/Guardians are encouraged to actively participate in their child's care. All parents with the written permission of their child's health care practitioner are welcome to train the education staff in implementation of their child's individual health care plan.
- Spills, reactions, and refusal to take medication will be noted on the medication log. When a medication error occurs, the Regional Poison Control Center and the child's parents will be contacted immediately. The incident will be documented in the child's record at the facility.
- All unused, discontinued or outdated prescription medications shall be returned to the parent/guardian and such return shall be documented in the child's record.
- All medications must be administered in accordance with the consent and documentation requirements specified in the table below. The program director will be available to answer questions on the Medication Administration Policy.
- If more than one prescription is prescribed for a child, Medication Authorization Forms are required for each medication and Individual Health Care Plan or Action Plan for each medical condition and medication.

Additional Medical Requirements

- Emergency medication such as Epi-Pens must be immediately available for use. For example, Epi-Pens must be brought with children for outdoor play or walks as required by 7.11(2)(f). Training by a licensed health care practitioner for the specific administration of an Epi-Pen is highly recommended but not required.
- Expired Medications: Medication is not used beyond the date of expiration. Parent/Guardian must bring in updated medication prior to when medication expires. If they do not bring an updated medication, Parent/Guardian will be called to come to the program to administer the medication or 911 will be called in cases of emergency.

Type of Medication	Written Parental Consent Required	Written Physician Consent Required	Pharmacist's Label Required	Logging Required
Prescription	Yes, valid for one calendar year	Yes, valid for one calendar year	Yes	Yes, after each administration
Oral Non-Prescription	Yes, renewed weekly with dosage, times, days and purpose	Yes, valid for one calendar year	Yes	Yes, after each administration
Unanticipated Non-Prescription for mild symptoms	Yes, valid for one calendar year	Yes, valid for one calendar year	Yes	Yes, after each administration
Topical, non-prescription for treatment (when applied to open wounds or broken skin, e.g., diaper rash ointment)	Yes, valid for one calendar year	Yes, valid for one calendar year	Yes	Yes, after each administration
Topical Non-Prescription (not applied to open wound or broken skin, e.g., sunscreen, insect repellent)	Yes, valid for one calendar year	No	No	No

ALLERGIES, CHRONIC CONDITIONS, OR LIMITATIONS

Parents should inform the program of any allergies, chronic health conditions or limitations. This information is clearly noted in each child's file in addition to being posted in each classroom and office. The Teachers/Providers and Food Service staff are made aware of any food allergies. For any child with a chronic medical condition, an Individual Health Care Plan must be filled out and signed by the parent and the health care provider, which includes information on the chronic condition, symptoms, treatment, potential side effects and consequences of not providing treatment.

HANDWASHING/DIAPERING/TOILETING

Hand washing policies are posted above each sink, diapering policies are posted at each changing table and toileting policies are posted in bathrooms. Children and staff will wash hands before preparing and serving food, feeding infants, eating, after toileting and anytime there is contact with blood, body fluids, soiled clothing or pets. Friction, free running water, liquid soap and paper towels will be used. Disposable non-latex gloves will be used as necessary and always for contact with blood or body fluids. Used gloves will be thrown away in a lined and covered container.

INFANT AND TODDLER

The infants and toddlers will be diapered on the changing table located in specific diapering areas. Staff will wash their hands with liquid soap before and after changing diapers. Staff will be responsible for checking infants for dirty diapers on a regular basis (minimum of two hour intervals). All toddlers will be checked before and after napping. Soiled diapers and the disposable pad covering on the changing table will be placed in the deodorized diaper pails under the changing tables. The pail will remain closed and sealed at all times and be emptied as needed and at the end of the day. After each use, the diaper pad surface will be cleaned, disinfected and a new disposable pad placed on the surface. Soiled, bloody clothing will be stored in sealed plastic bags, labeled with the child's name and placed in the child's cubby to be taken home by the parent at the end of the day. Parents must keep a change of clothing at the program for their child. The program will also maintain extra clothing, which will be laundered after each use.

PRESCHOOL AND SCHOOL AGE

In preschool rooms children are taken to the bathrooms at regular intervals during the day. Staff members are available to walk the children to the bathrooms as needed during other times of the day. In after school rooms depending upon the location of the bathroom, children are either taken to the bathrooms at regular intervals or are able to walk by themselves as needed. In all programs, liquid soap and disposable paper towels are provided for the children to wash their hands after using the toilet and before eating meals or snacks. In the event a child soils or bloodies his/her clothing it will be stored in sealed plastic bags, labeled with the child's name and placed in the child's cubby to be taken home by the parent at the end of the day. If a child had an accident during naptime, the cot is washed and disinfected and the child's blanket is sent home to be washed and dried. In the preschool programs, parents must keep a change of clothing at the program for their child; for after school programs, a change of clothing is optional. The program will also maintain extra clothing, which will be laundered after each use. In no instance will a child be punished for wetting or soiling his/her clothing. Staff will wash their hands with liquid soap after assisting a child with toileting or changing clothes.

INFECTION CONTROL PROCEDURES

All programs follow OSHA Blood Borne Pathogen Standards.

LEAD POISONING INFORMATION

Lead poisoning is an environmental disease, which usually affects young children. Small amounts of lead can affect a child's ability to learn and develop. Larger amounts, if not detected and treated in time, may cause serious illness or permanent damage. Most often children are poisoned by the ingestion of lead paint chips or lead paint dust. However, there are many possible sources of lead available to children living in an industrial society. Children are exposed to these sources through hand to mouth activity.

Most children who are lead poisoned will show no symptoms. In those who do show symptoms, they are often vague and easily attributed to other childhood diseases. Symptoms of lead poisoning may include head or stomach ache, tiredness, fussiness and poor appetite. The only sure way of determining whether a child has absorbed too much lead is to test his/her blood. The lead-screening test is a simple, relatively painless finger stick, which collects a small amount of blood.

All children under 6 years old are at risk for acquiring lead poisoning. However, for some children, particularly those living in housing with peeling paint, the risk is greater. Periodic screening of all preschool children is required in Massachusetts. Children who are not at high risk for lead exposure must be tested every year between the ages of 9 months and 4 years. High-risk children must be tested more frequently. Because of reasons not well-explained, lead levels rise in the summer; whenever possible a screening test should be performed during warm weather months. Most doctors and clinics will screen children for lead if you request it. Many Boards of Health also provide screening tests, usually at no cost. Free lead tests are given at the Lead Prevention Program at 305 Essex Street, Lawrence, (978) 681-4940.

If you would be interested in learning more about childhood lead poisoning please call the Childhood Lead Poisoning Prevention Program at 1-800-532-9571.

PREVENTION OF ABUSE AND NEGLECT

In accordance with the agency philosophy and with the Department of Early Education and Care (EEC) regulations, the children shall be protected from abuse and neglect while in the program's care and custody. All staff/providers will receive training in these policies and their role as mandated reporters during orientation.

The program shall protect children from abuse and neglect while in their care and custody.

The program shall follow these written procedures for the reporting of any suspected incidents of child abuse and neglect as required by M.G.L. Chapter 119, Section 51A:

- All staff are mandated reporters and shall report suspected child abuse or neglect. The report shall be made to the Program Director or designee.
- The Program Director or designee, in conjunction with the Executive Director, shall immediately report suspected abuse or neglect to the Department of Children and Families.
- The Program Director or designee shall notify EEC immediately after filing a 51A report (or learning that a 51A report has been filed), alleging abuse or neglect of a child while in the care of the program or during a program related activity.
- The program shall cooperate in all investigations of abuse and neglect, including identifying parents of children currently or previously enrolled in the program, providing consent for disclosure of information to EEC and allowing EEC to disclose information to any person and/or agency EEC may specify as necessary to the investigation of allegations and protection of children. Failure to cooperate may be grounds for suspension or revocation or refusal of EEC to issue or renew a license.

The program shall maintain written procedures for addressing any suspected incident of child abuse or neglect, which includes but is not limited to ensuring that an allegedly abusive or neglectful staff member does not work directly with children until the DCF and EEC investigations are completed and for such further time as EEC or DCF requires.

EMERGENCY PROCEDURES

IN THE EVENT OF AN ACCIDENT

If a child or staff member gets injured, the staff member or FCC educator reports the accident to the classroom Teacher or Director immediately. First Aid supplies for minor injuries, cold compresses and thermometers are located in the office and in Family Child Care homes. The staff member or FCC Educator who witnessed the injury must fill out an accident report and the parent is to be notified of the accident upon pick up or by telephone. The parent must receive written notification as well within 24 hours. The accident report is maintained in the child's file and must be signed by the parent. A central log of injuries is maintained by the Director and is monitored continuously. In the case of a staff injury, a report is completed and sent to the CFO at the Business Office.

IF A CHILD OR STAFF MUST GO IMMEDIATELY TO THE HOSPITAL

The Director or designated staff person shall:

Call an ambulance (depending upon the seriousness of the injury and particularly in the case of a head injury- when in doubt, call)

- Notify the hospital that the child or staff is in route
- Notify the parent(s) to meet the child and adult at the hospital
- Accompany the child to the hospital with the child's Emergency Authorization and Consent Forms

In the event that there is no available transportation from the center to the hospital and an ambulance is not necessitated, the Police Department may be called to transport the child or staff, accompanied by a staff person. Contact numbers for all parents are found in the child files in the office. If a parent cannot be reached, at either the home or work number, the person listed in the child's file as the emergency contact will be notified. Again, the staff person who witnessed the accident must fill out an accident report. The Department of Early Education and Care regulations require that they will be notified if the child requires any emergency care following an incident at the program site.

IF THE CHILD NEEDS MEDICAL TREATMENT

If the child needs medical treatment but can wait for the parent's arrival, the parent will meet the child at the program and take the child for treatment.

IN THE CASE OF A LOST OR MISSING CHILD

In the case of a lost child, the Program Director will determine which selected staff will search for the child. Immediately, a search will begin and the child's parents, the Chief Early Childhood Officer, the local police and EEC will all be notified. The other children will remain with a designated group leader/teacher and attendance will be taken.

EMERGENCY PERMISSION SLIPS

Authorization and consent forms (for emergency medical transportation and treatment) and immunization records must accompany the child to the hospital. Both items are found in the child's file.

Notification of any allergies is boldly printed at the top of the authorization and consent form. Each Teacher is aware of this information.

During an emergency, the primary knowledge kept in mind by staff is to remain as calm and orderly as possible, so that further accidents are avoided. The program cannot prevent every injury from happening but can promote an atmosphere of safety. The Director or FCC Educator will inform the Department of Early Education and Care of any serious injury, inpatient hospitalization or the death of a child while in the care of the program and program related activity.

IN THE EVENT OF INGESTION OF POISON

The Poison Prevention Center in Boston is contacted immediately. The Poison Prevention Center will give an emergency antidote measure. The ambulance is contacted immediately after calling the Poison Center. The telephone number (1-800-692-9211) is posted at every phone.

DURING FIELD TRIPS

For trips to off site facilities, parents are asked to sign field trip permission forms. Specific types of field trips to be taken are indicated on the form (i.e. to the beach, the museum, local park, etc.). In preschool programs all parents are notified in writing prior to each trip, including the destination as well as the schedule. Additionally, in preschool programs, parents are requested to sign individual permission forms. In school-age programs, specific destinations are posted on the weekly schedule. At the beginning and end of each field trip, name-to-face attendance is taken before leaving, upon arrival and at frequent intervals during the field trip.

Children are supervised at all times when using public facilities. A lifeguard is present when the group goes on trips to pools and beaches.

Whenever the program staff and children participate in a field trip, an “emergency kit” is taken, which contains first aid supplies and copies of the children’s information forms as well as the medical authorization and consent forms pertaining to each child taking part in the trip. In this way, should an accident or unforeseen emergency occur during the trip, there will be no delays in obtaining necessary medical care for a sick or injured child and no delays in notifying the parent or guardian. Each classroom Teacher shall assume responsibility for the “emergency kit” during a field trip.

During an emergency, the Teacher will perform first aid and will stay with the group while an Assistant will call for any needed medical attention. The Assistant will also call the Director or his/her designee at the program. The Director will be in contact with the program’s health consultant if necessary. Depending upon the seriousness of the health / emergency situation and the location of the field trip, the Director, with input from the parent and the health consultant as necessary, will determine what additional steps to take as outlined previously under emergency policies.

If a staff person is alone with a group of children, he or she will either stay with the group until help arrives or take the group to call for help depending upon the circumstances of the emergency.

In the event of a vehicle breakdown, the staff person will telephone the program and the bus driver will radio the bus company. The Director will secure alternative transportation, which may include a contracted bus or the program vehicle.

FIRST AID EQUIPMENT

First Aid kits are kept in the program office and in each FCC Educator’s home, secured in closets or boxes and away from the children. The Director or FCC Educator replenishes supplies. All staff who have completed the First Aid course may administer first aid as necessary. The following checklist is used as a guide when updating medical supplies:

Thermometer	Gauze Pads	Disposable gloves
Thermometer Covers	Tweezers	Band-Aids
Roller Bandage	Scissors	Adhesive Tape
Ice Packs	Gauze rolls	CPR mouth guard

EMERGENCY EVACUATION PROCEDURES

Specific evacuation instructions are posted at each exit.

When the fire alarm rings, all children are taken out of the building immediately, even if the staff knows it is a drill, and are escorted to the designated meeting site outside and away from the facility. The Director or their designee will contact the Fire/Police department. All programs have access to a cell phone. The Teacher/Group Leader in each classroom is responsible for bringing emergency child files out with them and for taking the face-to-name attendance and checking that all children are accounted for after leaving the building. The Teacher/Group Leader also is responsible for closing doors as they leave the room. The Teacher/ Group Leader also checks the classroom areas to ensure that no children are left behind. Other support staff members such as clerical staff, Assistant Directors, and Directors check bathrooms and hallways and escort any children found outside to their group. The Director verifies with each Teacher/Group Leader that attendance was taken and ensures all children as well as all staff members are accounted for.

If children need to be evacuated from the location and cannot safely wait in the designated meeting area for any reason, the Program Directors will contact their supervisor who will call to arrange for transportation to the evacuation site. Program Directors will call parents immediately to inform them of their child’s location. If possible, a staff member will remain at the site to talk to parents that were not contacted. Following the evacuation, parents will be notified about the incident in

Early Learning, Child Care, and Out of School Time Programs

Parent Handbook



writing. EEC also will be notified. Children will evacuate to the location listed below for each program. Face to name counts will be taken when children enter the bus and when they arrive at the evacuation site to ensure all children are accounted for. In the event a child is not accounted for, steps will be taken to locate the missing child.

Teachers/Group Leaders are responsible for ensuring that emergency medication and first aid kit located in emergency backpacks travel with them at all times. The Program Director ensures that children have access to bathrooms and food if needed. Each evacuation site has bathrooms and extra snacks available for students if needed.

Teachers/Group Leaders will document when a child has been picked up, by whom, and what time.

Evacuation drills are held monthly from each floor and alternating exits. The Program Director maintains a log of evacuation drills starting date, time, exit routes used, number of children evacuated and effectiveness.

In case of fire, natural disaster, loss of power, heat or hot water, or other situation necessitating evacuation of the building all staff will follow the evacuation procedures above. The Program Director or their designee will call emergency personnel. The telephone number is posted at each phone. In the event of an evacuation, the Program Director will carry a cell phone for offsite use and will call their supervisor to determine if the program should be closed. As with the monthly fire drills, the Teacher/Group Leader in each classroom is responsible for taking the face-to-name attendance and checking that all children are accounted for after leaving the building. If the evacuation is for an extended period of time, staff and children will walk or be bussed (if available) to the designated evacuation sites.

The evacuation sites are as follows:

Ballard Way Early Learning Center

Elks Club
652 Andover Street, Lawrence, MA

Community Kids Place - Arlington

Tarbox School
59 Alder Street,
Lawrence, MA

LEAP

190 Hampshire Street,
Lawrence, MA

Community Kids Place - Webster

South Lawrence East School
165 Crawford Street,
Lawrence, MA

Community Kids Place -Methuen

St. Monica's School
212 Lawrence Street,
Methuen, MA

Community Kids Place - Parthum

CDCPS-Prospect
73 Prospect Street.
Lawrence, MA

Community Kids Place - South Lawrence East

Breen School
114 Osgood Street,
Lawrence, MA

Community Kids Place - Tarbox

Community Day Arlington
150 Arlington Street,
Lawrence, MA

Community Kids Place - Wetherbee

Frost School
33 Hamlet Street,
Lawrence, MA

Community Kids Place - Guilmette

Bruce Annex
483 Lowell Street,
Lawrence, MA

Community Kids Place - Frost

Wetherbee School
75 Newton Street,
Lawrence, MA

Lawrence High School Infant and Toddler

Program
South Lawrence East School
165 Crawford Street,
Lawrence, MA

In the case of power outage, loss of heat or water, the program will close, as seasonal conditions require and in accordance with EEC regulations. Program Directors will notify parents to pick up their children. Programs will have a disaster kit that includes flashlight with extra batteries, blankets, bottled water and extra first aid supplies.

Following the evacuation, parents will be notified about the incident in writing. EEC will also be notified.

IN THE EVENT OF A POTENTIAL THREAT FROM AN INSIDE OR OUTSIDE THE PROGRAM

If at any time a staff member is aware of an intruder, they should immediately notify their Program Director. The Program Director will contact emergency, school, and program personnel. Teachers/Group Leaders should use their best judgment as to what is the safest option for children if an intruder enters the facility. If it is at all possible, fleeing the building is the best option. If that is not possible, Teachers/Group Leaders will have children gather in their classroom, close and lock all interior doors, cover interior windows if possible, and turn lights off. Children should sit on the floor quietly and out of sight lines from the doors and windows. A closet/bathroom also may be used if needed to protect children from an intruder. Same steps should be taken if using a closet/bathroom as listed above.

Once the situation is handled, emergency personnel and/or Program Director will notify staff/classrooms that it is safe to exit. Face to name counts will be taken to ensure all children have been accounted for. In the event a child is not accounted for, steps will be taken to locate the missing child.

Program Directors will inform parents of the situation as soon as possible. EEC will also be notified.

IN THE EVENT OF A MISSING CHILD DURING AN EMERGENCY EVACUATION

If at any time a child is unaccounted for, staff will immediately notify the Program Director. The Program Director will contact emergency personnel, school personnel, and Executive Director and a thorough search will begin to locate the missing child. The Program Director will contact the parent. Teachers/Group Leaders will take attendance by doing a face to name count to ensure all other children are accounted for.

- Once a child is located, the Program Director will follow up with all involved. A meeting will be scheduled to ensure that steps are put in place to prevent the situation from future occurrences.
- If a child is reported missing on a field trip, all Teachers/Group Leaders will immediately bring children back to the bus and attendance will be taken by doing a face to name count. The Program Director will notify emergency personnel, guest services and the Executive Director. A thorough search will begin to locate the missing child.
- Once all other children are accounted for, staff will be directed as to what role they will take. The Program Director will designate staff to stay on the bus and entertain children while other staff will begin a search for the missing child. The Program Director will contact the parent.
- Once the child is located, the Program Director will follow up with all involved. A meeting will be scheduled to ensure that steps are put in place to prevent the situation from future occurrences.

ADDITIONAL POLICIES

VISITORS

Any visitors to a facility must check in with TCG staff and announce their reason for visit. Each site maintains a visitor log to record the name, reason for visit, and date and time of visit.

IF A CHILD IS BITTEN

If a child is bitten and the skin is broken, the child's file is checked to see if their tetanus (DPT) shot is up to date. If not, he/she must be taken to the hospital to be given a shot. The parent or guardian will be responsible for bringing the child to the hospital. In the event that the parent or guardian is unavailable and if it is deemed by the Health Consultant that a delay could be injurious to the child, the Executive Director or his/her designee will bring the child to the hospital for the shot, along with the child's Emergency Permission forms.

SAFETY

Safety is of the utmost importance and all efforts will be made to ensure that staff and children are protected from hazards, including electrical shock, burns or scalding, slipping, tripping or falling, and excessive noise. Floor coverings are secured to avoid falls. Staff and children will be protected from exposure to high levels of air pollution by limiting outdoor and physical activity during any periods of air pollution alerts. The program meets all public health requirements regarding environmental hazards such as air pollution, lead and asbestos. No firearms are allowed in the building or on the grounds of any program site.

SAFETY CHECKS

Classroom teachers are responsible for completing a written safety check once daily. Safety checklists are posted in each classroom.

SMOKING

Smoking is not allowed in any of the childcare buildings or in any outdoor areas used by the children.

STORAGE

Personal items such as clothing may not be shared and are stored separately. All napping materials are clearly labeled with each child's name and are not shared.

LOCATION FOR THE STORAGE OF TOXIC SUBSTANCES/HAZARDOUS ITEMS

All items that are determined to be unsafe, hazardous, or toxic (i.e., cleaning products) will be stored in locked storage closets or kept secured in another location at the site, out of reach of children. Items that pose a danger to children will not be kept in a manner that children are able to access those items.

MEDICATION

Medication will be stored in the kitchen refrigerator (in a secured container, for those medications needing refrigeration), locked cabinet or locked box in the Director's office or designated safe space at each site. Medication will be kept out of reach of children at all times. Life saving medication will be kept in each group/site backpack for accessibility and locked each night for storage.

ANIMAL AND PET POLICY

Directors will determine that pets or visiting animals are suitable and developmentally appropriate for contact with children, in good health, and request documentation that the animals have been fully licensed and vaccinated (if applicable). Teaching staff will closely supervise all interactions between children and animals, and will instruct children on safe behavior when in

close proximity to animals. Pets will be maintained in a safe and sanitary manner, and children will not take part in the cleaning of the animal's cage. Staff will make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles will not be allowed as classroom pets due to the risk of salmonella infection.

DISINFECTION AND SANITATION

These items are washed with soap and water and a solution of 1/4 cup of bleach to 1 gallon of water or commercial disinfectant as follows:

After Each Use:	Daily or As Needed:	Monthly/Weekly or As Needed:
<ul style="list-style-type: none">• Diapering Surfaces• Toys mouthed by children• Mops used for cleaning up body fluids• Thermometers• Tables for eating• All food preparation/serving surfaces will be washed/ disinfected immediately prior to use	<ul style="list-style-type: none">• Toilets and toilet seats• Containers used to hold soiled diapers• Sinks and faucets• Water table and water play toys• Play tables• Floors and Mops used for general cleaning	<ul style="list-style-type: none">• Mats and cots• Blankets• Toys

SLEEPING/NAPPING POLICY

Infants:

The naptime routine for infants is on the individual schedule of the child. Cribs with a firm fitting mattress are used for children under 12 months and pillows, blankets, swaddles and any other soft bedding are not given to infants. Infants are always placed on their backs for sleeping in accordance with best practices to help prevent Sudden Unexpected Infant Death Syndrome (SUIDS). All programs serving infants will follow the EEC Safe Sleep, SUIDS Reduction and crib placement regulations.

Toddlers and Preschoolers: Daily schedules include rest time that varies in length according to the needs of the child. Each child has his/her own cot or mat and designated space in the classroom/program. Teachers may rub children's backs to help them fall asleep. Children who do not sleep will be provided with quiet activities. A small pillow (for a toddler) and blanket from home helps a child to relax. Please label each object with your child's name. Parents are responsible for seeing that these articles are washed on a regular basis. If you need assistance obtaining rest time materials, please contact your Family Advocate who will help by making a referral.

PARENT RIGHTS AND RESPONSIBILITIES

EMERGENCY RESPONSIBILITIES

It is our policy to call the parent (or the person you have designated as an emergency contact) and request that your child be picked up from the program if:

- The child has a fever, diarrhea, is vomiting or has a rash or other symptoms that indicate the presence of a contagious condition.
- The child has had an accident and is not recovering to the satisfaction of the Director.
- The child has had an accident or illness and requires additional medical attention (from the hospital or doctor's office).

- The physical condition of the child endangers other children in the program.

It is imperative that you provide the program with emergency numbers where we can reach you should it become necessary. It is also necessary to give us an alternative number for someone who is willing to accept emergency responsibility for your child if you cannot be reached. The program expects that if you are called in an emergency that you will come as soon as possible.

PARENTAL RIGHTS

Chapter 28A, Section 10 of the General Laws of the Commonwealth of Massachusetts mandates to the Dept. of Early Education and Care the legal responsibility of promulgating rules and regulations governing the operation of day care centers (including nursery schools). In accordance with this law, the Dept. of Early Education and Care published the requirements now in effect on January 22, 2010. These regulations must be complied with by the center in order to ensure a minimum level of care for the children serviced by the day care center or nursery school.

The center is required to inform all parents of the “rights of parents” as stated in the regulations at the time of the admission of their child to the program. These rights include parent visits, input, conferences or reports and complaints.

PARENT VISITS, INPUT, CONFERENCES AND COMPLAINTS

The program operates under an open door policy, meaning that parents are welcome to visit and/or join in the classroom activities as often as they wish. At these and at any other time, parents are encouraged to make suggestions and give input. In addition, parent functions may be held throughout the year for which parents are strongly encouraged to attend. Please make suggestions and become involved in your child's program.

Good communication and the exchange of ideas among parents, educators, and Directors are essential for a positive day care experience for you and your child. The Director will be pleased to discuss any suggestions you may have and will be prepared to provide an explanation to the parent if a particular suggestion is not to be adopted by the program. A parent will receive a written response to a suggestion if one is requested.

Following the two-week trial period, a 30-45 day written progress report will be completed and a brief conference will be conducted with parents and educators, and/or Directors to discuss adjustment and any concerns. Following that, written progress reports based on observations and documentation of the child's progress will be completed four times per year for infants (under 15 months) and children with identified special needs, and at least twice per year for children over 15 months of age. Additionally, conferences may be held at the request of a parent or the program. Conferences will be utilized as an opportunity to discuss/review child progress/development and plan for future steps/supports. Parents will be contacted and encouraged to meet for a conference to discuss each progress report and will be provided with a copy of their child's report. The original will be maintained in the child's file. The program shall bring special problems or significant development issues to the parent's attention as soon as they arise. The program will work with the parent to make any referrals if there are any developmental concerns.

In the event of a parent/guardian complaint, the staff member receiving the complaint from a parent is responsible to immediately report the incident to the Program Director and to document the report in writing. A complaint form is available in all program offices. The parent will be encouraged to immediately discuss the matter with the Program Director. If the parent does not do so, the Director will contact the parent. The Program Director will review the report and conference with the Executive Director. If the complaint involves a staff member, the Program Director will meet with that staff person. This may or may not be followed by a joint meeting with the parent and the staff member.

Our program seeks to provide comprehensive procedures designed to facilitate the negotiation of difficulties and differences that may arise between families and program staff, with the primary goal of supporting children, families, and the vital home-school relationship. These procedures emphasize open communication and offer a tiered approach to conflict resolution, involving increasing levels of formality as needed:

1. **Informal Resolution (Direct Communication):** The initial step encourages an open dialogue between the family and the specific staff member(s) involved. This is a low-formality technique intended to address concerns quickly and directly. Parents are encouraged to schedule a meeting or discussion with the staff member(s) to share perspectives, clarify misunderstandings, and collaboratively seek a mutually agreeable solution in a supportive environment.
2. **Formal Mediation (Administrative Involvement):** If the initial informal attempt does not resolve the issue, or if the nature of the concern warrants it, the procedure escalates to a more formal mediation process involving program administration (e.g., a supervisor, director, or designated administrator). The administrator acts as a neutral third party to facilitate a structured discussion, ensuring all voices are heard and guiding the parties toward a resolution. This step provides a more structured environment while still aiming for a collaborative outcome that preserves the relationship.

The Program Director is responsible to document the results of these meetings and will inform the parent of the result of the complaint and provide an explanation. The parent will receive a response in writing if requested.

In regards to a complaint about a staff member, the Program Director and the Executive Directors will make a decision as to what form of disciplinary or civil action, if any, is to be taken against the staff member. Both the parent making the complaint and the staff member involved will be informed of this decision.

CUSTODY, VISITATION, SUPPORT, CARE AND RELATED ISSUES

The Community Group Inc., recognizes that the parents or legal guardians of enrolled children may be subject to court orders, stipulations or other agreements which govern custody, visitation, support, care and related issues. The Community Group Inc., desires to promote the parent-child relationship, to nurture child development, to minimize potential conflicts and problems, and to promote an environment best suited for the provision of high quality child care, enrichment and education. To promote these interests The Community Group Inc., has adopted the following policies.

Unless The Community Group Inc., is provided with a certified copy of an order from a court of competent jurisdiction, which expressly states otherwise, either natural or adoptive parent or legal guardian may visit the enrolled child or children during the normal hours of operation during the day. It shall be the parent or legal guardian's responsibility to provide The Community Group Inc., with the certified copy of the order. In the event that the certified copy of the order expressly states that either a natural or adoptive parent or legal guardian shall not have any contact with the child or children, and in the event that such person attempts to have contact with the child or children, The Community Group Inc., shall first notify the local police department and then attempt to notify the custodial parent or legal guardian.

Unless otherwise notified, The Community Group Inc., shall assume that all natural or adoptive parents or legal guardians of the enrolled child or children shall have equal access to the records kept by The Community Group Inc., regarding the enrolled child or children, subject to state law governing disclosure of such records.

In the event a parent seeks to have an administrator or staff member of The Community Group Inc., testify at a deposition or in court during normal business hours, a subpoena shall be required in accordance with the Massachusetts law. Neither administrators nor staff of The Community Group Inc., shall be permitted, during working hours, to take time from their

regular duties to provide testimony, affidavits or otherwise act as a witnesses on behalf of a natural or adoptive parent or legal guardian involving matters such as the custody, care, support, visitation or control of the enrolled child or children without services of a subpoena.

CONFIDENTIALITY

Information contained in a child's record shall be privileged and confidential and shall not be distributed or released to anyone not directly related to implementing the program plan for the child without written consent of the child's parents or pursuant to a court order. The program will notify the parent if a child's record is subpoenaed. Parents, upon request, shall have access to their child's entire record. In no event shall such access be delayed more than two business days after the initial request without the consent of the child's parents. Upon request for access, the child's entire record, regardless of the physical location of its parts, shall be made available.

TCG has established procedures governing access to, duplication of and dissemination of such information and shall maintain a permanent, written log in each child's record indicating any persons to whom information has been released. Each person releasing information, in whole or in part, shall upon each instance of release, enter into the log the following: name, signature, position, date, record portions released, purpose of release and the signature of the person to whom the information is released. Such logs shall be available only to the child's parents, the program personnel responsible for record maintenance, and to the Department of Early Education and Care as part of its regulatory function.

CHARGE FOR COPIES

The program will not charge an unreasonable fee for copies of any information contained in the child's record.

UPDATING THE CHILD'S RECORD

Children's records will be updated at least once per year, and more often as necessary. Written parental consents are valid for one year unless withdrawn or revised, in writing, prior to that time.

AMENDING THE CHILD'S RECORD

Parents shall have the right to add information, comments, data or any other relevant materials to the child's record.

Parents shall have the right to request deletion or amendment of any information contained in the child's record. Such request shall be made in accordance with the procedure described as follows:

If parents are of the opinion that adding information is not sufficient to explain, clarify or correct objectionable material in the child's record, they shall have the right to have a conference with the Program Director to make the objections known.

The Program Director will, within 1 week after the conference, give the parents a written statement of the reasons for decisions. If the decision is in favor of the parents, the Program Director shall immediately take steps as may be necessary to put the decision into effect.

TRANSFER OF RECORDS

Upon written request of the parents, the program shall transfer the child's record to the parents or any other person the parents identify when the child is no longer in day care.

AVAILABILITY OF INFORMATION TO THE DEPARTMENT OF EARLY EDUCATION AND CARE

Upon request, the program will make available to the Department of Early Education and Care any information required to be kept and maintained under or related to the regulations. Authorized employees of EEC shall not remove identifying case material from the program's premises and shall maintain the confidentiality of individual records.

NOTIFICATION TO PARENTS

The program shall notify the parents in writing of the above confidentiality policy, the process for the transfer of records and the availability of information to the Department of Early Education and Care at the time of intake and thereafter, in writing at least once a year.

RESEARCH AND EXPERIMENTATION: UNUSUAL TREATMENT

The Community Group Inc., does not allow any research or experimentation or unusual treatment involving children without the written, informed consent of the child's parents or guardian, for each occurrence. No research or unusual treatment, which would result in physical harm to children, is ever allowed.

The Director handles all requests for observation and written consent from parents/guardians is obtained.

UNAUTHORIZED ACTIVITIES

Activities unrelated to the direct care of children, including but not limited to fundraising and publicity photos (including digital images) or participation in the mass media, will not be conducted without written, informed consent of the parent or guardian.



PROGRAM DETAILS				
Support Services				
Program Support	978-682-6628	190 Hampshire St, 3rd Floor Lawrence, MA 01840	Monday-Friday 8:00am-4:00pm Year Round	N/A
Team Business Office				
Early Education and Care Programs				
Family Child Care Office	978-685-4122	190 Hampshire St Lawrence, MA 01840	Monday-Friday 8:00am-5:00pm Year Round	3 months – 6 years
Early Learning Center	978-686-0934 978-686-7196	11 & 20 Ballard Way Lawrence, MA 01843	Monday-Friday 7:00am-5:30pm Year Round	15 months – 7 years
Lawrence High School Infant and Toddler Program	978-722-8492	70-71 No Parish Rd Lawrence, MA 01843	Monday-Friday 6:30am-4:30pm Year Round	2 months – 2.9 years
LEAP Center	978-651-2805	404 Haverhill St Lawrence, MA 01840	Monday- Friday 7:00am-5:30pm	2.9 years – 7 years
Early Head Start Office	978-685-0871	439 So Union St Lawrence, MA 01843	Monday-Friday Year Round	Family Child Care: 2 months-4 years Center Based: 2 months- 2.9 years
Community Kids Place Programs (School Age)				
Community Kids Place - Arlington Elementary	978-771-1442	150 Arlington St Lawrence, MA	Monday-Friday 2:00pm-6:00pm School Year 7:30am-5:30pm Vacation/Summer	5 years – 13 years
Community Kids Place - Robert Frost Elementary	978-771-1998	33 Hamlet St Lawrence, MA	Monday-Friday 2:00pm-6:00pm School Year 7:30am-5:30pm Vacation/Summer	5 years – 13 years

Early Learning, Child Care, and Out of School Time Programs

Parent Handbook



Community Kids Place - Guilmette Elementary	978-807-5185	80 Bodwell St Lawrence, MA	Monday-Friday 2:00pm-6:00pm School Year 7:30am-5:30pm Vacation/Summer	5 years – 13 years
Community Kids Place - Methuen Kids Place	978-857-3324	255 Lawrence St Methuen, MA	Monday-Friday 2:00pm-6:00pm School Year 7:30am-5:30pm Vacation/Summer	5 years – 13 years
Community Kids Place - Parthum	978-221-7901	255 East Haverhill St Lawrence, MA	Monday-Friday 2:30pm-6:00pm School Year 7:30am-5:30pm Vacation/Summer	5 years – 13 years
Community Kids Place - South Lawrence East	978-771-3148	165 Crawford St Lawrence, MA	Monday-Friday 2:30pm-6:00pm School Year 7:30am-5:30pm Vacation/Summer	5 years – 13 years
Community Kids Place - Tarbox	978-914-8930	59 Alder St Lawrence, MA	Monday-Thursday 2:30pm-5:00pm School Year 7:30am-3:30pm Summer	5 years – 13 years



LOCAL RESOURCES

EMERGENCY SERVICES - POLICE, FIRE, AMBULANCE..... **911****Lawrence Public School Department**

Administration	978-975-5905
Parent Information	978-975-2768
Special Education	978-975-5990

Lawrence Police Dept.
(non-emergency) 978-794-5900

Adult Learning & Workforce
Development..... 978-722-8110

Child Care Circuit..... 978-686-4288

Suicide and Crisis Lifeline..... 988
Department of Children and
Families: Lawrence Office 800-792-5200
978-557-2500
Massachusetts Society for the
Prevention of Cruelty to
Children..... 978-681-7911
978-682-9222

Partners in Child Development..... 978-682-5075
Family Services of the Merrimack
Valley..... 978-3276600

Greater Lawrence Family Health Center

Haverhill Street.....	978-686-0090
Park Street.....	978-685-1770
Parker Street.....	978-686-3017
Summer Street.....	978-686-9701
Greater Lawrence Mental Health Center.....	978-683-3128
Holy Family Hospital.....	978-687-0151
Lawrence General Hospital.....	978-683-4000
Salvation Army.....	978-682-8038

Methuen Public School Department

Administration.....	978-681-1317
Special Education.....	978-681-1310
Parent Liaison Center.....	978-681-1312

Lawrence Fire Dept.
(non-emergency)..... 978-620-3430

**Greater Lawrence Community Action
Council**..... 978-681-4900

Health Care Navigator Program..... 978-620-4784

Housing Assistance Program..... 978-681-4900

WIC – Lawrence Office..... 978-681-4960

Coordinated Family and Community
Engagement..... 978-620-4726

Community and Family Support
(Michael B. Christian Center)..... 978-681-4900

Fuel Assistance..... 978-620-4750

Energy Conservation..... 978-681-4956

Department of Early Education and
Care..... 978-826-1300

MASS Dental Society..... 800-342-8747

MASS Medical Society..... 800-322-2303

Lawrence Housing Authority..... 978-683-2751

Dep. of Transitional Assistance..... 978-686-9441

Project Bread/SNAP Benefit..... 800-645-8333
Merrimack Valley Immigration and
Education Center..... 978-683-7316

Social Security Administration..... 800-772-1213

HEALTH REQUIREMENTS

Age	Immunizations									Labs		Screenings	
	Hep B	RV Rotavirus	DTaP	Hib	IPV Polio	PCV Pneumococcal	MMR	VAR Varicella	Hep A	Lead	Hemoglobin Hematocrit	Dental Every 6 months	Physical Exam Well Child Check (WCC)
2 Mos													
4 Mos													
6 Mos													
9 Mos													
12 Mos													
15 Mos													
18 Mos													
24 Mos													
30 Mos													
36 Mos													
4 Years													
5 Years													
6 Years													

- Oral Health: Dental visits should begin when the child's first tooth appears or by 12 months of age, whichever comes first. Subsequent visits should occur every six months.
- Children ages 7-10 years should receive an annual physical from their primary care doctor.
- Children ages 11-12 years: 1 dose Tdap (Tetanus, diphtheria, acellular pertussis), 1 dose Meningococcal B
- Covid and Flu vaccinations can be administered at the recommendations of the child's primary care doctor, with parent/guardian permission.

SAFE SLEEP



Keeping Sleep Time Safe

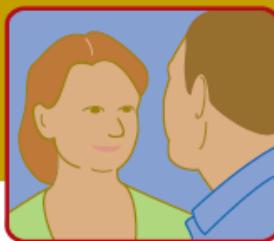
Information for Parents



Always put a baby to sleep on his/her back.



Keep soft bedding & toys out of crib.



Talk about safe sleep with anyone caring for your child.



Call 911 in an emergency.



DID YOU KNOW?

- Sudden Infant Death Syndrome (SIDS) is the leading cause of death for infants 1 month to 12 months old.
- Every hour, one baby dies from SIDS.
- One in five SIDS deaths occurs while an infant is in the care of someone other than a parent.
- A baby is most at risk of SIDS:
 - Between 2-4 months old
 - In the first few weeks of a new child care arrangement
 - When they are used to sleeping on their back and then put to sleep on their tummies.
- You can reduce your baby's risk of SIDS by making sure that you and those who care for your baby are using safe sleep practices.
- When awake, a baby needs supervised time on his/her belly to encourage physical development.

Make Sleep Time a Safe Time

- ✓ DO put the baby to sleep on his/her back - always!
- ✓ DO put the baby to sleep in a crib.
- ✓ DO keep a sleeping baby where you can hear him/her.
- ✓ DO check on a sleeping baby frequently.
- ✗ DON'T put a baby to sleep in a bed, car seat, sofa or chair.
- ✗ DON'T place toys, bedding, pillows, and stuffed animals in the crib.
- ✗ DON'T let a baby overheat during sleep – keep room temperature between 68°-72°F.
- ✗ DON'T cover a baby's head or bundle a baby in heavy clothing.
- ✗ DON'T allow smoking around the baby - keep the baby's sleeping environment smoke-free.

Talk With Your Child Care Provider

- Talk about your baby's sleep patterns and habits.
- Ask to see where your child will be napping while in the provider's care.
- Ask what your provider will do in the case of an emergency and keep your contact information up to date.
- Make sure the caregiver's CPR and First Aid certification is current.

A safety message from the



MASSACHUSETTS
Department of
Early Education and Care

For more information visit our website
at <http://www.eec.state.ma.us/>