

Kennedy Center Early Education Service

Educating Children Since 1964



Head Start School

23 A Moulton Street

Charlestown, MA 02129

617-241-8866

Parent/Guardian/Family Member Handbook

Dear Parents/Guardian/Family Member:

Welcome to the Kennedy Center Early Educational Service and Head Start School located at 23 A Moulton Street, Charlestown, MA 02129.

Our pledge: *The Kennedy Center believes in the importance of developing, inspiring, and growing young minds to their fullest capacity. The Board of Directors and staff are dedicated to providing the highest quality early education, childcare and educationally based after school programs.*

We encourage all parents, guardians, and/or family member to become an active participant in their child's educational endeavors. This handbook is are your guide to the policies and procedures that direct the operation of all our educational services and provide you with a road map of the parents, guardians, and/or family members' rights and responsibilities in relation to their interactions with agency staff, other students, school properties, and your child's educational services. No Handbook can cover all operational situations thus the management team reserves the right to modify the operating policies and procedures, as necessary to maintain the integrity of service, to comply with regulatory requirements, or to address any situation arising that is not covered by an existing policy or procedure. If have any questions about the information contained in this Handbook or seek further additional information, please contact the Enrollment Coordinator by calling 617-241-8866 or emailing Enrollment@KennedyCenter.org.

If have any questions about the information contained in this Handbook or seek further additional information, please contact the Education Coordinator by calling 617-241 8866 ext. 1339 or by calling the Director of Children's Services by calling 617-241-8866 ext. 1340.

Sincerely,
Terry William Kennedy
Executive Director

Sincerely,
Kathy Torosian
Director of Children's Services

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GENERAL INFORMATION

John F. Kennedy Family Service Center, Inc., (Kennedy Center) is a non-profit, multi-service agency that provides a wide range of educational and social services. Founded in 1964, the agency’s ongoing mission is “to provide individuals and families in need with services, opportunities, and the tools they require to lead productive and fulfilling lives.” Today the Kennedy Center is a recognized leader in the creation and operation of high quality programs with expertise in early childhood education, day care, antipoverty services and service navigation, case management, translation services and elder care supports and services.

Kennedy Center Early Educational Service has been providing high quality early educational and childcare services to the children of Charlestown since the 1960’s and all are licensed by the Massachusetts Department of Early Education and Care (EEC) and have received National Accreditation from the National Association for the Education of Young Children (NAEYC). All programs are participating in the Quality Rating Improvement System through EEC.

Kennedy Center’s Children’s Services do not discriminate against, nor give preferential treatment to, any child or family because of race, religion, cultural heritage, political beliefs, age, sex, national origin, disability, marital status, or sexual orientation.

Acceptance into Kennedy Center Early Educational Service is based on agency sanctioned eligibility requirements that are in compliance with the Massachusetts Department of Early Education and Care operational rules and regulations. Each program service has age requirements and all subsidized services have a family income and residency requirement. In special circumstances acceptance is conditional based on the appropriateness of the childcare placement for each individual child. Program staff and parents work together to identify the specific accommodations, if any, required to

meet the needs of each child. Once these accommodations are identified, the program will determine if the accommodations required to accept the child with special needs are reasonable and/or are in the best interest of the child, program, and family. The child's health and safety is the central factor in this decision.

KENNEDY CENTER EARLY EDUCATIONAL SERVICE'S SITES

23 A MOULTON STREET SITE OFFERS:

Head Start Preschool services are offered to children between the ages of 3 and 5 years of age. All Head Start slots are funded through the federal government for children who meet the age, income and residency requirements. Children will receive 6 hours of preschool educational services Monday through Friday from the hours of 8:00 AM to 2:00 PM. Head Start services operate only from September through June. The specific dates for each year will be published on the agency's website (www.KennedyCenter.org) and in a calendar that is included in all intake packages.

Extended Day Head Start/Preschool: services are offered to (Head Start) children between the ages of 3 and 5 years. The extended day services are between 8:00 and 6:00 PM, Monday through Friday. All extended day services at this location are funded by the Massachusetts Department of Early Education and Care (EEC).

After School: services are offered to children between the ages of 5 and 8 years that come from income eligible families and they are funded by the Massachusetts Department of Early Education and Care (EEC). Children attend after school during school year and full day (8am-6pm) during vacation weeks and summer.

Department of Children and Family Supportive services are provided for children that have an open case with the Department of Children and Families (DCF). A referral must come from a family's DCF case worker prior to these services being offered.

BUNKER HILL COLLEGE SITE OFFERS:

Full Day Preschool: services are offered to children between the ages of 2.9 and 5 years. This program accepts both private pay and subsidized payment options. There are a minimal number of part time slots available at this location. Contact Education Coordinator 617-228-2474 to inquire about these placement options. This service is offered from 7:30 AM to 5:30 PM, Monday through Friday.

Full Day Toddler: services are offered to children between the ages of 15 month and 2.9 years. This program accepts both private pay and subsidized payment options. There are a minimal number of part time slots available at this location. Contact Education Coordinator 617-228-2474 to inquire about these placement options. This service is offered from 7:30 AM to 5:30 PM, Monday through Friday.

Part Day Preschool and Toddler: services are offered at this location. This program accepts both private pay and subsidized payment options. The number of part time slots available is limited and will be filled on a first come first serve basis. Contact Education Coordinator 617-228-2474 to inquire about these placement options. This service is offered from 7:30 AM to 1:00 PM, Monday through Friday.

STARTING THE PROGRAM

Pre-Enrollment: Before the first day of school, families and children meet their teachers and family advocate at a home visit and/or at a visit to the program. At this visit the staff will explain what will happen in the program and outline the enrollment process. The staff will also collect information about child's interests, health needs, developmental and social-emotional levels, and parent goals for the program. This information will help guide the program staff as they work with the child and family during the year.

Parent Orientation: Each parent or guardian receives an on-site orientation to the program. This orientation includes a review of the Parent Handbook, a chance to meet the Education Coordinator and their child's teaching team. The orientation provides an overview of the philosophy of the program, policies of the program and a general schedule of what will happen over the coming program year.

Enrollment: Children are generally "phased in" to their classroom by attending at least one shorter day generally with a small group of children. This allows children to feel more comfortable before they attend a full day.

Attendance: When your child does not attend their program daily he or she is missing quality educational services. If you keep your child home for any reason, you must notify either the child's teacher or your family advocate in the morning before school starts.

FEE PAYMENT POLICIES

Parent Fees for Subsidized Services: are based on family size and household income. Parents must pay their fees weekly in advance of the service week.

Parent Fees for Private Pay: services are billed on a monthly basis and must be paid in advance of service provided.

Non-Payment of Fees: will result in the termination from services. Each center depends on parent fees to help pay for all the services the children receive. Termination from subsidized services will occur when a parent has missed two (2) consecutive payments. Termination from private pay service will occur when the outstanding bill is more than 14 calendar days in arrears. Parents may request an alternative payment schedule as necessary. The Director of Children's Services and Controller must approve alternative payment plans in advance of implementation.

The KC Education Center's management team understands that termination from services is difficult for parents and children and in those rare circumstances when it is necessary to terminate a child's participation in the program, every effort is made to help with this transition.

Termination from Subsidized Service: will occur when the child has been absent for more than thirty (30) days within a six month period and/or the child has not attended the program for a two-week period of time without the agency being notified of the reason(s) for the absence or if the family cannot be reached. Reduction in funding can also result in termination.

Termination Due to Safety: concerns may occur if the program cannot meet the child's individual needs. Each program's ultimate goal is to provide every child with a successful classroom experience. If at any time a child's behavior appears to be a danger to him/her or to others specific interventions will be put into place (as resources allow). These may include, but are not limited to, referrals for additional support services, additional classroom staff (where funding is available) and/or an intervention plan that will be followed by both the parents and classroom staff that is directed at maintaining the child's continue attendance in their classroom. Only after these strategies are tried and determined to be unsuccessful is a termination considered. Parent refusal to implement specialized treatment options is also grounds for termination of services.

Termination Due to Parent/Guardian Behavior: A child will be terminated when the behavior of a parent is found to be consistently inappropriate, threatening or endangers the safety of staff and other children.

When a termination occurs, children are treated sensitively and reassured that the termination is not their fault. As possible they are given a chance to say good-bye to their friends and the teacher acknowledges the child's special qualities. Families are given every opportunity to work with the program to prevent termination. Termination information is given both verbally and in writing.

THE ROLE OF PARENTS

Research has shown that when parents are involved in their children's lives it benefits both the parents and their children in a wide variety of ways. Each program provides parent education activities to engage parents in their child's education experience. These activities include: field trips, workshops, fundraising, cultural celebrations, and the chance to volunteer in the classroom and program. Volunteering in the classroom and program enhances the relationship between the parent and child but it also develops a partnership between the parents and the program. This relationship allows the program staff to provide a high quality education and child development program.

Parent Volunteers: Parent volunteers are defined as "an unpaid person who is trained to assist in implementing ongoing program activities on a regular basis under the supervision of a staff person in the areas such as health, education, nutrition and management." Parents can volunteer on an occasional or regular basis. An occasional parent volunteer is defined as an individual who volunteers less than once a week. A regular parent volunteer is defined as an individual who volunteers more than once a week.

All regular parent volunteers are required to agree to a Criminal Record background check (CORI & DCF), and they must also submit the required documentation that shows they have had a physical examination and TB skin test within the past 12 months. Only when all results are in and are acceptable may the parent begin volunteering on a regular basis.

The Agency maintains a formal structure of shared governance with parents as per the Head Start Performance Standard 1304.50 which requires parent committees through which parents can participate in policy making or other decisions about the program. The parent groups are:

- Policy Council
- Policy Committee

Parent Committee: Each program establishes a Parent Committee comprised exclusively of parents of children currently enrolled at the program. Every parent of children currently enrolled in a program is eligible to be a member of the Parent Committee. The Parent Committee advises management staff in developing and implementing local program policies, activities and services; plan, conduct and participate in informal as well as formal programs and activities for parents and staff; and within the guidelines established by the governing body, Policy Council or Policy Committee, participate in the recruitment and screening of prospective Head Start employees. The Moulton Street Parent Committee elects a representative and alternate to the ABCD Head Start & Children's Service Policy Council. The Policy Council representative updates the Parent Committee regarding the actions taken by the Policy Council.

Policy Council: The Council elects a Chairperson, Vice-Chairperson, Secretary and Treasurer. In addition, they elect one Representative and one Alternate to represent the Policy Council at the ABCD Board of Directors and the Massachusetts Head Start Association. The Policy Council's responsibilities include: assisting ABCD's management staff in decision making related to program policies, recommending and or ratifying staff hiring or terminations, reviewing the budget, providing input on grant developments and advocating for the program.

PARENT RIGHTS

Records and Confidentiality: All information in a child's files is confidential and is not released without written parental consent. Only those people directly related to implementing or monitoring a child's progress are allowed to see the files. The Massachusetts Department of Early Education and Care, the Department of Elementary and Secondary Education, the Office of Head Start, and Kennedy Center educational services management staff have access to the files. Materials may not be removed from any file and confidentiality may not be breached.

Subpoena of a Child's Records: Parents are notified if a child's file is subpoenaed by the court.

Record Review: Parents may review their children's records within two business days following a written request. Requests should be addressed to the Director of Children's Services or the Education Coordinator for the site where the child is served. During the record review the parents may add information, comments or relevant data to their records.

Parents may ask to delete or amend any information in the records by holding a conference with the Education Coordinator and/or Family & Community Engagement Supervisor in order to clarify, explain or correct material. A decision will be given within one week.

Parents may request a copy of the records be transferred to the parents' designee when the child is no longer in the Center. There is no charge for copies of any information contained in a child's records.

A Usage Log is kept to indicate when any information is released, to whom, and for what purpose. This log is available to parents and appropriate staff.

Research Projects: At times, the Agency's programs agree to participate in research projects. Research, experimentation or non-routine activities will only be allowed with written and informed parent consent. All parent-consented interactions between children and observers are always appropriate and supervised by program staff.

Other Activities: The Agency's childcare programs do not authorize activities unrelated to the direct care of children without written, informed consent of the parent. These include but are not limited to: publicity, photographs, public hearings or rallies, and/or media interviews.

Parent Concerns/Complaints: Concerns or complaints about the program services by parents or members of the community should be directed to the Education Coordinator of the center where their child is served. If the Education Coordinator is not able to resolve an issue then the concern is brought to the attention of the Director of Children's Services who will confer with the Executive Director and define a response to the parent and any action steps to be taken to resolve the matter.

Code of Conduct: Courteous and respectful behavior (*) between and among all program participants is essential for the Agency to achieve its mission and help assure a positive environment and promote the safety of children, families and staff.

()The Agency will not tolerate behavior by parents, volunteers or staff that creates an unsafe environment for the children, other parents, staff and/or volunteers.*

Examples of unacceptable behavior include but are not limited to:

- Threats to staff, parents or children
- Physical or verbal abuse of a child

- Physical or verbal abuse of staff, other parents, and/or volunteers
- Yelling, Swearing and/or Cursing
- Verbally aggressive behavior such as shouting as a display of anger, threats of violence, etc...
- Physical violence
- Smoking
- Use of cell phones in the classroom
- Bringing drugs, alcohol or weapons to program sites or events

If a parent violates the Code of Conduct the Agency reserves the right to, among other things:

- Restrict access to the programs
- Terminate the child's enrollment
- Contact the Department of Children and Families (DCF)
- Contact the police

FAMILY ENGAGEMENT AND STAFF INTERACTIONS

The Agency's educational programs operate with an "open door" policy and parents are welcome to visit and participate in all aspects of the program. Although the classroom is open to parent visits at all times, it is important that the learning environment be respected and that visitors follow the direction of the teaching team.

Teachers, Family Advocates, Education Supervisors, Local Disability Specialists, Nutritionists, Health Managers, and Mental Health Consultants meet in partnership with families during the year to review children's activities and progress, provide support for family concerns, and encourage participation in the program.

Head Start research shows that home visits are a vital step in linking the staff with the child/family and are strongly encouraged for all Head Start families. While home-visits are not a condition of enrollment in the program, they provide staff and parents an opportunity to be together in an environment that is more comfortable for the child and often more convenient for parents. Children really enjoy having their teachers' visits in their homes.

Parents will be informed in writing at least 7 days prior of all changes to policies and procedures throughout the year. They will also receive notification if there is a change in permanent teaching staff through the program year.

Parent/Teacher Conferences: Three times a year each teaching team meets with each child's parents/guardians to discuss the child's progress in the program. This is the time when parents can work with teachers to develop joint goals and activities for the classroom and the home to support the child's learning. These parent/teacher conferences occur in the Fall (November/December) in the Winter (February/March) and in the Spring (May/June).

Family Advocate Services (Head Start Only): The goal of our Family Advocate services is to assist each family in getting the supports and services needed to ensure a successful experience for both the child and the family. Each child and family has the services of a full team, which may consist of: Teacher, Family Advocate, Education Coordinator, Health Manager, Disability Specialist, Mental Health Consultant, Nutritionist and/or other appropriate staff. The team provides the support and resources needed to meet the goals that the family has set. These goals are planned with the family based on information from child observations, screenings, child assessments, parent assessments and reports. In order to ensure that the family goals are being addressed during the year, the Family Advocate meets with the family and with the team to review progress and revise and implement plans. Family members may discuss concerns or plans with any team member on the telephone or in person by scheduling an appointment.

Referrals: The Agency and the City of Boston have many resources for children and families. The Agency's support staff has a wide variety of resources and access to information for families on various topics including but not limited to housing assistance, food assistance, fuel assistance, health, mental health, education and training, employment, legal services, child care and education, senior services, substance abuse, literacy, English as a second language, adult basic education and different support groups.

Parent Training: Each year parents are asked to complete a survey to help the Agency identify training topics that are of interest to families. The Agency is committed to working with parents to offer these training opportunities throughout the year at varying times and locations. Topics may include: child development, behavior management, curriculum, the home/school relationship, child health issues, mental health, special needs, nutrition, First Aid, CPR, home safety, and other topics as suggested through the parent survey.

STAFF

Director of Children's Services: The Director has overall responsibility for implementing

the program policies, as well as program governance, educational planning, hiring of staff, and supervision.

Specialists: Our Head Start program has specialists in the areas of education, disabilities, health, nutrition, family and community engagement and mental health. The specialists work with the teaching team to ensure that children and families receive individualized services that assist them in their growth and development.

Teaching Staff: The Agency has three types of teaching positions, Lead Teacher, Teacher and Teacher's Assistant. All teaching staff meets or exceeds the education and experience requirements of the Office of Head Start, EEC, and NAEYC. The minimum qualification for Lead Teachers is an Associate or Bachelor's Degree in Early Childhood Education. A number of our Lead Teachers have a Master's Degree in Early Childhood Education. All our Teachers have an Associate Degree in Early Childhood Education, Child Development Associate (CDA) credential or working to earn a CDA/AA. All teaching staff is certified in First Aid and CPR.

Program Support Staff: Program support staff may include food service staff, receptionists, secretaries, data entry clerks, parent assistants, administrative assistants, integrating aides, and janitorial/custodial staff. They provide services that support the daily operation of the programs.

All staff must have a Criminal Offender Record Inquiry (CORI) and Department of Children and Family (DCF) background check, and a physical examination reporting that he/she is in good health and free of communicable diseases prior to beginning work in a program with updates as required by the regulations.

CARE AND EDUCATION OF CHILDREN

The Agency's goal is to provide early education and childcare services that maximized each child's developmental possibilities.

Guidance and Discipline: The basis for our system of guidance and discipline is respect for and acceptance of each child. The goal is to help young children develop self-regulation and control. Children receive encouragement throughout the day to make

good choices and to work independently. They are encouraged to practice language and social skills and especially to identify and express their feelings in positive ways.

Preschoolers: During the first few weeks of school, the rules of the classroom are developed and reviewed with the children. Appropriate behavior is discussed including the ways of using equipment and materials, the daily schedule, and the use of words as opposed to physical force to express feelings. Children are always addressed in a respectful, caring manner.

A child being disruptive in one area of the classroom may be redirected to another area where more appropriate actions can occur. If a child is removed or redirected to another area, the teacher always explains the reason. As a last resort, in order to ensure the safety of all children in the classroom, a child may be requested to sit for an appropriate length of time (may not exceed one minute for each year of the child's age), taking place within the view of a Teacher after repeated teacher requests for behavior change or immediately following physical harm to another child. If a child presents a danger to self or other children, a teacher may have to gently hold the child to ensure his/her safety.

A child who is physically aggressive toward another child is encouraged to explain his/her actions and feelings and to nurture the other child. Teachers also ensure that children who demonstrate inappropriate behavior know that they are not "bad" children. It is our goal to help children learn new skills to deal with their behavior. Corporal punishment of any kind is prohibited and never used. Children are never physically threatened, spanked, neglected, verbally abused, humiliated, interrogated or harmed in any way. Children are never punished, humiliated or disciplined for soiling, wetting or toileting issues. Food is never used as a punishment, reward, or a consequence; nor will a child ever be force fed.

Curriculum: Developmentally appropriate practices guide our work with children. It is through these practices that a teacher plans his or her daily curriculum. The preschool classrooms use the Creative Curriculum for Preschoolers. These curricula have their own set of goals and objectives which provide teachers with a foundation in the own daily curriculum planning. The goals and objectives are designed to encourage cognitive, social, emotional, physical, language and literacy development of all children.

After observing each child's abilities and level of development, teachers and parents together plan how to assist children as they move to their next level whether it is learning to share, increasing their language skills, putting on a coat, or recognizing colors, numbers, and letters of the alphabet.

Teaching teams use ongoing observations, parent input and screenings to assess all children three times a year. These assessments are completed using the Creative Curriculum online database and Teaching Strategies Gold. TS Gold objectives support the five essential "school readiness" domains for all children age birth through five and are aligned with our Head Start Curriculum Frameworks and the Massachusetts Early Learning Guidelines. The assessment system is used to help teachers determine individual children's progress throughout the year and the program to understand the progress children are making in individual classrooms.

Preschool Curriculum: Each classroom design includes the following learning areas:

- Blocks
- housekeeping/dramatic play
- table toys/manipulative
- art
- sensory tables
- library
- writing area
- math/science areas

Teachers provide opportunities for children to play with the materials in the learning areas either alone or with other children. The activities are designed to encourage cognitive, social, physical, and emotional development of all children.

The daily schedule for preschoolers includes time for individual, small and large group activities, family style meals, free choice and teacher directed activities, and self-help skills such as toileting, hand washing and tooth brushing. The schedule also includes time for outdoor or indoor gross motor activities and rest time. Daily schedules and specific activities are posted in each classroom.

The typical preschool schedule includes:

- **Arrival/Greeting Time:** Parents sign their child into the classroom and briefly meet with the teacher. The child puts away his or her belongings and chooses a quiet activity.
- **Breakfast:** Children and teachers prepare the tables for the family-style meal, sit down and enjoy a relaxed breakfast together. Children are encouraged to talk with one another and share items of interest.
- **Circle/Meeting Time:** The teachers gather the whole classroom together for a group meeting. This meeting often sets the tone of the day as the teacher will review what is available in every learning center; discuss the weather, and other

events. It is often a time where children can share, sing songs, and recite a finger play.

- **Small Group Time:** This is a time when children work in small groups with the teacher(s). New concepts or materials are often introduced to children when they are in small groups. The teacher might work with a group of children who need a particular skill or need some individual attention.
- **Choice Time:** During this time children choose the interest area in which they would like to work, whom they want to work with, and what materials to use. Children might stay in one area for the whole time or they might move to other areas they want to work in.
- **Outdoor Time:** Playing outdoors is an extension of the classroom and it supports a child's physical development and learning. Teachers might take children for a science walk or they might play in a playground developing their gross motor skills.
- **Lunch Time:** Children help prepare the tables for this family-style meal. Conversations are encouraged about the day's events, the meal itself, or the interests of children. Children are encouraged to clean up after themselves. After lunch each child brushes his or her teeth.
- **Rest Time:** Children are encouraged to rest on a mat and relax. Many children will fall asleep. Teachers will not wake children; they will wake up on their own. If a child does not want to relax or sleep the teacher will provide quiet activities.
- **Snack Time:** After children wake up from their nap they will have a light snack. Parents of children who are not in full day, full year care will pick up their child after snack time.

Children in Extended Day:

- **Meeting Time:** The teacher will gather the children to reflect on the day so far and what is being planned for the afternoon. A story might be read or songs might be sung.
- **Outdoor' Time:** Children will have a second chance to spend time outdoors.
- **Choice Time/Small Group Time:** as listed above.
- **Dismissal:** Children and teachers will discuss the day as parents come to pick up each child.

CHILD DEVELOPMENT/REFERRAL SUPPORT SERVICES

Screenings and Observations: In order to help children reach their full potential physically, emotionally, mentally, and socially program staff will assess children through

developmental, social/emotional, vision, and hearing screenings within 45 days of their enrollment. Child observations and screenings provide parents and staff with a quick check of each child's general health and development. Some screening results may indicate the need for further evaluation. Program staff will follow procedures for referring parents to appropriate social, mental health, educational, disability, medical, and nutritional services.

Each year, with parent's written permission, children receive the following screenings from staff or from outside agency specialists:

- **Vision Screening:** Vision screening is done on preschool children who were not screened by their pediatrician. This screening is performed by the Health Manager or Health Aide using the Sure Sight screening tool or by optometry students from the New England College of Optometry under supervision of clinical professors from that program. Vision screening guidelines are set by the Massachusetts Department of Public Health. Once the screening is completed the results are sent home to the parent/guardian. If a child does not pass the vision screening a referral is made for a complete eye examination or if the parent chooses, they can access comprehensive eye examinations and services through the New England Eye On-Sight Mobile Vision Clinic who visits designated JFK Education Center program sites.
- **Hearing Screening:** Hearing screening is performed on preschool children who were not screened by their pediatrician by the Health Manager or Health Aide using the AuDx hearing screening tool. Results of the screening are sent home in a timely manner. If a child does not pass the screening the child is referred for a complete hearing examination by an audiologist.
- **Developmental Screening:** The teacher checks each child's (infants, toddlers, and preschoolers) overall development including large motor and small motor abilities', speech and language development, and social skills by using the Ages and Stages Developmental Assessment Tool and, ongoing observation. These are completed on initial enrollment. Information is shared with parents during the first parent/teacher conference in the Fall.
- **Social Emotional Screening:** The teacher and the parents assess each child's (toddlers and preschoolers) social and emotional health using the Ages & Stages Social/Emotional Screening Tool. The Mental Health Consultant or Specialist may also observe general classroom behavior and interactions.
- **Height/Weight Screening:** Children (toddlers and preschoolers) have their height and weight measured twice a year. The first measurement is taken between September and October. The second measurement is taken between March and April. The height and weight results are part of the child's nutrition assessment.

Based on the assessment parents will receive the appropriate nutrition information.

- Referral Services: Program staff meets with the parent to share concerns usually in conjunction with one of the Head Start specialists working in the Center (Health Manager, Education Supervisor, Disabilities Specialist, Mental Health Consultant or Nutritionist). During this meeting, the staff gives the parent the programs recommendation for further assessment and seeks written permission from the parent to assist in making a referral. Parents will be referred to the Boston Public School Special Education Department for preschoolers to be fully assessed by a team of specialists. Toddlers will be referred to an Early Intervention Program to be fully assessed for appropriate services.

The Disabilities Specialist helps the parent through the assessment process, maintains contact with both the parent and the evaluation team leader at either Boston Public School or Early Intervention, attends the team meeting and monitors the child's progress while in the program.

The Health Manager coordinates all medical concerns or referrals. This includes children who fail medical screenings or have medical conditions that need to be monitored or children who need to receive medication at school.

The Mental Health Consultant is also a member of the case management team. The well-being of children and families is a major concern of KC EDUCATION CENTERS Childcare Programs. Children and families are most successful when their lives are free of stressors. Stress leads to many behaviors which interfere with a child's ability to develop and learn. All children are screened for social-emotional concerns at the first home visit or within the first 45 days. Results are reviewed with parents to determine the need for additional services within the program. Parents are the most critical part of any mental health service and need to be fully engaged in the process from the beginning.

All programs have mental health staff either as permanent staff or on a consultant basis. With parent permission, referrals are made to the Mental Health Consultant where staff and parents may receive consultation and support resulting in individual plans for the child. These plans may include individual play therapy, peer play, pair play, social skills groups, or other services that may assist the child and family.

All referrals and contacts made by staff are documented and maintained in the child's file.

Meals and Snacks: All Head Start children receive nutritious meals planned by the Nutrition Department, parents, and staff. The children receive breakfast, lunch, snack, and a second snack if they are in the center more than eight (8) hours. Meal time is considered an important part of each child's curriculum.

Food that is high in vitamins, minerals, and fiber and low in fat, sugar, and salt is provided. Hot dogs, bologna, soda, syrup, and candy are NOT served because of their poor nutritional content.

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

All food is provided only by Head Start and Children's Services. These meals are prepared in licensed kitchens and the Food Service Staff is certified and trained to prepare meals for children with special diets such as food allergies.

Menus are given to parents each month. Since meals are based on the cultural diversity of all our families, some food may be different from what children receive at home.

Rest Time: All children (Toddlers and Preschoolers) have scheduled rest times that vary in length according to the needs of the child. Each child has his or her own cot or mat and designated space in the classroom. Teachers may rub children's backs to help them fall asleep. Children who do not sleep may be directed to a quiet area. A small pillow (for a toddler) and blanket from home helps a child relax. Please label each object with your child's name. Parents are responsible for seeing that these articles are washed on a regular basis

Toileting: Children in diapers will have them changed every 2-3 hours or whenever they are soiled or wet. A changing table is used for this purpose and all proper sanitation procedures are followed at all times. Soiled clothing is double-bagged in plastic, sealed and labeled with the child's name, stored in a special area, and returned to the parent at the end of the day.

Soiled disposable diapers are stored in leak-proof containers and removed from the center daily. The diaper changing area and sink is completely separate from any food preparation areas.

Staff members also wash their hands with soap and running water after assisting children with toileting or diapering. Individual paper towels are used to dry hands.

Preschoolers Toilet Training: Preschool children are expected to be toilet trained; however, if they are not toilet training is not a requirement for admission to the program. The program staff can participate in an approved parent defined toilet training plan that is consistent with the child's developmental level.

Regulations state that parents must ensure that a change of clothing is available for each child at all times. Extra center-owned clothing is available for changing purposes in addition to clothing brought from home by each child. Center-owned clothing must be laundered by the parent and returned to the school after being worn by a child.

Soiling or wetting of clothes is handled discreetly and matter-of-factly. No child is punished, verbally abused, or humiliated for soiling, wetting or for not using the toilet.

Tooth Brushing: All children are taught the importance and technique of tooth brushing. Dental hygiene in conjunction with meals is promoted through the following:

- For children age two and over: Once daily, after a meal, staff (or volunteers, if available) will assist children in brushing their teeth using a small smear of fluoride toothpaste.

Toothbrush Care: Each child receives a new child-sized toothbrush with soft bristles every three months or more frequently if they show signs of wear or when a child has been ill with a contagious disease. Each toothbrush is labeled with the child's name.

Toothbrushes are stored in individual containers or in a rack in which toothbrushes stand upright and do not touch each other. Toothbrushes are air dried after each use.

Hand Washing: Proper hand washing is taught to all children, staff and volunteers and they should wash their hands at least at the following times:

- Upon arrival into the classroom
- After toileting or diapering
- Before and after eating or handling food
- After coming into contact with bodily fluids or discharges (including sneezes, coughing)
- After handling pets or their equipment
- Before and after water play
- After outdoor play
- In addition, the staff must wash their hands:
- Before and after administering medication
- Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids)

- After assisting a child with toilet use
- After performing cleaning tasks, handling trash or using cleaning products

SERVING CHILDREN WITH SPECIAL NEEDS

Kennedy Center Early Educational Services offer an inclusive toddler and preschool experience for all children. This allows children with disabilities to play and learn beside children who may not have special educational or health needs.

The Disability Specialist ensures that all children with disabilities or suspected of having a disability receive the accommodations, support and services needed to be successful. These may include (but are not limited to):

- Changes or modifications in the center in order for the child to participate in the regular activities.
- Support services (as resources allow) in the childcare setting: including speech and language support, mental health support, occupational therapy, etc.
- Reduction of the staff to child ratio (as resources allow) in the classroom to which the child may be assigned.
- Purchase of special equipment, materials, ramps, or other aids (as resources allow).

If the program cannot accommodate a child's special need; the program provides the parent(s) written and verbal notification within 30 days as to the reasons for the decision and helps to find a more appropriate program for the child.

TRANSITIONS

Transitions are a very important part of a child's life and they are easiest for children when they feel comfortable and safe about where they are going and who is going to take care of them there. The Agency believed that transitions are easiest for families when they have appropriate information and are involved in the process. Daily transitions include:

Arrival: As children and parents arrive at the program the teaching staff will greet them, conduct a daily health check and acknowledge something special about the child upon entry into the classroom. Teachers will share information with the child and family about some of the special upcoming events of the day.

Children must arrive on time every day, as this will help develop a regular routine and easy transition from parent to teacher. Parents are responsible for informing the teacher when their child is going to be late arriving to class. Inordinate amounts of late arrivals can lead to suspension and/or termination of services.

Daily Activities: Teachers assist children with transitions between activities, such as indoor/outdoor play, classroom and toileting, setting up for meals, etc. Teachers will regularly review safety rules with the children and identify the adults responsible for each transition between activities. Transitions are treated as learning experiences and teachers will provide children with interesting activities so they are not waiting without anything to do for long periods of time.

Departure: The end of the day is also an important transition time. At pick up time teachers will say goodbye to the child and comment about the child's experiences during the day. Parents may be asked to make an appointment with their child's teacher (or other staff person) to discuss issues associated with the child's education, health and/or safety.

Be sure to ask your child how his or her day was so he/she can share their learning experiences.

Picking your child up on time reduces the child's stress of worrying about where their parent/guardian is and why he or she is still in the classroom when all the other children have left for the day.

Children must be picked on time every day, as this will help develop a regular routine and easy transition from teacher to parent. Parents are responsible for informing the teacher when they are going to be late picking up their child. Inordinate amounts of late pickups can lead to suspension and/or termination of services.

Transition into Kindergarten: The Agency recognizes the importance of a smooth transition into kindergarten or the next educational step. The program staff helps this process in the following ways:

- Programs host on-site Kindergarten registration events. These sessions are sensitive to the language needs of the families.
- Social Service/Education Coordinators provide information and guidance for families with the pre-registration process when applying for a Kindergarten seat at Boston Public Schools. They will also assist with Kindergarten registration for other options such as Charter Schools, Parochial Schools, METCO or private schools.

Parents are given activities and books to help children prepare for Kindergarten.

- Teachers and children talk about the Kindergarten experience. They may visit the local public school and in some instances public school teachers visit preschool classroom.
- Parents are invited to participate in the development of transition activities.

Leaving Before the Program Year Ends: If for whatever reason a child needs to leave the program before the end of the school year, teachers help children say good-bye to their friends. They let the child know how special they are and how wonderful it was to have him or her in the class. Children often take artwork or photographs to help them remember their program experience.

CHILD SAFETY

Child Supervision: Children's safety is the first and most important responsibility of each staff member. Children are supervised at all times in the classroom, bathrooms, playgrounds, parks, and on field trips. No child is allowed in or out of the building without an adult.

Safe Environment: The Agency provides children with a safe emotional and physical environment. Teachers and staff check for safety concerns in and around the building on a daily basis with a full safety check of their classroom monthly. They also complete a safety check of playgrounds before children use them. The Education Coordinator is responsible for ensuring that a full site safety check and playground inspection is completed twice a year. First aid kits are checked every two months and are restocked after each use.

All visitors, as well as staff and children, are expected to conduct themselves in a manner that supports a safe environment. Anyone exhibiting inappropriate behavior may lose the right to enter the classroom, building, or even can be terminated from the program. All of the Agency's program sites and childcare centers are tobacco, alcohol and firearm free.

Emergency Evacuation: Each center has a comprehensive emergency plan. All staff and Volunteers are trained in emergency evacuation procedures. Plans are posted in each classroom. In the case of an emergency, all volunteers and parents must follow the directions of the program staff.

Outside Time: Program staff monitors weather conditions to ensure the health and safety when planning for outdoor play. Staff use the Child Care Weather Watch Chart to determine when children should not play outdoors due to extreme cold or heat.

Parent Contact: Teachers and Education Coordinators need to be able to reach parents at all times. Parents must maintain updated phone numbers, including names and phone numbers of emergency contacts.

Emergency Care: All education staff is certified in Pediatric first aid and Pediatric CPR. Ongoing training and annual review of health procedures are provided to all staff regularly. In the event of an emergency, first aid is given and the child is transported to the nearest medical facility (if necessary). Parents are contacted immediately for any injury that requires emergency care. Program staff completes an accident report and report all cases involving hospitalization or emergency medical treatment to the Director of Children's Services, Education Coordinator and/or Executive Director and the Massachusetts Department of Early Education and Care.

Minor Injuries: When minor injuries occur during the school day, teachers administer first aid and complete an accident report to be signed by the parent at the end of the school day. Teachers and/or Education Coordinator may call to let parents know about minor injuries during the program day.

If you have any questions about these policies, or if at any time you have concerns about your child's health and safety, please contact the program's Health Services Manager for assistance.

Additional information can be found at each program in the Health Care Policy.

Fire Emergency prevention and procedures during a fire emergency:

- Fire extinguishers are inspected regularly. They are placed where they can be reached easily but are not accessible to children.
- Exits are marked clearly and are not blocked with furniture, toys and/or other objects.
- Diagrams of exits and escape routes are posted in each room and at every exit.
- Staff and children practice fire drills once a month. Practice helps staff and children evacuate the building quickly. Fire drills happen in accordance with fire inspector requirements.

Fire and-burn prevention is built into the classroom curriculum:

- All Agency buildings are smoke-free environments. Smoking is not allowed in the building or on the grounds. Many children are affected by second and third hand smoke, especially if they have any respiratory problems.
- The phone numbers of the fire department and the police department are posted by each telephone.
- The smoke alarms are tested at least quarterly.

Pedestrian Safety: Throughout the program year staff discuss the importance of pedestrian safety for young children. Children are taught safety precautions when they are out of the center. These precautions include crossing streets safely, the meaning of streets signs, traffic lights and the "walk", "don't walk" signs.

Vehicle Safety: The Agency is very conscience about maintaining the safety of children at all times. Leaving children alone in a vehicle or failing to use proper seat belts are considered child neglect that may result in serious harm and therefore must be reported to the Department of Children and Families (DCF). All program staff are mandated reporters.

Field Trip Emergency Procedures: Field trips may include walking to a local park or taking a bus or MBTA transportation to a farm or a museum. Each teaching team carries a portable first aid kit including first aid supplies, emergency medical and transportation consent forms, emergency medication; parent emergency number and backup contact person's phone number. Trained staff and/or emergency personnel at the scene perform emergency first aid and CPR, if necessary. The programs follow Agency, Head Start and Children's Services Policy on Field Trips.

CHILD ABUSE AND NEGLECT

Safety and well-being of children attending our program is a high priority for the Agency. All our programs pride themselves on providing high quality, safe environments. As an agency serving young children, all staff is mandated to report any suspicious of child abuse and neglect according to state law.

The filing of an abuse or neglect report (51a) is not done with the purpose of punishing the family but with the explicit purpose of protecting the child. When staff determines the need to file a 51a order on behalf of a child, every attempt is made to notify the parent before calling the Department of Children and Families (DCF) to provide support, information, and assistance through the process.

The Agency strives to only hire the most qualified staff and every staff member is required to have a Criminal Offense Record Investigation (CORI) and a Department of Children and Families Background Check completed and approved prior to working with your children.

If for any reason a program staff or a parent suspects that a child is subject to abuse or neglect by a staff member, the Center initiates the following institutional abuse procedures:

- The suspected incident is communicated to the Education Coordinator and Director of Children's Services.
- The Director of Children's Services notifies the Executive Director and the child's parent if they were not the party that notified the agency of the alleged abuse/neglect.
- If the Director of Children's Services or designee determines there is credence to the allegation of neglect/abuse then the alleged perpetrator will be immediately suspended pending the outcome of an administrative review of the allegation.
- The Education Coordinator, Social Service Coordinator or Director of Children's Services will report the incident to the Department of Early Education and Care and Department of Children and Family as required by their regulations.
- Within 48 hours of the allegation a determination will be made as to the validity of the allegation and the Agency's management team will take the appropriate supervisory action based on the facts of the case. The administration reserves the right to extend the deadline when it is deemed that more time is needed to fully investigate this incident.
- All incident reports will be kept on file in the Director of Children's Services office.

If you ever have any concerns about any staff or about your child's safety, please contact the Education Coordinator or Director of Children's Services.

CHILD HEALTH AND NUTRITION

Good health is an important part of each child's development. To be able to provide a safe and healthy environment for each and every child, the Agency requires parents to present documentation of their child's physical examination and various medical test results. A child's physical examination should include information on physical

limitations, medical and/or nutritional concerns, allergies, and ongoing follow-up and treatment.

Annual Check Up: An annual check-up is required for continued program participation for preschool children and more frequently for toddlers. Parents are required to present documentation of their child's up-to-date immunizations, complete physical, including physical assessment, hematocrit or hemoglobin, lead level, blood pressure, hearing, vision screenings at the frequency indicated by the Early and Periodic Screening, Diagnosis and Treatment Schedule (EPSDT) according to the child's age. TB test/risk assessment is required for all preschoolers and for infants/toddlers (over 1 year of age). Staff will remind parents of soon-to-be expired examinations.

When a child does not have a source of dental care, the Agency, with the consent of parents will use the Commonwealth Mobile Oral Health Services to provide onsite dental examinations and treatment for children.

If you have questions about the Childhood Immunization Schedule for your child's age group or for any other health related issues, please contact your program's Health Services Manager.

Health Provider and Insurance Assistance: Program staff will work with families to ensure that all children are enrolled in a health insurance plan and have a Medical Home. If a child does not currently have a doctor or a dentist, the Family Advocate or Health Services Manager will help the parent get appropriate health and/or dental services. As part of the programs emphasis on good health practices, the Health Services Manager works with the child, the child's teacher, and the parent to meet the family's health needs. These services may include parent workshops, staff training, newsletters, home visits, consultation, or other supportive services as needed or requested by parents and staff.

Parents are informed of the following policy at the start of the school year:

- Teachers perform a daily health check of each child at the entrance to the classroom. The teacher discusses any concerns with the parent immediately. If a teacher sees that a child is not well during the day, the teacher will take the child's temperature using a digital thermometer. The teacher then informs the Health Services Manager, who will evaluate the child and decide to send the child home. Children rest quietly and are comforted by staff until arrangements are made with the parent to pick up the child. Parents should be communicating regularly with staff regarding their child's health.

Plan for care of mildly ill children in the center: When a child is found to be mildly ill, the Program Director or designee will contact the child's parents. If the parents cannot be reached, the Program Director or designee will contact the emergency contact person for the child. The child will be cared for in a quiet corner of the classroom until the child is picked up. If the child is contagious, the child will wait in the office under supervision. *The parent is expected to pick up the child as soon as possible and no longer than one hour after being notified. Parents must notify their Family Advocate of changes in emergency numbers. If job commitments or distance prohibits you from picking up your child within one hour, alternate arrangements are used. Alternate arrangements must be in place before your child enters our program and will remain in place during the child's stay at school.*

The following is a general guide for excluding and returning children to the program:

- The Teacher must contact the Health Services Manager, if child in their program needs to be sent home.
 - The Health Services Manager will evaluate each individual case and make a determination if the child can stay or must be sent home based on Agency and regulatory policies.
 - The Health Services Manager, should immediately notify the Director of Children's Services when there is a reportable diseases identified in the program. These cases will be reported to the Boston Public Health Commission or the Massachusetts Department of Public Health, according to Boston Public Health Commission guidelines.
 - The Health Services Manager, will send a child home or for a medical evaluation according to the guidance below. Exclusions may be modified if there are outbreaks or clusters of disease.
1. *When a confirmed case of a communicable disease is identified, all parents of potentially exposed children will be notified and given an information sheet on the disease, symptoms to look for, and the program's exclusion policies related to the illness. The program staff will begin all special infectious disease precautions necessary for this illness as directed by the Health Services Manager.*
 2. *Whenever a child has or may have a contagious condition (such as strep, chicken pox, measles, head lice, etc.), the parent(s) should call the program immediately. The staff needs to know in order for a letter to be sent home with all children who may be exposed. This letter offers guidance should your child become ill.*

- 3. The Health Services Manager and/or Director of Children's Services will evaluate each case of communicable and non-communicable disease and will request medical documentation from parents as needed. All information provided by parents is kept confidential.*

Individual Health Care Plans: All programs must maintain as part of a child's records an Individual Health Care Plan (IHCP) for each child with a chronic medical condition which has been diagnosed by a licensed health care provider. An IHCP ensures that a child with a chronic medical condition received health care services he or she may need while attending the program. The Health Services managers develop an IHCP in collaboration with the parents/guardians, program educators and the child's licensed health care practitioner, who must authorize the IHCP.

Health Related Restrictions: The medical, clinical and education team may deem a medical condition will negatively impact a child's well-being thus restrict that child from participation in services on either a temporary or permanent basis. In these instances, program staff will work with parents to facilitate a child's re- entry to the program or transfer to program that will benefit the child without negatively impacting his/her medical condition.

Lack of Participation in Classroom Activities: Many viral and bacterial diseases begin with tiredness, weakness, lack of appetite, and other non-specific symptoms. If a child is unable to participate in regular classroom activities, he or she will be sent home until he or she feels well enough to participate in the program. The Education Coordinator or Health Manager must be contacted to evaluate the child's health condition.

Fever: A child will be sent home if his/her temperature is 100.0 degrees F or higher. A child is not allowed to return to the program until his or her temperature is normal and the child is symptom-free for 24 hours without taking medication.

Diarrhea: Diarrhea is defined by watery stools that are not associated with changes in diet. The child should be excluded from the program, if stools are looser than usual for the child. Exclusion is required for all diapered children whose stool is not contained on a diaper or the child has two or more stools per day above what is normal for that child. The child can return after the stools are formed and the child is symptom-free for 24 hours without taking medication. If diarrhea persists, parents should contact child's primary health care provider.

Blood in Stool: If there is blood in stools that is not explainable by dietary change, medication or hard stools then the Child needs to be referred to his/her health care provider for evaluation.

Vomiting: If a child is vomiting they will be excluded if there were 2 or more episodes of vomiting in the previous 24 hours. One episode of vomiting accompanied by a fever or severe headache requires exclusion. Parents should be referred to the child's primary care provider.

Persistent Abdominal Pain: If persistent abdominal pain continues more than 2 hours or the intermittent pain is associated with fever or other signs or symptoms the parents will be encouraged to take the Child to their primary care provider.

Rash With-Fever or Behavioral Changes: The child will be excluded until a health provider determines that these symptoms do not indicate a communicable disease.

Pink Eye: The child is excluded immediately and may only return to the program with a medical note stating: 1) that the child does not have a transmittable disease or 2) if the diagnosis is positive that the child has had 24 hours of antibiotic treatment.

Non-Specific Skin Lesions: The child is excluded until he/she has a medical note that provides the diagnosis and states that he/she may return to the program.

Strep Throat/Scarlet Fever: The child is excluded until the he or she has a medical note that provides the diagnosis, antibiotic treatment and states that the child can return to the program.

Chickenpox: The child is excluded until crusting begins. This is usually about 6 days after the rash appears. Cases of chickenpox are reported to the Boston Public Health Commission. A medical note is mandatory to return to the program.

Common Cold: The child is excluded, only if he/she is unable to participate in the program.

Meningitis: The child is excluded and can return only with a medical note stating the diagnosis and stating that he/she may return. Some contacts will be excluded. Meningitis will be reported to the Boston Public Health Commission.

Head Lice: A child will be excluded and cannot return until fully treated and free of nits. The Education Coordinator (or designee) must check the child before he/she can return to the program.

Impetigo (Skin Infection): A child will be excluded until he or she has a medical note to return to the program.

Scabies: A child will be excluded until the child is treated and has a medical note to return to the program.

Pertussis: A child will be excluded until he or she has a medical note providing the diagnosis and stating that the child can return to the program. Pertussis will be reported to the Boston Public Health Commission.

Mumps: A child will be excluded until he or she has a medical note providing the diagnosis and stating that the child can return to the program. Mumps will be reported to the Boston Public Health Commission.

Measles: A child will be excluded until he or she has a medical note providing the diagnosis and stating that the child can return to the program. Measles will be reported to the Boston Public Health Commission.

Rubella: A child will be excluded until he or she has a medical note providing the diagnosis and stating that the child can return to the program. Rubella will be reported to the Boston Public Health Commission.

Herpes Simplex (cold sores): A child will be sent home if blisters cannot be covered or are not crusted over. A medical note is mandatory to return to the program.

Hepatitis: A child will be excluded until he or she has a medical note providing the diagnosis and stating that the child can return to the program. Hepatitis will be reported to the Boston Public Health Commission.

Tuberculosis: A child with suspected or confirmed case should be excluded and immediately reported to the Massachusetts Department of Public Health. The child may return only with a medical note providing the diagnosis, treatment and stating that the child can return to the program. If child travels outside of the United States for one month or longer, prior returning to the classroom, he/she is required to have an updated TB risk assessment.

Lack of Mandatory Medical Documentation: A child may be excluded for lack of up-to-date physical, immunization, or TB test/assessment.

Nutrition Assessment for Preschoolers: The nutrition department provides a Nutrition Assessment on each child's eating habits and physical activity. This assessment is based on:

- The laboratory results (for iron and lead) that are collected from each child's physical.
- The height and weight screening that is done twice a year. The first measurement is within
- 45 days of enrollment; the second is done in the spring.
- The Nutrition and Physical Activity Questionnaire is completed by the teachers with the parent within 45 days of enrollment.

Based on this assessment, parents will receive nutrition information in the mail and the opportunity to meet with the nutritionist to discuss their child's assessment.

Nutrition Assessment for Toddlers: The Nutritionist completes a Nutrition Questionnaire with the parent/guardian through an interview process. At this time the current feeding schedule of the child is discussed and the nutritionist can set up the appropriate meal plan for the child. The Nutritionist will provide the necessary nutrition information to the parent.

Meal Modification: The program staff will request a Medical Statement be completed by the child's primary care provider when a parent/guardian indicates that their child requires a meal modification. 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 Medical Statement must be completed by a child's physician, allergist or nutritionist and returned by the parent/guardian to the program before the child sits down for a meal. If an allergy or other condition requiring a 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 form is not needed for religious or personal beliefs such as vegetarianism.

If the parent/guardian does not bring in the Medical Statement, we cannot safely prepare the appropriate meal for the child if we do not receive the required information from the child's physician or allergist. Program staff will work with the parents and a child's

physician to ensure that all of the child's dietary needs will be met prior to enrollment in the program.

Each Kennedy Center Early Educational Service program participates 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.

Meals served must meet the nutrition requirements established by USDA's Child & Adult Care Food Program. In order to participate, Kennedy Center Early Educational Service's Head Start Services has agreed to follow the USDA guidelines. The Head Start menu you receive meets the minimum meal component and portion requirements to be served according to a child's age. A medical statement from your doctor is necessary if your child cannot eat foods required by the CACFP.

MEDICATION ADMINISTRATION POLICY

Parents and primary care providers are encouraged to arrange medication times for non-school hours whenever possible. Parents are also welcome to visit during the program hours and give medication to their children at school. 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 the program staff to administer the medication. The Medication Authorization form is valid for one calendar year and can be updated only by child's health care provider.

- All medications administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent.
- All Kennedy Center Early Educational Services provide sunscreen for children ages 15 months and older.
- All medications must be in the original containers and with original labels affixed. If a parent leaves medication in the program without a signed medication authorization form, the Education Coordinator will be notified and the medication will be sent home the same day. The Education Coordinator will check the medication before accepting it in the program.
- Educators will not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health

care practitioner. The first dosage of all medications must be administered by the parent/guardian at home.

- Agency Performance Standards require that all medications for children staff and volunteers be labeled and stored out of reach of children under lock and key and refrigerated if necessary.
- Emergency medications such as epinephrine auto-injectors must be immediately available for use as needed. All medication will be stored under proper conditions for sanitation, preservation, security and safety.
- The staff will be trained and be able to demonstrate proper techniques for administering, handling and storing medication, including the use of any necessary equipment to administer medication.
- All education staff, including those who do not administer medication, receives training in recognizing common side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program.
- Parents 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.
- Each time a medication is administered, the staff must document in the child's record 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.
- Spills, reactions, and refusal to take medication will be noted on this log. When a medication error occurs, the Regional Poison Control Center and the child's parents will be contacted immediately.
- All medical incidents will be documented in the child's record.
- 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.

HOURS OF OPERATION

Hours of Operation: The Head Start site hours are 8:00 AM to 6:00 PM Monday to Friday. There is the ability to purchase early drop off service that starts at 7:30 AM. For details about this service please contact the Enrollment Coordinator. Parents are expected to bring their children to the program when the classroom opens. Arriving late means the child loses important activities that start each day. Children must be signed into the program by an appropriate person who is 14 years old or older.

WEATHER, HOLIDAY AND PROFESSIONAL DAY CLOSURES

Weather Policy: In the case of inclement weather please view Fox 25 for school closures.

Holiday and Professional Day Closures: All parents will be provided with a schedule of days when the center will not be open for the observance of Holidays and for staff training and professional development days.

CHILD DROP OFF/PICK UP POLICIES

Parents are required to sign in when dropping off and/or picking up their child from the Center. If your child will be late for school, you must notify the teacher at least half an hour before classes begin. Consistent lateness without prior notification to the program will be addressed on an individual basis with parents.

Parents are expected to pick their child up on time every day. Parents must call the program to notify staff when they are going to be late for pick up.

Consistent late pick (*) up is a very serious matter and will be addressed on an individual basis with parents. Parent will have to sign a late pick up acknowledgement form every time they pick up their child after 6:00 PM.

No child is released to anyone who has not been designated in writing by the parent (or by legal document if necessary). In all cases the person picking up the child must be an appropriate person who is 14 years old or older.

A legal document, (e.g. a restraining order, custody papers) is required to prevent a child's parent from picking up the child.

No child is released to anyone intoxicated or otherwise impaired such that the safety of the child is in question. When there is a problem with the condition of the person picking up a child the emergency backup contacts will be notified and requested to pick up the child.

If a child is not picked up at the end of class and no message from the parent has been received, a person from the emergency contact list is called to pick up the child.

A picture ID is required for pick-up when the person is on the list but not known by staff.

If no emergency contact person can be reached and no message from the parent has been received the Department of Children and Families (DCF) and the Boston Police Department will be notified.

No child is ever left unattended. Staff ensures that the child is safe and comforted throughout the transition process. For liability purposes, under no circumstances may staff take a child to his/her home.

No child may be dropped off at a playground, parking lot, hall way, or empty classroom, etc. If you arrive when the class has left the center, you must wait with your child until the class returns, unless other approved arrangements have been made ahead of time with the Education Coordinator. If your child has a medical appointment and you have informed the staff you will not be considered late.

(*) Parents who are excessively late picking up their children will be required to meet with staff to resolve the issue with a written plan to prevent re-occurrence. Lateness will be tracked and addressed by the teachers and Education Coordinator. Every child must have reachable, backup/emergency contacts on file. Failure to make appropriate arrangements for getting children from the Center on time may be reported to Department of Children and Families or the Boston Police Department.

The Agency reserves the right to terminate services to parents who have excessive unexcused late pickups.

IMPORTANT REMINDERS

Emergency Information: Keep the Center informed of all required changes such as telephone numbers and addresses. It is critical that the Center can reach you in an emergency.

Child "Drop Off" Information: Always bring children directly to the sign in location/class. The program is not responsible for children left outside of the building. Remember: All children must be signed into the classroom at the beginning of the day by an appropriate person.

Child "Pick Up" Information: We require the written names and phone numbers of all people authorized to pick up children. The program must be informed ahead of time by a phone call and written note from the parent if a newly authorized person is picking up a child. Remember: All children must be signed out of the classroom at the end of the day.

Items from home: Please do not let a child bring any money, candy, valuable jewelry or toys to school. No toy weapons of any kind are allowed at school.

Food from home: For safety reasons, the Commonwealth of Massachusetts requires that meals for children be prepared in licensed kitchens by staff certified in food safety and sanitation. For this reason all food is provided by KC EDUCATION CENTERS Head Start & Children's Services only. The program kitchens will prepare all food, including food for children on special diets when the Medical Statement for Children with Diet Modifications has been completed by the child's health provider.

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. Each classroom celebrates the birthdays of the month with a special treat.

Clothing: Bring your child to school in clothing and shoes appropriate for the weather and for participation in activities such as painting, water play, and outdoor play. No child should be worried about keeping clothes clean during play. In case of spills or wetting, children need to have extra clothing at school at all times. Please label all clothing that is important to you.

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Rest time materials: Please provide a small pillow (for toddlers and preschoolers only) and blanket with your child's name on it for rest time.

Parent/Staff Communication:

1. Read all letters and complete forms that are sent home as the information is always important.
2. Inform staff of a child's allergies and special needs.
3. Tell staff of any changes in the home that might affect a child: new baby, moving, divorce, death, etc.
4. Call program staff whenever you have any questions or concerns.
5. Make sure the program has a copy of any legal documents that restrict the child's contact with others, such as restraining orders or custody papers.
6. It is critical to keep telephone numbers including emergency contacts and pick-up lists **UP TO DATE**.
7. Please make plans to volunteer; your child's program needs you.
8. Each program will make every effort to talk and communicate with you in your first language.
9. The program will strive to provide written materials (whenever possible) in the primary languages spoken in the program.
10. As necessary the program will bring in translators who speak a language not spoken by staff.