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OUR MISSION

The mission of Pathways for Children is to serve the best interests of infant through adolescent children and their families – whether disadvantaged by circumstance or in search of opportunity – by delivering the empowering gift of quality educational, social development and support services that strengthen the family unit and the community.

OUR PHILOSOPHY

Pathways for Children’s philosophy is to provide a safe, nurturing, and stimulating environment that will encourage a positive self-esteem and meet the developmental needs of your child. We want your child to feel special.

Neither children nor families will be discriminated against because of race, gender, national origins, political or religious beliefs, disabilities, marital status, gender identity or sexual orientation.

The Department of Early Education and Care is our licensing authority.

Department of Early Education and Care
Northeast Regional Office
360 Merrimack Street – Building 9
Entrance I – 3rd Floor
Lawrence, MA  01843

Parents may contact the Department of Early Education and Care for information on Pathways for Children.
Please turn off your cell phone when dropping off or picking up your child or attending a Pathways’ function. This will enable us to freely check in with you about your child, and for you to hear about your child’s day. Cell phones can be disruptive during meetings and events; staff keeps theirs off in order to fully participate with you; please do the same.

Thank you.
WHAT IS PATHWAYS FOR CHILDREN?

Pathways for Children is a non-profit organization that has provided high quality, comprehensive child care services to children, from birth to 13 years old, and their families since 1967.

All of PATHWAYS FOR CHILDREN’s programs nurture those areas which need growth while promoting the strengths of the individual child and parent.

Our programs include:

- **Family Child Care** – nurturing day care in licensed family child care homes for children ages birth through twelve years.
- **Early Head Start** – NAEYC accredited program that provides center based child care for children 6 weeks old to 2.9 years old
- **Head Start** - NAEYC accredited educational preschool program for 3 and 4 year olds. Part day and full day programs located in Gloucester, Beverly, Salem and Peabody. (We will leave Peabody here for now.)
- **School Age Care** – provides after school and vacation care to children ages 6 to 13
- **Cape Ann Families** – provides family support and education services to the Cape Ann community.
- **Cape Ann Partnership for Families and Children** – Department of Early Education and Care program that offers family support and community engagement activities to the entire Cape Ann community.
Adjusting to School

Often parents and young children find the separation from each other to be a difficult transition. Each family is different. What works for one may not be of help to the next. Here are some “first day” suggestions that other parents have found to be helpful.

- Talk about school before you arrive, what your child has to look forward to there and what you will be doing while your child is in school.
- Plan to stay a while. Fade into the background while your child tries out new toys and approaches new children. Stay nearby for support.

  - When you feel it is time to go, make sure that a staff person is nearby to provide support if needed. Please say “goodbye” directly to your child. If a parent slips away without telling the child, the child often feels betrayed and is afraid to become involved the next day for fear the parent will leave unannounced. If your child seems very upset, please feel free to call us later in the morning to see how he/she is doing.
  - Do not hesitate to talk to your child’s teacher if you have concerns about his/her adjustment to the program. Together we can make this first school experience a positive one for your whole family.

Attendance

Regular school attendance is important for your child’s continued success in the program. Regular attendance helps a child feel he/she belongs and allows them to continue learning without having to catch up. Frequent absences keep a child at the “Beginning” stage and do not promote progress. Our program, as well as your child, can be affected by poor attendance. We expect you to send your child every day unless he/she is sick. When your child is ill, it is important that you call your child’s teacher or social worker. You can also leave a message at the main number. If your child is on a bus at any time during the day, you must also notify transportation at ext. 330. If we do not hear from you, the state requires us to call you or your emergency contacts to determine a child’s whereabouts.

Head Start

Because regular attendance is so important, the government mandates that Head Start have 85% attendance daily. If your child is absent without an explanatory phone call, your social worker will give you a call, to see if there is anything you need or if we can help in some way.

Child Care Health and Safety

Early Head Start, Head Start, and Family Child Care requires that each child has an annual physical examination and must have his/her doctor complete our medical form. This is a state law that we must obey to ensure the safety and good health of everyone. For all of our programs we need to know if your child has allergies, especially to food or to bee stings, so that we are prepared to both prevent and treat accordingly.

Our staff is trained in first aid and will administer minor treatment such as Band-aids, ice packs, etc., as needed. They are also trained in Infant/Child CPR. Parents are notified of any injury by telephone or a written note.

When a child becomes sick, at Early Head Start, Head Start, Family Child Care, or in our School Age Program, we will call you. If the illness meets the Criteria for Excluding Children From Child Care (p.51) you must immediately make arrangements to pick your child up from care.
If your child has been sent home with any communicable illness requiring medications, they need follow the doctor’s orders about when they can safely return to the program. (to receive medication for 24 hours before returning to the program). We will need a note from the doctor before your child can return. We need to know if your child is staying home with a contagious illness such as chicken pox, measles, pinkeye (conjunctivitis) and strep throat, so that we can notify other parents of possible exposure.

If your child is sick during the night, and unable to attend school the next day, they should not attend programming.

We are unable to take care of children who exhibit such symptoms as a high fever, severe cough, or persistent diarrhea. Please refer to the “Criteria for Excluding Children from Child Care” chart.

Providers and centers may not refuse children who are arriving via Pathways for Children transportation for any reason including vomiting on the bus, possible head lice, possible conjunctivitis, or failure to bring diapers or appropriate clothing. If a provider or teacher feels that a child should not be in care according to the exclusion policy, the provider or teacher needs to reach the parent and make arrangements for the parent to pick up the child, or call Pathways for Children support staff for assistance. Drivers are responsible for bringing children to care. Families will be responsible for transportation in the event that the child needs to go home early.

1. Staff and children must wash hands:
   a) before and after eating or handling food
   b) before and after feeding a child
   c) after toileting and before and after diapering
   d) after coming in contact with blood and/or other body fluids
   e) after cleaning tables and materials, handling trash, or using cleaning products
   f) after handling pets or their equipment
   g) when returning from outdoor play
   h) after coughing or sneezing into bare hands
   i) upon entering a classroom
   j) before and after administration of medication
   k) before and after water play, sand play, or use of clay-like materials

Required Physical Examination Non-Compliance

Per the Department of Early Education and Care regulations children receiving child care services are required to have current immunizations and a physical examination on file at Pathways for Children. Updated yearly examinations must be maintained, so staff will continue to gather physical examination documentation from pediatricians for children whose appointments have already been scheduled. We will also review our records weekly to determine which children need appointments within the following six weeks. Families whose children need appointments to up-date physicals will be sent a reminder letter requesting the date of the appointment once it has been made. If staff does not hear from families within one week, they will be contacted by telephone. We will continue to make weekly phone calls and work with teachers and social workers in an effort to communicate with the families until we have a date for the physical examination.
Curriculum

Early Head Start
Each team of teachers plan curriculum that is exciting for young children, knowing that curriculum must be interesting, challenging and fun before children can benefit from it. The teachers structure classroom activities and routines to allow children to do as much for themselves as they can; children take responsibility for themselves and their classroom, perhaps by pouring their own juice, wiping down tables or putting toys away.

There are also many opportunities within the classroom for children to learn from each other as well as from the teacher. As opportunities arise for children to share skills or information from one another, the teacher encourages this exchange among peers, with material suggestions or appropriate guidance.

Teachers utilize their entire environment for learning, including the school itself, the family, the community and the world at large; they select curriculum that is relevant to children and their families, perhaps by taking trips into the neighborhood. It is our hope that the experiences offered to the children will open new choices, new opportunities and new avenues for growth.

Head Start
Pathways’ Head Start program uses Creative Curriculum to set the stage for children to learn by doing. Teachers plan curriculum by-

- Assessing the child’s interests and developmental level
- Developing learning centers where small groups of children can socialize, experiment, and practice skills
  - Teachers work with small groups and encourage independent play, decision making, and self-help skills
- As teachers work with a small group, they document information on each child, which, along with parent input about the child’s skill levels, interests, and cultural perspective, inform their individualized planning and assessment of each child.
- Each child’s home language and culture will be reflected in the curriculum
- Teachers use information they have gathered on a child through observation and input from parents to plan lessons and incorporate changes to learning centers for the following weeks

Example: If a teacher observes that a child cannot name the color red, she would create opportunities for many experiences with red throughout the day and the classroom. She might put out red paint, serve red sauce at lunch, and read a book about “Clifford the Big Red Dog”.

Assessments- Within 45 days of a child starting the program, Head Start teachers administer a “game” style assessment tool to measure a child’s developmental progress. (ESI-R for 3+ years, and the ESQ<-3). Screenings help us to understand where a child is developmentally and how we need to provide extra help or practice opportunities in a particular area. Our Social Emotional screening, the ASQ-SE, is completed by the family and teacher.
Mandated Reporting

Pathways for Children staff are required by Massachusetts state law to report to the Department of Children and Families any suspicion of child abuse or neglect. It is Pathways policy to notify parents of any concerns or any report made to the agency, unless extraordinary circumstances dictate otherwise. Pathways social workers are dedicated to ensuring that families have access to area resources that can assist with parenting, support and education. If you do not have an assigned social worker, you can contact your child’s teacher or the Director of Social Services.

MEALS

In our Head Start Programs we offer a nutritional breakfast, lunch and snack in consultation with a registered dietitian.

Our Family Child Care providers serve nutritious and balanced meals each day including breakfast, lunch a wholesome snack.

Our School Age Care program serves a nutritious snack during the school year, and breakfast, lunch and snack during vacations and summer. There are no additional charges for meals.

Sanitary Food Handling – Foods that are served in the Head Start program are wholesome and obtained from licensed food purveyors and sources. Foods are prepared under sanitary food handling procedures.

Therefore foods prepared off - site will not be brought in and served in classrooms unless purchased as a non-perishable item. Parents, staff and children are welcome to plan and carry out food preparation activities within the programs using the on-site facilities. *Foods prepared at home will only be able to be served at parent meetings.

In adherence with our nutrition policy we ask that parents do not bring in birthday cakes or treats for your child’s birthday, we plan to highlight your child’s special day in other ways.

Pathways for Children participates in the Child & Adult Care Food Program. Nutritious meals meeting the United States Department of Agriculture guidelines are served to the children enrolled in our program. We cannot serve any child, including yours, meals or snacks prepared at home.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Please do not send in any food with your child without consulting with your child’s teacher or Day Care Provider. Please do not send food in your child’s backpack- it will be accessible to other children.

See chart on page 8 for examples of USDA Meal Patterns used in all Pathways’ programs.
# Meal Pattern for Children

## Breakfast

<table>
<thead>
<tr>
<th></th>
<th>Children 1 and 2 years</th>
<th>Children 3 through 5 years</th>
<th>Children 6 through 12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk, fluid, low-fat</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>Juice, fruit or vegetable</td>
<td>1/4 cup</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Bread or cereal:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread; enriched or whole grain</td>
<td>1/2 slice</td>
<td>1/2 slice</td>
<td>1 slice</td>
</tr>
<tr>
<td>Cereal; cold, dry or hot, cooked</td>
<td>1/4 cup or 1/3 ounce</td>
<td>1/3 cup or 1/2 ounce</td>
<td>3/4 cup or 1 ounce</td>
</tr>
</tbody>
</table>

## Snack (select 2 of 4 components)

<table>
<thead>
<tr>
<th></th>
<th>Children 1 and 2 years</th>
<th>Children 3 through 5 years</th>
<th>Children 6 through 12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk, fluid, low-fat</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>Meat or meat alternate</td>
<td>1/2 ounce</td>
<td>1/2 ounce</td>
<td>1 ounce</td>
</tr>
<tr>
<td>Yogurt</td>
<td>2 ounces</td>
<td>2 ounces</td>
<td>4 ounces</td>
</tr>
<tr>
<td>Juice, fruit or vegetable</td>
<td>1/2 cup</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
</tr>
<tr>
<td>Bread or cereal:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bread; enriched or whole grain</td>
<td>1/2 slice</td>
<td>1/2 slice</td>
<td>1 slice</td>
</tr>
<tr>
<td>Cereal; cold, dry or hot, cooked</td>
<td>1/4 cup</td>
<td>1/3 cup</td>
<td>3/4 cup</td>
</tr>
</tbody>
</table>

## Lunch or Supper

<table>
<thead>
<tr>
<th></th>
<th>Children 1 and 2 years</th>
<th>Children 3 through 5 years</th>
<th>Children 6 through 12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk, fluid, low-fat</td>
<td>1/2 cup</td>
<td>3/4 cup</td>
<td>1 cup</td>
</tr>
<tr>
<td>Meat or meat alternate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat, poultry or fish, cooked (lean meat without bone)</td>
<td>1 ounce</td>
<td>1 1/2 ounces</td>
<td>2 ounces</td>
</tr>
<tr>
<td>Cheese</td>
<td>1 ounce</td>
<td>1 1/2 ounces</td>
<td>2 ounces</td>
</tr>
<tr>
<td>Cottage Cheese, cheese food or cheese spread</td>
<td>2 ounces or 1/4 cup</td>
<td>3 ounces or 3/8 cup</td>
<td>4 ounces or 1/2 cup</td>
</tr>
<tr>
<td>Egg</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cooked dry beans/peas</td>
<td>1/4 cup</td>
<td>3/8 cup</td>
<td>1/2 cup</td>
</tr>
<tr>
<td>Peanut Butter or other nut or seed butters</td>
<td>2 tablespoons</td>
<td>3 tablespoons</td>
<td>4 tablespoons</td>
</tr>
<tr>
<td>Nuts and/or seeds</td>
<td>1/2 ounce = 50%</td>
<td>3/4 ounce = 50%</td>
<td>1 ounce = 50%</td>
</tr>
<tr>
<td>Yogurt, plain or flavored, unsweetened or sweetened</td>
<td>4 ounces or 1/2 cup</td>
<td>6 ounces or 3/4 cup</td>
<td>8 ounces or 1 cup</td>
</tr>
<tr>
<td>Vegetable and/or fruit</td>
<td>2 or more</td>
<td>1/4 cup total</td>
<td>1/2 cup total</td>
</tr>
<tr>
<td>Bread or bread alternate</td>
<td></td>
<td></td>
<td>3/4 cup total</td>
</tr>
<tr>
<td>Enriched or whole grain</td>
<td>(1/4 cup rice/noodles)</td>
<td>(1/4 cup rice/noodles)</td>
<td>(1/2 cup rice/noodles)</td>
</tr>
<tr>
<td>Bread or bread alternate</td>
<td>1/2 slice</td>
<td>1/2 slice</td>
<td>1 slice</td>
</tr>
</tbody>
</table>

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In accordance with federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW., Washington, D.C. 20250-9410 or call toll-free at (866) 632-9992 for TTY. Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 457-6277 (Spanish). USDA is an equal opportunity provider and employer.

Providers Choice
Supporting the Child Care Profession

Rev. 06/12
Parent, Family and Community Engagement
Families Are Important People to our programs!

Parents Are Always Welcome

We hope you will visit, observe and offer ideas to the program because you are your child’s first and most important teacher. The partnership of parents and staff is a vital part of our program. We feel it is important for parents and teachers to maintain open communication at all times.

Pathways maintains a strict Confidentiality Policy at all times. All staff are strictly prohibited from discussing any child or family information outside of the workplace.

At Pathways, parents are welcome to visit any time. Throughout the year, Early Head Start parents will have scheduled observation visits as well as meetings with the teachers.

Parent/Teacher Communication

We believe in the importance of a strong and supportive relationship with parents. The key to this relationship is communication. At Pathways we communicate with parents about their child’s progress and life at school in many ways.

Every child’s cubby or backpack is like a “mailbox” for parents. This is for notices, permission slips, daily notes, etc. Please check your child’s cubby or backpack every day. We will also keep in touch by speaking briefly with you in the morning and at pick-up time.

The Early Head Start teachers will write in your child’s individual daily log. They will share anecdotes about your child’s day. They will also enclose a daily sheet, which will tell you about their naps, diaper changes, feedings, etc.

Even in the best of circumstances problems arise. We ask that parents voice concerns or questions directly to his/her classroom teacher whenever possible. If the teacher cannot answer a specific question, or if the parent is not satisfied with the teacher’s response, the matter can then be discussed with the Social Worker, Education Supervisor, Program Manager, or Director.

Please keep us informed about any changes in your child’s home environment, especially events that can affect your child’s behavior in day care such as vacations, new sibling, death of pets, etc. Very significant events, such as the death of a family member or separation of parents, might call for a parent/teacher conference to ensure that your child is given the greatest possible support. It is very important to us that we serve the whole family, and that families feel at home with us.

At Pathways for Children we believe that parents are a VERY vital part of the success of the programs, and we stress in the importance of a strong and supportive relationship with parents. We provide a variety of opportunities for parents to participate in our programs. All parents have gifts and talents that they bring to the program – please come in and share what you have to offer!

PARENT CONFERENCES:

All School Age, Head Start, and Early Head Start staff are available for individual student conferences at parents’ request. Head Start and Early Head Start teachers will schedule with parents two home visits and two in-school conferences throughout the year to discuss their child’s progress and goals. The School Age Program hosts at least
two family events per year during which parents are encouraged to connect informally with teachers to discuss their child’s progress, as well as participate in fun activities with their children and meet other parents.

PARENT INPUT:
We encourage and welcome all parental input. Parents are asked to participate in Parent, Family and Community Engagement surveys to give us their opinions and level of satisfaction with our services to help us provide high quality services and support for our children and their families. The Early Head Start and Head Start Programs invite parents to contribute to the curriculum through monthly questionnaires, meetings, and contacts with teachers. Early Head Start and Head Start hold Curriculum Nights/Family Nights during the year, designed to involve families in the development of their child’s classroom curriculum and discuss school readiness goals.

PARENT CENTER MEETING/FAMILY NIGHTS: Parent Center Meetings/Family Nights are held monthly at each center. This is an opportunity to meet other parents and staff at your center and make decisions regarding issues pertinent to your center. Ideas for field trips and classroom activities, and parent events are some of the things you may discuss. Presentation by various staff members on topics of interest to parents are given at each meeting, such as school readiness activities to do at home with your children, stress management, nutrition topics, and more. One of the most important things you will do at the first meeting is to elect a parent representative(s) from your center to serve on the Policy Council. Parent meetings, workshops, or events to socialize with other parents and staff are some of the other things happening for you here at Pathways. Information resource materials on many topics are available for you to read or take. Some centers have lending libraries, available to all parents. We typically arrange for childcare and food for parent meetings. Transportation to meetings may be available if needed.

POLICY COUNCIL:
The Policy Council is a decision-making group of parents and community members who work closely with staff to assist in the planning of goals and objectives for the program as well as development of policies and procedures. The council represents the feelings, ideas, and concerns of parents in all of our centers and the communities we serve. Often parents feel they may not know enough about “councils” or preschools or budgets to be a member. All that is asked is a willingness to make a commitment to learn and take an active role as a council member. The staff works closely together with the council to ensure an understanding of procedures and answer any questions. A training workshop is provided to familiarize parents with the Policy Council and how meetings are conducted.
All parents who are not elected representatives are welcome to sit in on any Policy Council meeting in a non-voting capacity.

COMMITTEES:
Another way parents can be involved in our programs in to join a parent committee that meets a few times a year to address a specific area of programming. Parents may volunteer for the Health Advisory Committee, the Menu committee, or a subcommittee of the Policy Council, such as Personnel or By-laws. Other committees may form as needed.

CONFIDENTIALITY
Pathways for Children adheres to a strict policy of confidentiality. Staff are expected to keep all information about families and children in our program confidential. Families are expected to also maintain confidentiality on behalf of other children and families when participating in programs at Pathways.
PARENTING SUPPORT AND EDUCATION GROUPS:
Pathways for Children offers a variety of parent support/education groups each year, depending on the needs of parents. These groups offer information on children’s development, parenting approaches, communication and relationship-strengthening, school readiness and other topics of concern to parents. Groups are a safe, friendly, supportive atmosphere for parents to come together to share concerns and common experiences.

MALE ENGAGEMENT:
We encourage all of the adults in our children’s lives to become engaged in their education and in our programs. We notice that most often, mothers and other females are involved in their child’s education and childcare activities. This is a valuable contribution, and we believe that children also benefit from having positive male involvement in their education and childcare. Please let us know your ideas for activities that will attract ALL family members.

Progress Reports/Referrals
Written progress reports are prepared periodically on the progress of each child in the program. A copy of the report is given to the parent/guardian and a copy is kept in the child’s file. Infants and children that have been identified with special needs will be reviewed every three (3) months. Infants and Toddlers will receive a progress report four times a year. Head Start children will receive a progress report quarterly. Part Day classrooms receive three reports a year and Full Day receive four. School age children will receive a progress report at least annually.

Progress reports are used to adapt the program to the children’s individual strengths, interests, and needs, to maintain ongoing communication with the child’s family and with parental permission to facilitate the child’s transition to another early education and care program or to kindergarten, as appropriate.

The progress reports are based on observations and documentation of the child’s progress in a range of activities over time and may include samples of the child’s work. For children younger than school age, the progress report will address the development and growth of the child including but not limited to the developmental domains of cognitive, social/emotional, language and fine and gross motor and life skills. For school age children, the progress report will address the child’s growth and development within the parameters of the program’s statement of purpose. All educators, specialists and consultants working with the child in the program must be offered an opportunity to contribute to the progress report of the child.
Parking Lot Safety
Gloucester

- Traffic flow is one way, entering at the first entrance to the building, exiting around the back of the building, past the SAC and HS playgrounds in the rear of the building. Please travel at slow speed proceeding through the lot. Never back out of the lot. Parking or stopping in undesignated spaces creates unsafe conditions for others in the lot.
- The only vehicles that are allowed to go against this traffic flow are Pathways for Children buses dropping off or picking up children at the Infant Toddler Care at the main entrance of the building.
- If there a bus picking up or dropping off children in the lot and has its lights flashing, you must stop until the lights have been turned off. Driving staff are required to report violations to the Registry of Motor Vehicles which will result in a substantial fine.
- The lot is slant lined from the beginning of the lot to the space just past the fencing of the infant toddler playground. This slant lined parking has been designed to prohibit vehicles from backing up and exiting against the traffic flow. This parking is split into two sections, one marked “15 Minute Parking” the other “Visitor Parking”. If these areas are full, please pull further into the lot and use a space. Please do not park in areas that are designated “No Parking”. Please only park in “Accessible Parking” if you have the required handicap decal. You may use alternative parking outside our property if you wish. Please do not back out as it creates significant danger to those attempting to enter the lot.
- Please do not park near the corners of the building unless there is a space defined by lines on the building – you will interfere with the turning ability of the large yellow bus and will put your car in danger of damage. If cars pull away from recognized parking spaces, your vehicle will be in the middle of the lot.
- Vehicles should never be left running unattended or with children left alone in them in our lot, this against the law in Massachusetts.
- Never leave a child in a vehicle unattended.
- It is the law that all children must be buckled in (car seat, etc.) at all times.
- Please be conscientious of the way in which you park in spaces, we have a limited number of spaces to accommodate the needs of the building
- Please do not park near the dumpster. There needs to be clear access and ample space around the dumpster for trash pick-up.

We have worked hard with professional assistance from the police department to develop a standard that works towards ensuring the safety of all children, parents, visitors, and staff of Pathways for Children. Thank you for doing your part to keep everyone safe.

Parking Lot Safety
Beverly

Pathways for Children’s North Shore Head Start is very concerned about the safety of children and families in the parking lot at 292 Cabot Street, Beverly, MA. Because we have a very small lot, it is vital that all who drop off and pick up children abide by these regulations. We save the spaces closest to the building on both sides of the lot for parents only.

- If the parking lot is full, do not pull in. Drive around the block or park on the street and walk your child into the school.
- No parking in the fire lane. The fire lane is the lane directly in front of the building all the way to the fence. This area needs to be kept open for emergency vehicles only.
- Only those who have handicap plates/cards can park in the handicap spots.
- Cars should never have to back out of the driveway.
- Adults are expected to hold children’s hands in the parking lot, and not be distracted by talking or texting on a cell phone.
If you park in the handicap spot or in the fire lane, you could receive a $250.00 ticket or be towed at your own expense. Because we are so concerned about this, we have asked the Beverly Police to keep a closer watch on our driveway.

We thank you for your cooperation in this serious matter, and look forward to a safe school year with everyone.

Security at Pathways

Our primary concern for the children in our care is maintaining safety and security at all times. Our highly trained staff need the understanding and cooperation of families, volunteers and guests in order to accomplish this. Here is what we want you to know about our safety and security measures:

- Outer doors are always locked.
- There is one entrance into the building for families and visitors, which is visibly monitored by the receptionist.
- A picture ID is required if a staff person releasing child does not know the person who is picking up a child, even if they are the parent.
- Children will only be released to a person authorized by a parent/guardian.
- Designated managers work with local police and fire departments to plan for various types of emergencies.
- All staff receive training in First Aid and CPR, as well as emergency preparedness from local police and fire departments.
- Fire drills are conducted monthly.
- Health and safety checklists are completed on a scheduled basis to verify the safety of classrooms and outdoor play spaces.
- All areas accessible to children, both indoors and out, are licensed by the state of Massachusetts, and must meet strict standards for safety and educational content.
- Health and allergy needs for children and staff are coordinated with families and physicians, in order to meet individual needs. This may mean restricting certain items from the building. We do not allow peanuts, fragrances, or latex products in the building.
- All staff and regular volunteers are required to pass a Criminal Records Background Investigation and are screened through the Sex Offender Registry before starting employment. All new employees are also fingerprinted and screened through national FBI records for any criminal history.
- Parking lot safety measures are described in a separate section in this handbook. Please understand that we take safety in our parking lot very seriously, and need everyone’s cooperation in this matter.
Supervision Procedures

Educators must exercise appropriate supervision of the children in their care in order to insure their health and safety at all times. Such supervision must include, but not be limited to, indoor and outdoor activities, mealtimes, rest time, transportation, field trips, and transitions between activities. Pathways has a strict Zero Tolerance Policy for any instances of a child being unattended or failure to follow attendance procedures. All employees will be informed of supervision and attendance procedures during their initial orientation by their supervisor and required to sign a statement that they have received this information. Failure to exercise appropriate supervision and follow attendance procedures will result in disciplinary action up to and including termination.

Educators must be in sufficient proximity to children at all times in order to be able to intervene quickly when necessary. Educators must be positioned to maximize their ability to see and/or hear children in their care. Educators scan the entire classroom in order to observe what is happening. Supervision is primarily by sight; supervision by sound, such as at bathroom time, will be for no longer than 5 minutes. Educators must be aware of children’s activities at all times. Educators must not engage in any other activities or tasks that could unnecessarily divert their attention from supervising the children.

Transportation: A child must never be left unattended in a vehicle. A child may only be released to authorized persons who have identification. Educators may not authorize transportation changes; see Transportation Policy.

Attendance: Educators must take full attendance when reaching the destination of every transition throughout the day. Educators must document arrival time for every child on an attendance form when they arrive and document departure time when they leave. Educators must carry the attendance sheets with them whenever the group leaves the classroom. Educators will account for all children in the room when they leave the classroom and again when they return.

If a child leaves the classroom to participate in a specialized activity, such as special education services, the Educator must insure that the child is signed out on the attached form, and is responsible to know who the child is with, where the child is, and for how long the child will be gone. The sign out sheet will be kept with the attendance sheet.

Transitions: Educators must account for every child in attendance before and after any transition, recording it on the attendance/supervision log, per its instructions. See attached plans to account for every child during bus transitions.

Playground: see attached diagram. Educators position themselves according to the diagram in order to have visual supervision at all times.

Naptime: Educators position themselves so they can hear and see sleeping children. Children who awake early or do not sleep are supervised and provided quiet activities.

Mealtime: During meal prep times one educator engages a group of children to set the table and serve the meal, while scanning the room in order to support the other educator in supervising the remaining children. Both Educators sit at the table with the children during meal times, engaging the children, modeling acceptance of the food served, and supervising the children.
The Development/Volunteer Coordinator recruits, interviews and assigns volunteers to appropriate duties. Prior to assignment, volunteers submit references and complete CORI and DCF record checks through the Human Resource office. Classroom orientation is completed by the Education Supervisor of the classroom to which the volunteer is assigned. Periodically a volunteer workshop is held in order to provide additional training. Volunteers are not used to complete staff/child ratios, and they are always under the supervision of the classroom Lead Teacher or Teacher. Volunteer service is documented through a sign in book kept at the reception desk.

Important Things for Volunteers to Know:

For the safety of all, peanuts, latex and fragrances are not allowed in the building. Please respect this.

Consistency is very important to children. They need to know what to expect and that they can count on you.

Confidentiality is a right. Discussion of any child or parent by volunteers with non-staff is inappropriate and not tolerated. This is strictly enforced to insure the privacy of all families enrolled in Pathways for Children.

Communication is key. Whenever you have questions about what to do, ASK. If you are unsure about what you may be doing in the classroom, please ask your child’s teacher. We don’t expect you to be education experts and want to make your time in the classroom fun and positive.

Conversation with children helps them learn. If you are not sure what to say, asking them questions is always a good start. “What do you think?” “Can you tell me about what you made?” Talk to them and describe what they are doing and learning. Include other children in on the conversation to promote social skills. Adult conversations not involving the children or pertaining to class activities do not belong in the classroom.

Before beginning as a volunteer, Pathways will provide you with an orientation to our program. This will include a description of your role in our program.

What to Bring/What to Wear

Early Head Start- (Cape Ann)

Each child has an assigned “cubby” for his/her belongings. You are responsible for the “cubby” space. Please keep it clean, keep track of personal clothes and toys, and take home any accumulating artwork. Everything that is brought from home must be labeled. Please make sure your child has the following:

- Blanket, stuffed animal or security object and pillow (for children over 15 months).
- Diapers, wipes and ointment (written parental authorization required)
- A complete set of clothing including shirt, pants, socks, underwear and sneakers...
- Family picture.

Please make sure your child is dressed for the weather. We go outside whenever possible. If you are purchasing school clothing, please keep the following in mind:

- Choose clothing that is easy for children to take on and off by him/herself.
- We encourage children to explore a variety of media, and while we try to select materials that do not stain, occasionally certain paints or markers do leave traces on clothing. We encourage parents to send their children to school in clothes other than their best. Clothing should be selected with an eye to active play. Clogs, thong sandals, “jellies” and long skirts can be dangerous when children climb.
We understand the desire to bring things to share with one’s friends, however, we do not allow toys, food, candy, etc. from home. Favorite toys are easily lost or broken and children have trouble sharing their toys from home with a large group of children. **NO PETS ARE ALLOWED AT THE CENTER.**

Head Start

We strongly encourage parents to send children to school prepared to get dirty as they paint, create with glue, or play in the sand table. Every child should have a complete change of clothing in their backpack every day. Clothing should be appropriate for all types of weather, as classrooms will play outside in most weather, unless it is very cold, raining, or very hot. Snow boots, snow pants, hats and gloves are important during the winter months for outdoor play. If you are unable to access these items for your child, your social worker can help with that.

School Age (Cape Ann)

Transportation is provided during the school year from Gloucester and Rockport Schools. During the Summer children are encouraged to bring a backpack with a bathing suit (bikinis are not allowed) sun block, towel and a water bottle. Appropriate footwear such as sandals with rubber soles or sneakers are permissible (flip flops are not recommended). During the Summer we also encourage parents to provide a change of clothes and a t-shirt to wear at the beach. Parents may also provide a hat and sunglasses. During the school year classrooms go outside daily and children should wear snow boots, hats and gloves during the Winter months.
What is Family Child Care?
*(Cape Ann Site Only)*

Family Child Care provides child care year round in a Department of Early Education and Care licensed home for up to six children from birth to six years old. The Family Child Care providers receive on-going child development training and regular in-home supervision with the goal of providing a safe place where children are respected, nurtured, and protected by someone who understands and is concerned for them and their families. Some of our providers hold a Family Child Care Plus license, which allows them to have 6 children under age 6 as well as 2 school-age children. This allows parents the choice to keep their children in a family childcare setting after they enter school.

A family-like atmosphere creates the security and comfort children need to feel confident. The small group allows the provider to respond to the developing needs of each child by encouraging the child to explore, to express himself, and to make choices while developing a respect for self and others through consistent and thoughtful limit setting. The mix of age groups gives children the opportunity to learn from each other.

A variety of developmentally appropriate and stimulating activities and experiences are offered in a structured routine to encourage curiosity and problem solving from a very early age. The provider teaches independence, cooperation and social skills within an environment that fosters a positive self-esteem. A child’s days are enhanced through scheduled and planned activities, free choice, indoor/outdoor play and field trips. Activities may include stories, finger plays, music, drama, creative movement, art and cooking. The provider serves nutritious and balanced meals each day including breakfast, lunch and snack. Above all, Family Child Care strives to meet the needs and interests of children while supporting the needs and rights of the families.

Some of our providers hold the CDA credential (Child Development Associate) and several more are working towards it. Earning the CDA involves completing 120 hours of training in 8 different subject areas, and observation and evaluation in the home by a trained CDA advisor. Also, courses, workshops and training are offered free of charge to all of our providers to encourage on-going professional development.

You will be notified if the provider is not working due to illness, vacation, etc. via a telephone call to your home or if you do not have a telephone, a message will be left with the emergency person you have provided. You will be informed of the substitute provider who is available and who will be notified upon your approval of the home. The required paperwork will be given to the substitute provider via fax, mail or dropped off at his/her home.

We discourage children bringing toys to day care. If toys are brought to day care, the provider will not be responsible for items lost or damaged. A favorite huggable toy or blanket is appropriate to send for young children to feel more secure.

The provider will assist with potty training when the child is ready, usually around the age of 2½. Please coordinate potty training with provider and always send a complete change of clothes.

Our program emphasizes daily outside activities, so please provide appropriate clothing. **In the winter, children must be sent with warm clothing, boots, hats, and mittens. In the summer please send a bathing suit and towel.** In addition, an extra set of clothes, should be left with the daycare provider. If applicable please send a sufficient number of diapers and wipes.
While your child is with us it is very important to be able to reach you for illness, emergencies, etc. If we can’t your emergency person will be the next person we will try and reach.

(FCC cont.)

Advance notification of 24 hours must be given for any pick up and drop off time changes. Otherwise, we ask that you drop off and pick up your child according to the contracted agreed upon schedule on the enrollment register.

Please inform the provider and the Intake and Parent Services Manager of any changes regarding address, telephone number, place of employment and telephone number, or emergency names and telephone numbers.

Whenever you are sending a substitute to pick up your child at the daycare home, please inform the provider who that person will be. The provider cannot release the child to a substitute unless the parent has notified her. The provider or van driver will ask a substitute not on the pick-up list for a picture ID.

**THINGS TO LOOK FOR WHEN CHOOSING A FAMILY CHILD CARE HOME**

**LOOK** - Watch how the provider relates to children. Does the provider interact-play with children?

**LISTEN** - Does the provider actively talk to the children? How does the provider communicate to children?

**ASK** - What does the provider know about child development? Does the provider play and design play experiences? Does the provider know the value of reading?

**DESCRIBE** - Have the provider describe the children in her care.

**COUNT** - Count the number of children in the child care home.

**CHECK** - Speak to other parents. Check references. Plan an unscheduled visit once your child has been placed for care in the home.
Department of Early Education and Care Regulations

Safe Sleep for Your Baby
Reduce the Risk of Sudden Infant Death Syndrome (SIDS)

- Always place your baby on his or her back to sleep, for naps and at night
- Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet
- Keep soft objects, toys, and loose bedding out of your baby’s sleep area
- Do not allow smoking around your baby
- Keep your baby’s sleep area close to, but separate from, where you and others sleep
- Think about using a clean, dry pacifier when placing your infant down to sleep
- Do not let your baby overheat during sleep
- Avoid products that claim to reduce the risk of SIDS, and do not use home monitors to reduce the risk of SIDS
- Reduce the chance that flat spots will develop on your baby’s head – provide “Tummy Time” when your baby is awake and someone is watching and avoid too much time in car seats, carriers, and bouncers.

FAMILY CHILD CARE PARENT FACT SHEET

The Medical History and Immunization Form Must Be Completed and Signed by the Child’s Physician or Source of Health Care and Returned to the Provider Within Four (4) Weeks of Enrollment.

What Is a Family Daycare Home? This home is registered with the Commonwealth of Massachusetts, Department of Early Education and Care, as a family daycare home. “Family Daycare” is the care of one to six children in a private residence.

The family daycare provider should have a copy of the regulations for operating a family daycare home available. You may also obtain a copy by contacting the State House Bookstore located at the State House, Room 116, telephone number 727-2834.

What Information Must I Give to My Provider? The information in the Childcare Intake Packet is required by the Departments regulations and must be kept in the family daycare home and on file at Pathways for Children at all times. The information in this packet is important for the protection and safety of your child. The provider cannot provide daycare to your child until the information in this packet is completed.

Enclosed in the packet is a physician’s statement, which must be completed by your child’s physician or health care facility and returned to the family daycare home within four (4) weeks of enrollment.

Does My Child Have Lead Poisoning? Childhood lead paint poisoning is a serious disease which affects many young children. Lead poisoning may lead to future learning problems for children, or in more serious cases, may result in brain damage and/or mental retardation.

FAMILY CHILD CARE PARENT FACT SHEET (Continued)

Children usually get lead paint poisoning by chewing on or eating lead paint. Exposure to lead paint that is loose, peeling or flaking is especially hazardous. However, even exposure to lead paint that is not flaking is dangerous since children can breathe in lead paint particles in the form of house dust.

The majority of all housing stock in Massachusetts contains lead paint. Lead paint is especially likely to exist in homes built prior to 1960. Lead paint continued in limited use in the Commonwealth until the early 1970’s.
HOMES CAN BE TESTED FOR LEAD PAINT. ASK YOUR PROVIDER WHETHER THE HOME IN WHICH YOU ARE PLACING YOUR CHILD HAS BEEN TESTED. THE OFFICE OF CHILDCARE SERVICES CANNOT CERTIFY THAT THIS OR ANY OTHER DAYCARE HOME IS FREE OF LEAD PAINT.

8.12 (1)(c) The provider shall within one (1) month of enrollment, obtain from the parent of each child in care under the age of six (6) years but not less than two (2) years of age, a statement signed by a physician or employee of a health care agency stating that the child has been screened for lead poisoning.

(d) For all children admitted to care prior to two (2) years of age, the provider shall, within one (1) month of the child’s second birthday, obtain from the parent a statement signed by a physician or employee of a health care agency stating that the child has been screened for lead poisoning.

COMMONWEALTH OF MASSACHUSETTS – DEPARTMENT OF EARLY EDUCATION AND CARE
PARENT SUMMARY OF THE REQUIREMENTS FOR FAMILY DAYCARE HOMES IN MASSACHUSETTS

STATE LAW, (M.G.L. CHAPTER 28A, SECTION 11) REQUIRES THAT ANY PERSON PROVIDING FAMILY DAYCARE (THE CARE OF ONE TO SIX CHILDREN IN A PRIVATE RESIDENCE) BE REGISTERED/LICENSED BY THE OFFICE OF CHILDCARE SERVICES.

TO OBTAIN A FAMILY DAYCARE CERTIFICATE/LICENSE, THE PROVIDER RECEIVES A COPY OF THE REGULATIONS DETAILING THE MINIMUM REQUIREMENTS THAT MUST BE MET IN ORDER TO CARE FOR CHILDREN, COMPLETES A DETAILED APPLICATION FORM AND CERTIFIES IN WRITING THAT SHE/HE MEETS THE MINIMUM REQUIREMENTS. A CHECK OF THE MASSACHUSETTS CRIMINAL OFFENDER RECORD INFORMATION AND CHECK OF RECORDS IN OTHER JURISDICTIONS WHEN APPROPRIATE WILL BE PERFORMED PRIOR TO LICENSURE.

WHAT ARE THE STANDARDS? You can use the following questions to evaluate a family daycare home.

NUMBER OF CHILDREN:
1. Is the license posted?
2. Is the provider caring for only the number of children that appear on the license?
3. Is the provider caring for no more than two children under the age of two (2) years?
4. Does the provider have an Approved Assistant listed on her license? (IF THE APPROVED ASSISTANT WORKS FULL TIME IN THE FAMILY DAYCARE HOME, THE PROVIDER MAY CARE FOR MORE THAN TWO CHILDREN UNDER THE AGE OF TWO YEARS).

NAPPING AND PLAY SPACE:
- Do the floor levels where children are cared for have two separate exits leading to the outside?
- Is there an individual bed, cot, sofa, mat or sleeping bag for each daycare child? (A crib, port-a-crib, or playpen must be provided for each child less than 15 months of age).
- Is there enough space used in the home to allow for free movement of the daycare children?
- Is the outdoor play space safe and free from any hazardous conditions such as:
  1. Access to a busy street.
  2. Broken glass or other debris.
  3. Open wells, lakes, rivers, brooks or swimming pools.
- Are there any porches or decks above the first floor? If so, they cannot be used by daycare children unless they are fully enclosed and structurally sound.

(Family Child Care fact sheet cont.)

HOME SAFETY:
1. Is the home free of any peeling or flaking paint inside and outside?
2. Is there a fire extinguisher readily available in the kitchen?
3. Are all potentially dangerous materials (cleaning agents, medicines, knives, poison, etc.) stored in safe places out of the reach of children.
4. Are all heating elements (i.e. wood stoves, radiators, fireplaces) barricaded or protected so that children cannot come into contact with them? (Portable space heaters are not allowed).
CARE FOR CHILDREN:
1. Are there enough age appropriate play materials available for the number of children in care?
2. Does the provider spend some part of the day directly involved with the children, both individually and in a group?
3. Does the provider’s daily schedule include a variety of activities: quiet and active times, as well as indoor and outdoor play?
4. If there are floor levels indicated on the Certificate of Registration, these are the only floor levels that may be used for daycare purposes. Does the provider allow parents to visit the home unannounced at any time during the hours that childcare is provided?

SUPERVISION WHILE ACCOMPANYING A CHILD TO AND FROM A VEHICLE

Family Child Care Policy Statement:

EEC regulations require that the provider, approved assistant, or household member assistant exercise good judgment in supervising children who are in his or her care. When a child uses specialized transportation to and/or from the family child care home, it may be necessary for the provider to accompany the child to and/or from the vehicle. Whenever possible, if there is a monitor on the transportation vehicle, the monitor will be responsible for accompanying the child between the FCC home and the vehicle. The following requirements are for providers who are required to meet a child at the transportation vehicle.

- The approved space must include space either on the ground level or the first floor level. If a provider is licensed for space above the first floor level, every child care child must be brought to the first floor level before the provider can leave the premises to accompany to or from a vehicle.
- The provider must make sure every child remaining in the home is in a hazard free environment.
- The provider must consider the number, ages, and needs of children in care in order to ensure the safety of all child care children while accompanying a child to or from a transport vehicle. Provider must take special precautions to ensure the safety of all children when there is a childcare child who is unusually aggressive or active or exhibits behavior difficulties.
- The provider must notify parents of all children in care that he/she is accompanying children to and from transportation vehicles and must obtain written consent of all parents involved. This consent includes those parents who have children enrolled in the family child care home at the time the practice begins as well as the parents of children enrolled after the practice has begun.
- The provider may accompany a child to or from the vehicle as long as he or she remains in clear view of the family child care home.
- The maximum distance allowable between the family child care home and the transportation vehicle is 50 feet.
- The provider must remain in the home with the childcare children until the transport vehicle arrives at her home. The provider must minimize the amount of time she is away from the childcare children.

The Department of Early Education and Care retains the right to make inquiries and Family Child Care home visits to determine compliance with EEC regulations.

NOTE: This policy applies only to transport vehicles that require a provider to accompany a child between the transport vehicle and the family child care home. Child care children who walk to or from the school bus stop may walk unescorted if the child’s parent gives the provider written authorization. If the parent prefers the provider to accompany the child to and/or from the bus stop, the provider must either bring all of the child care children with him/her or leave an approved assistant with the remaining child care children.
Early Head Start is center based, serving infants and toddlers from six weeks old to 2.9 years of age. We believe that children are constantly growing and developing. We also believe in continuity of care, this refers to the practice of the children remaining in the care of the same primary educator for however long that child is in the program. In the event of a loss of subsidized child care funding, a child will remain in care, although there may be a reduction in hours. We strive to create a happy and healthy setting where children are encouraged to explore and interact with their environment, and are able to take an active role in their own social, emotional, cognitive and physical growth. Each classroom is carefully designed to be very open, comfortable and stimulating so parents, children and staff have the time to observe, explore, interact and learn together. Each classroom is equipped with furnishings suitable for both infants and toddlers. This includes kitchen sets, infant/toddler water tables, tables and chairs for dining and group sensory activities, climbing structures and eye-level shelving to hold a variety of toys and books for the children to choose from throughout the day. Although the environment is open, each classroom is separated into various areas such as; dramatic play, gross motor, water and sand play, music and dance, and quiet spaces. Throughout the rooms there are cozy niches, such as a soft pillows, where the children can cuddle up by themselves or with an adult to read a book, sing a song, recite a nursery rhyme or engage in a finger play. There is a comfortable adult chair in each room for teachers to read, talk and sing to infants and toddlers...

The Early Head Start Program recognizes that each child is an important member of a specific and unique family. Children begin to construct their individual, cultural and ethnic identities through their daily lives. We believe, therefore, in strongly supporting the child’s family unit during the critical years. The Early Head Start staff consists of qualified early childhood educators as well as a case manager who are available to assist parents with the challenges of raising a family. The philosophy of Early Head Start is based on the belief that parents are the most influential factor in the life of a child. We therefore strive to forge a partnership between our childcare program, home and other community based services in an effort to create a network of support that has become increasingly necessary for families and children to reach their fullest potential. Parents are encouraged to participate in their child’s program and to visit the center at any time. At Early Head Start both children and parents are supported in their development by starting where they are, and using their strengths and interests to encourage growth and support literacy.

The Early Head Start program is located at the Emerson Avenue site and offers teen parent childcare, subsidized childcare and private daycare. Our hours of operation are 7:00 a.m. to 5:00 p.m. at our Emerson Avenue site. Transportation is available and provided for those who are eligible. We provide diapers, wipes, formula, breakfast, lunch and two snacks daily at no additional cost.

**Staffing**

Because the Early Head Start program is committed to providing the highest quality care for our children, we are committed to employing the most qualified staff. The interest and dedication of staff members is the prime contributor to program stability, trust and confidence of the parents and high degree of credibility with the community.

DELETE “Our program employs….\n
We maintain the following teacher/child ratios:

- 2 adults in each group of mixed infants and toddlers (2 infants and 6 toddlers)

In addition to our paid staff, we may also have volunteers and student teachers in our classrooms. The Education Supervisor does supervision on a regular basis. The staff meets one a month to exchange information and resources and to have an opportunity to participate in management decisions.

**What Is Head Start?**

**Head Start** provides a high quality, comprehensive Preschool program for children and their families. Children learn through play in our developmentally based program, designed to meet each child’s individual needs. We focus on self-help skills, social skills, kindergarten readiness, words, numbers, shapes, colors, safety and community.

All regularly assigned classroom teachers are licensed by the Massachusetts Dept. of Early Education and Care. Lead teachers have either Associates Degrees or Bachelor’s Degrees in Early Education or a related field. All of our staff receive continuing education in Early Childhood topics, once or twice a month, throughout the year, and Pathways pays for any outside training that they choose to pursue. A recent state assessment of our Head Start program received a score of 6.3, with a 7.0 being a perfect score.

We provide free nutritious meals as well as height and weight measurements, and a professional nutrition assessment. Children are also assessed through Social/Emotional, Developmental, vision, and hearing, screenings.

We strongly encourage parents to send children to school prepared to get dirty as they paint, create with glue, or play in the sand table. Clothing should be appropriate for all types of weather, as classrooms will play outside in most weather, unless it is very cold, raining, or very hot. Snow boots, snow pants, hats and gloves are important during the winter months for outdoor play. Every child should have a complete change of clothing in their backpack every day, as they may get wet from the water table. If you are unable to access these items for your child, your social worker can help with that.

**The Half Day Head Start** program is either 4 or 4 ½ hours a day, four or five days a week. The program is open from September to early June. The Half Day Head Start is a free program. Eligibility is based primarily on income and the age of the child. The classrooms of 17 or 18 children have two teachers and other staff as necessary.

**The Full Day Head Start** program extends the free morning Head Start hours through state-subsidized Child Care funding to provide preschool all day, five days a week, and all year. There are three teachers who cover a classroom of 17 or 18 children. Eligibility is based primarily on income, age of the child, Department of Early Education and Care regulations and need of the parent for full day care. Openings in full day are filled from the day care wait list. There may be a fee determined by family income. If a Head Start child is terminated from Full Day Head Start for non-payment of state child care fees, or excessive absences, they will still be eligible for part day Head Start services.
Parents have a voice in the policies and programs provided for children and families, whether as a classroom volunteer, attending workshops or monthly meetings, or taking on a leadership role in the program through Policy Council. We offer a variety of trainings for parents including substitute teacher training, health and nutrition, and parenting programs. Parents are encouraged to be advocates for their children, whether having their needs met at Pathways, outside resources, or the public schools.

We always welcome parent volunteers on field trips and in the classroom. Head Start offers free training for parents who wish to volunteer and/or be paid substitute teachers or playgroup providers. Playgroup leaders are trained and paid to care for 1-5 children at the center while their parents attend meetings or other activities. Volunteers, Substitutes, and Playgroup leaders are required to complete health requirements and background checks before working with the children, as required by state and federal regulations.

We will communicate in your preferred language when we call or meet with you. Along with several staff who speak two or more languages, Head Start employs a Spanish translator and a Portuguese translator. If we do not have a translator available who speaks your preferred language, we will make every attempt to find someone who can meet your translation needs.

CHILD AND FAMILY REVIEW MEETINGS:

Head Start staff coordinates the comprehensive services we offer to children and families through meetings called Child and Family Reviews (CFR). This is a scheduled time when the education and special services staff, health staff, and social service staff who work with your family meet periodically to update information about the children and families. Teachers talk about the new skills the children have learned, school readiness goals that they are working on; Health and Disabilities staff shares the results of screenings, tests, and exams; Social workers talk about the work on family goals, any family changes that may affect the children; and parent and family engagement information is shared. We may bring up children and families that need more of our attention at any time. Parents are welcome to meet with us when their child is discussed. You may call your social worker to get a schedule of meetings.

SCHOOL READINESS

School Readiness is defined as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning in life. Pathways for Children’s goals have been developed in collaboration with the Public School Systems, parents, and our Education Staff. The goals are aligned with the Head Start Child Development and Early Learning Framework, local school district expectations, and state early learning guidelines. These goals establish the foundation for assessment of individual children, classrooms, and programs. Your child’s teacher will be sharing school readiness information and activities throughout the school year.
HEAD START SCHOOL READINESS GOALS

MATHEMATICS
Children will demonstrate knowledge of numbers and quantities through number recognition, counting (up to 20), and comparing groups.
Children will be able to describe the similarities and differences of various shapes and objects and sort and classify according to attributes of length, weight, area, and volume.
Children will be able to use various strategies and tools to compare objects and materials.
Children will recognize that numbers or sets of objects can be combined or separated to make another number through the grouping of objects.

SCIENCE DOMAIN
Children will observe, discuss, and document characteristics of living things.
Children will identify physical properties of objects using scientific tools and inquiry skills.

LANGUAGE & LITERACY DOMAIN
Children will respond appropriately to increasingly complex and varied vocabulary.
Children will follow most grammatical rules during conversations with peers and adults.
Children will increase their phonological awareness and letter and number recognition with familiar print within their learning environment.
Children will demonstrate basic book knowledge, understanding and care of books.
Children will begin to recognize letters, understand basic print concepts, and develop beginning writing skills in order to represent print through drawing and writing.

ENGLISH LANGUAGE ACQUISITION
Children will demonstrate progress in listening to and understanding English.
Children will demonstrate progress in speaking English.

SOCIAL & EMOTIONAL DEVELOPMENT
Children will learn self-awareness and self-regulation skills by learning to describe their feelings and emotions.
Children will demonstrate impulse control and the ability to follow basic rules, routines, and directions.
Children will be able to initiate, join in, and sustain positive interactions with peers and adults.

SOCIAL STUDIES
Children will be able to identify their own personal attributes and family structure and understand and accept each individual and family as unique.
Children will develop an understanding of basic geographical features in the classroom, in their home, and in their environment and describe their similarities and differences.

PHYSICAL HEALTH AND DEVELOPMENT
Children will understand and practice healthy and safe habits.
Children will demonstrate age appropriate control of large muscles for movement, navigation, and balance.
Children will demonstrate age appropriate control of small muscles for such purposes as using utensils, self-care, building, and exploring.

APPROACHES TO LEARNING
Children will demonstrate flexibility, imagination, and inventiveness in approaching tasks and activities.
HEAD START PARENT, FAMILY, AND COMMUNITY ENGAGEMENT GOALS

At the core of the Head Start philosophy is the belief that a parent is a child’s first and most important teacher. For that reason, Head Start considers it a priority to engage families in their child’s educational experience. Pathways has developed the following goals to strengthen families and communities in order to encourage active participation with Head Start children to help them achieve their individual School Readiness goals.

1. Provide formal educational opportunities for families to strengthen their English-speaking skills.
2. Offer a minimum of four workshops for families to participate in which will provide relevant information related to child development, literacy, positive parenting, financial management, and child health and safety.
What is School Age Care?

The School Age Care program provides a comprehensive after school program that includes social, recreational and educational activities for children onsite, as well as in the community. We believe in the spirit of children and offer a challenging curriculum that helps children practice and improve their social, communication and self-help skills.

Our program provides care for children 5 – 13 years old after school and full time during school vacations and summer. We strive to engage and inspire children by creating a positive, healthy setting where they are encouraged to explore and interact with their environment and to take an active role in their own social, emotional, cognitive and physical growth, health and wellbeing. SAC offers a blend of recreational, enrichment, nutritional and educational support activities designed to create lifelong healthy habits. The curriculum is designed to show children how they can make a difference in their own lives while reaching out to build relationships with their peers as well as with caring adults. Positive discipline techniques are used to help the children develop their conscience and achieve self-control while the group leaders provide responsible role modeling. Although chiefly a recreational program, in collaboration with community partners SAC provides educational, enrichment activities along with the implementation of evidence based anti-violence/anti bullying curriculum which supports our children to become productive citizens in our community.

Activities and experiences are developmentally appropriate while offering a challenging environment that is fun and allows for self-expression. Our goals are to spark the interest of the child, encourage cooperation, learn about diversity, and show alternative ways of resolving conflict. Typical activities include arts and crafts, sports, quiet games, cooking, various field trips to community areas such as parks, libraries, etc.

**During school and summer vacations we are open full time. Besides providing all the activities mentioned above, we also go on special field trips that are designed to broaden social and cultural awareness of children while having fun. We provide breakfast, lunch and snack daily at no additional cost.**
What is Cape Ann Families?

The "Cape Ann Families" programs, formerly of Wellspring House, has joined the Pathways' portfolio. CAF offers a variety of family-focused programs aimed at supporting and enhancing a healthy family life. CAF’s community-outreach efforts positively impact hundreds of children and parents each year with educational programming, support and guidance through:

**Teen Mentor:** Teen volunteers serve as mentors to children ages 5 to 12 years. This one-on-one relationship can help strengthen self-esteem, improve academic performance and reduce isolation for children. Mentors participate in an extensive 12-week training session and attend weekly supervision sessions.

**Parent Mentor:** Parent mentors foster nurturing relationships with local parents. The mentors visit the parents weekly to reduce isolation and expand social connections. Through this year-long match, the parents enhance their parenting skills, improve their communication with their children and access community resources.

**Parent Connection:** A weekly facilitated drop-in parent support group builds on the principle “the more you know, the better they grow.” Parents discuss new information, share ideas and discuss the challenges of raising children. Topics include effective communication, positive discipline techniques, child growth and development and fostering a positive self-image. Child care and transportation are available.

**Nurturing Program:** A fifteen-week family education course is offered each year to families with children ages birth to twelve. Along with their peers, parents and children learn different approaches to discipline, stress management, communication and other life skills. The evening includes a family dinner.

For more information about Cape Ann Families, please contact Hailey Granger, Family Services Coordinator, at 978.281.2400 x 110 or hgranger@pw4c.org
What is The Cape Ann Partnership for Children & Families?

- We believe in supporting parents and caregivers as a child’s FIRST TEACHER.
- Parents are BEST able to ensure the educational, emotional and social success of their child.
- The STRENGTH of a FAMILY is dependent on the strength of their COMMUNITY.

What we offer families—
1. Information and assistance with child transitions & Kindergarten readiness workshops
2. Happiest Baby on the Block™ ~ Learn Dr. Karp’s methods to soothe & calm babies
3. Parent training opportunities: Parent Cafes, P. Harvey Positive Solutions workshops & more
4. STEM (science, technology, engineering & math) family fun activities
5. Financial literacy toolkit ~ planning, budgeting, and resource support
6. Resource Directory ~ a guide to programs and services on the North Shore
7. Annual Family Fun Fair ~ Children’s activities & community resources and information
8. PIWI Playgroup for parents/ caregivers and children birth to three years old
9. Assistance in accessing EEC financial assistance for early education
Transportation Procedures

Pathways offers limited transportation based on need. Families who cannot be accommodated will be placed on a transportation waiting list. We appreciate those who are able to provide their own transportation due to our limited resources. All of our vehicles meet federal transportation safety standards and include appropriate child restraint systems. When a child with a disability receives transportation, staff make individualized accommodations for that child, including additional support staff and or physical accommodations.

Safety is the first priority of Pathway’s transportation service. In order to ensure children’s safety, Pathways requires that parents whose children are on transportation call the transportation department (978-281-2400 ext. 330 for Cape Ann, 978-236-4101 ext. 252 for North Shore) when their child will not attend. Should a child not arrive at his or her childcare placement, and we have not heard from the parent, we will call the parent and the emergency contacts to ascertain the whereabouts of the child.

We strive to run our transportation system efficiently and on time. In order to facilitate efficiency, we require parents or designees of children kindergarten age and younger to be waiting outside at their bus stop in the morning and afternoon. For your child’s safety, we cannot release children to unauthorized adults or young children. A picture ID will be requested if the person picking up or taking a child off the bus is unknown to our staff.

For Head Start, Family Child Care, and kindergarten, if no one meets a child at the designated bus stop, he/she will be returned to the center. Please call the center to tell us you have missed the bus, and who will be coming to pick up your child. We do not send children home alone in taxicabs; a designated adult must accompany them.

We appreciate your patience when we are not on schedule due to unpredictable events such as traffic jams, inclement weather, and/or staffing issues. According to state law, bus drivers may not leave the driver’s seat while children are on the bus. Bus monitors will assist children with their five-point harness or seat belt and escort children to their designated child care center/provider, therefore there is no need for parents to board the bus.

Transportation changes are often not easily accommodated. Therefore, we require one week’s notice for a permanent change. Temporary changes will be made with 48-hour advance notice, if current routes allow. These are limited to one change per month. Changes given to drivers, teachers, providers or children will not be honored. Changes can only be made through the transportation coordinator and/or intake and parent services manager, who will verify any changes.

In the event that we must cancel or change a run, every effort will be made to notify parents and guardians. Please call the center if your run is late. Our goal is to provide accurate and timely information. If you know your child will not be using transportation, please notify the transportation department at extension 330. Please inform the intake and parent services manager, ext. 280, of any changes regarding address, telephone or emergency information so the information can be shared with all who need to know and to maintain our records accurately.
Transportation

You must call Joann Loucks, Transportation Manager at Emerson Ave., Gloucester Transportation Department at 978-281-2400 ext. 330 or Lauri Francis, Transportation Coordinator at Cabot St., Beverly Transportation Department at 978-236-4101 ext. 252, if your child will not require transportation on any given day. Please call by 6 A.M. or 1½ hours before your child’s pickup time. If we show up at bus stop and child is not there (no parent/guardian call out), Pathways staff call all numbers on child’s pickup list to locate the child’s whereabouts. If no parent/guardian is at designated bus stop, child is returned to Pathways.

Transportation may be suspended up to three days in the following instances:

- If a child’s behavior on the bus poses an imminent safety risk to self, other children or staff. Parent, staff and child will develop behavior plan prior to reinstatement of transportation.
- If any adult caretaker directs abusive behavior or language toward transportation staff.

If you are providing transportation on a regular basis, we will discontinue our transportation service until it is needed again.

Other Transportation Procedures:

- All buses have bus monitors who supervise the children while on route and also all buses have cell phones equipped for their use.
- Bus monitors are trained to respond to disruptive behaviors including unbuckling of seat belts. First choice will be to sit with the child, if behavior continues, bus driver will stop bus at a safe spot and call for backup. If Emergency occurs, bus driver will stop the bus and monitor will call out the time to the driver and then call 911. Monitor will administer First Aid, and call Transportation Manager/Coordinator or receptionist to report the medical emergency. Drivers do not beep our vehicles’ horns to alert you of our arrival, or wait at the stop. Therefore, you must be aware of your children’s transportation schedule, so you are able to greet the bus daily.
- Please place any toys your child may be bringing to Pathways in a backpack or tote.
- Due to limited space, please send only one backpack or tote with each child.
- Food, gum and beverages are not allowed on Pathways’ vehicles.
- Our vehicles are peanut free zones.
- In heavy traffic, the transportation schedule may vary (10 minutes either way) – During inclement weather (especially snowstorms) there could be longer delays.
- Pathways for Children is a smoke-free environment, therefore our wellness policy states that no smoking will occur within the sight of children while in our care.

If there are circumstances or concerns that prevent you from following our transportation policy, please contact your assigned social worker or the intake and parent services manager to adjust your transportation agreement. We are committed to working together to find solutions.

When providing your own transportation, please bring your child all the way into the classroom or family child care home to insure that a staff person is present before leaving. Parents are expected to pick up their child at the scheduled time in order for us to maintain the required staff/child ratios. This is also important for your child, who looks forward to your arrival at the same time each day. If you are going to pick up your child before your usual pick up time, please notify the teacher or child care provider. If your child is not attending, remember to call us For your child’s protection, we cannot let him/her go home with anyone that you have not authorized.
Our goal is to provide a safe environment for the children who attend our programs. One way to ensure that safety is to be sure your child is secured in an age and weight appropriate car seat. In accordance with the Massachusetts Child Passenger Safety Law, we expect that all children who are transported by a parent/guardian to child care will ride in a vehicle with appropriate restraints.

In the case of a vehicle becoming disabled while transporting children, driver immediately calls Transportation Manager/Coordinator to report the problem and location of vehicle. Manager/Coordinator has an alternative bus meet and pickup all children. Bus driver takes all children to designated stop. Manager/Coordinator stays with disabled bus till picked up.

Any moving violation or accident is reported to Transportation Manager/Coordinator immediately. Accident report is completed by driver and sent to Registry of Motor Vehicles. Manager/Coordinator immediately calls DTU department to report the accident.

Revised 9/22/06
Reviewed by PC 10/18/06
Reviewed by Board 1/24/07
Amended 1-26-10
Amended 4-15-15
Reviewed by PC 4/15/15
Update 4/15/15

Massachusetts Child Passenger Safety Law

New Booster Seat Law
Effective May 1, 2008: “No child under the age of eight and measuring less than fifty-seven inches in height shall ride as a passenger in a motor vehicle on any way unless such child is properly fastened and secured, according to the manufacturer’s instructions, by a child passenger restraint.”

The types of car seats permitted include federally approved infant, toddler, convertible and booster seats. This law applies to children riding in:

- All type of privately owned vehicles
- Vehicles for hire, including taxi cabs. It is the responsibility of the parent or caregiver to provide the car seat to use in a taxi cab.
Transportation Funding

Funding may be available to assist families who receive a child care subsidy through the income eligible program, by paying for transportation between home or school and child care. Subject to funding availability, programs will be reimbursed at the Department of Early Education and Care approved rate for one way or round-trip transportation, based on an assessment of the family’s need. Pathways for Children must document the parent’s reason for needing transportation funding, taking into consideration such factors as:

- The availability of public transportation;
- Whether a parent has a car;
- Any physical incapacity of the parent that may prevent the parent from transporting the child and;
- Whether the parent’s work schedule prevents transportation of the child to or from care.

In determining eligibility for transportation funding, Pathways for Children must consider the distance from between the child’s home and the child care program. Anyone who lives within one half mile of the provider will not receive transportation funding. Exceptions to this rule include situations in which the parent has no car, there is no public transportation available, and:

- The parent’s work schedule would not allow time for the parent to walk the child to care and then get to work on time;
- The child’s disability prevents her/him from walking or being transported by stroller, carriage, or other similar means*; OR
- The parent’s disability prevents him/her from walking the child to care*

Children who live more than one half mile from the child care program may be eligible for transportation funding when the parent’s or child’s disability prevents transportation via personal or public transportation, or when the parent does not have personal transportation resources and public transportation is not available. For public transportation to be considered “available” it must be running on the days and at the hours when the parent’s work and the child’s care schedules require transportation, and must be able to accommodate the child’s or parent’s disability, if any. Public transportation will not be considered ”available” if the time required to travel from home to the child care program is more than 45 minutes, or when the time required to travel from home to the child program and then to work is more than one hour.

Subsidy administrators may make exceptions to allow transportation funding under extreme circumstances. For example, when a parent has too many children to safely transport, when the route to child care is heavily trafficked or otherwise unsafe, or when a child’s health prohibits the outdoor time or physical exercise required, an exception may be appropriate. However, subsidy administrators will not make exceptions to the 45 minute travel time limit for transportation arranged or provided by the child care program, and must document the exception in writing and include it in the file.

*The disability must be verified in writing by and M.D. If the disability is due to an injury or other temporary circumstance, transportation funding ends when the disability ends.
Transportation Policies

A program that provides or coordinates transportation must develop written transportation policies and designate a specific staff person responsible for transportation services. The staff person is responsible for coordination of the transportation system, and for hearing and addressing consumer concerns, complaints, or suggestions. Providers must discuss their transportation policies with parents, and inform them of the identity of the transportation coordinator.

Pathways for Children provides the following policies: the procedures to be followed when children or parents are not ready for pick-up or available at time of drop-off; the maximum amount of time drivers will wait for unprepared families or the return of an absent adult at drop off; the amount of time professional staff will assume responsibility for trying to locate an absent parent or other emergency contact before taking additional steps such as filing a 51 A with the DCF Area Office or after-hours hotline; the process for addressing misbehavior of children during transport; documentation and reporting of accidents; and the possible consequences for a family’s misuse of transportation.

Service Need

When children are transported by the child care provider between home and child care, the child’s time in transportation is not included in determining the parent’s service need.

A maximum of 5 hours per week spent by parent traveling between work or school and child care may be included in determining the parent’s service need when the parent is responsible for transporting the child.
Pathways for Children
Field Trip Policy

PART A

1. All children must have written permission, signed by parent or guardian, in their file prior to any trip that requires transportation out of the neighborhood. This must include the date and destination of the trip. Assigned general permission form may suffice for regularly scheduled ongoing trips.

2. No volunteers can have total responsibility for children on field trips. Teachers are ultimately responsible for the children on the trip, and, if volunteers are assisting, they need to remain within hearing or sight of the teachers.

3. A parent cannot be counted as a chaperone if they bring another child with them on a field trip. Sibling participation is discouraged but not prohibited. Siblings accompanied and supervised by a parent must have a signed permission form.

4. All purchases by parents for children while on a classroom field trip is prohibited.

5. Pathways for Children maintains a smoke free environment. Smoking is prohibited in view of program children during program operation.

6. A child can only be denied participation on a field trip when a child’s behavior poses a safety threat to him/herself or others and after attempts to use supportive measures have failed. Decision to deny a child’s participation in a field trip will be made after consultation between program supervisor or manager and the teacher, or if indicated in the child’s behavior support plan.

Part B  In the event of any emergency:

1. All buses will be equipped with cell phones and a designated staff member will have a phone available to teachers for emergencies.
2. In the event of an emergency, 911 will be called and an adult will accompany the child to the hospital if advised by emergency personnel. The parent or guardian will be called as soon as possible and staff at Pathways will be informed.

Revised 9/13/06
Reviewed by PC
Reviewed by Board 1/10/07
LATE PICK-UP POLICY

According to the State’s regulations, which govern our agency, if you or a designated adult has not picked up your child and are unreachable after program closure, the following steps will be taken.

1. You will be charged a late fee of $5.00 for every 15 minutes you are late after your scheduled pickup time.

2. After 15 minutes, calls will be made to emergency contacts to plan for your child to be picked up.

3. If after one hour from your scheduled pick-up time everyone on the emergency pickup list remains unreachable, staff may need to contact the Department of Children and Families to make arrangements for your child’s care.

4. Habitual and excessive late pick-up after program closure may be grounds for termination from Pathways for Children.

Revised 9/13/06
Approved by PC 10/18/06
Approved by board 1/24/07

AUTHORIZED RELEASE

Your child will only be released to yourself and/or the responsible adults you have listed with PATHWAYS FOR CHILDREN. PATHWAYS FOR CHILDREN will not release your child to anyone considered to be under the influence of drugs or alcohol.
Wellness Policy Summary

Policy statement:

Pathways for Children recognizes the important relationship between wellness and success in life. The intent of this policy is to outline the organization’s on-going commitment in support of wellness in the areas of nutrition, physical activity, and other program-based activities that promote health and wellness.

Purpose:

Pathways has developed this policy to provide the agency community with guidelines for what is required to foster an environment in which staff, parents and children can make healthful choices. This document outlines policy, curriculum, and operating procedures that promote healthy lifestyles and appropriate nutritional and physical fitness practices for all children.

Nutrition Education

- Learning activities designed to facilitate the voluntary adoption of eating and other nutrition related behaviors conducive to health and well-being will be included in the classroom curricula. This includes hand washing before meals, before and after water play, and after toileting.

Physical Activity

- Developmentally appropriate outdoor or indoor physical activities will be offered to all children daily, and will not be restricted except upon receipt of a physician’s order. Activities will include climbing, running, jumping, tricycle riding, walking and organized games. Children who are present less than six hours will have at least one period of physical activity; children present longer than 6 hours will have at least two periods of physical activity, totaling at least 60 minutes.

Nutrition standards for all Foods Available on Campus during Program Time:

- Breakfast, lunch and snack will follow the USDA guidelines.

- Holidays, celebrations, field trips, special events and scheduled curriculum activities will comply with the following:

  1. Holidays and celebrations will usually be child initiated and child focused.
  2. Foods not usually included in food service, such as pastries, pies, cakes, candy, chips, and ice cream may be served occasionally (not more than once per month). Such foods will comply with the Health Care Policy, section K, Procedures for identifying and protecting children with specific health care needs, including allergies. Attention will be paid to portion size, and such foods will be limited to one item per event. Teachers will emphasize that such foods are for occasional, not daily, consumption.

- Special foods should be linked to children’s cultural traditions and included as part of the classroom curriculum whenever possible.

- The following items are not served to children: Candy, chewing gum, sweetened beverages, hot dogs or sausages. Only 100% fruit juice is served, and is limited to no more than four ounces per child daily.

- The following foods are not served to children under the age of four: hot dogs, whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonful of nut butter, chunks of raw carrots or meat larger than can be swallowed whole.
• Food will never be used as a reward or punishment.
• With the exception of carbonated water, carbonated beverages without nutritional value will not be served to parents or children.
• There will be no vending machines, student stores, or concession stands available to children on campus.
• There will be no food focused fundraising events for students.
• Food Service Coordinator will meet the local Board of Health standard for training, such as ServSafe Certification.

Tooth Brushing Plan

Dental caries is the most common chronic disease of childhood. It causes pain, infection, sickness and mortality, can inhibit learning, speech and eating, and is almost entirely preventable. Pathways for Children recognizes the importance of tooth brushing for maintaining health and preventing dental caries. All children enrolled in Pathways programs who attend for more than four hours or who consume a meal while attending, will brush their teeth with the assistance of an educator as necessary.

New toothbrushes will be supplied every three months and when a child has been ill with a cold, flu, or bacterial infection, and fluoride toothpaste will be used for children age 2.9 and older. Younger children will brush their teeth with water only.
Child Guidance

The Behavior Management Policy is designed to be non-punitive. It is implemented with respect for individual developmental stages in a child’s social, emotional, physical and cognitive growth as it relates to successful attainment of skills and self-control.

The goals for behavior management and ground rules for reinforcement are:

- Safety and Respect in regards to self, others and the environment
- Guidance in the development of skills for self-control and self-management, including problem solving and nonviolent conflict resolution
- The development of effective communication skills and the ability to recognize and acknowledge feelings

Prevention

- Preparation of the environment including curriculum planning, daily structure, and a schedule that allows opportunities for children to select activities and to move between them at their own pace; a schedule that also gives children ample notice of transitions ahead of time
- Planning for the individualized needs of the child
- Modeling of appropriate behavior
- Simple and clear statements of program expectations and ground rules, the development of which takes into account children’s input where appropriate
- Offering choices and redirection—interrupting a child’s negative behavior and steering the child toward an acceptable substitute
- Positive reinforcement of appropriate behaviors
- Training in CSEFEL and/or Collaborative Problem Solving.
- Teaching children new skills and encouraging them to discuss and resolve conflicts on their own, or with an adult’s assistance when necessary, rather than imposing the adult’s solution
- Working in close partnership with parents to address children’s difficulties, as well as developing shared understanding to promote consistency between home and child care.

Interventions:

- Recognize the child’s feelings, help him/her understand that the behavior is not appropriate and help child to practice alternative choices.
- Resolve problems as they occur. e.g., by encouraging children toward positive activities via redirection, interruption, and distraction.
- Clearly restate rules and expectations
- Identify logical consequences and be directive by setting limits
- Offer the child a safe and supervised quiet space to regain control with the goal of rejoining the group
- If the child is unable to regain control, other personnel will be called to either help with the child, or help with the rest of the room while a teacher attends to the child. Use the walkie-talkie to call for back-up help if a situation begins to escalate. When it is practical, evacuate the rest of the room until the child who is out of control can regain control.
- Ignore simple inappropriate negative behavior that is unpleasant, without ignoring the child.
- Meet with parents; keep them informed of their children’s behaviors, and document parent discussions.

Emergency Situations:

In extreme cases, and only in the rare event that there is a life-threatening or serious threat to a child or adult, a provider or staff person may need to supportively hold* a child. The provider or staff person may only hold
the child long enough to protect the child from the dangerous situation and return the child to safety. Safe holds* are used only as a last resort and may not be used as a discipline technique.

*A supportive hold is first offered to the child as an assist, and is used without the child’s permission only when it is the sole remaining option to keep people safe. A supportive hold should only be sustained long enough to remove a child from an unsafe environment or keep him/her from hurting him/herself or others.

The hold can take the form of sitting a child on one’s lap¹; physically guiding a child, adult’s hands on child’s shoulders-without force; cradling a child who is upset in one’s arms²; holding the child’s hand³; or momentarily picking up a child who has climbed or otherwise put him/herself into an unsafe position. If a child fights sitting, resists guidance, tries to pull away, or similarly rejects the supportive hold, then the hold must end as soon as additional support arrives, environmental accommodations have been made, and it is safe to do so. Ideally, the staff involved in any supportive hold should know the child well and be able to assess the child’s response moment by moment.

Children who are physically fighting require separation if the safety of the children, whether fighting or observing, is compromised. The safety of staff must also be taken into account. Teachers are to request backup at once should this situation arise. Providers should call the agency when a behavioral crisis occurs.

Pathways for Children’s licensing body, the Massachusetts Department of Early Education and Care, does not allow an licensed child care programs to use discipline techniques that require the use of any physical restraint.

Follow-up:
Behavioral incidents are followed by a process of communication and support among children, staff and family. This may include:

a. Gathering information
b. Documentation
c. Communication with the team and parent(s)/guardian(s)
d. Development and implementation of a support plan to meet the needs of the child, which may include a re-entry meeting with parents when a child is sent home or to the hospital because of a behavioral crisis
e. Termination of children from programs at Pathways is considered as the last possible alternative after all other avenues have been explored. It is only considered when a child’s needs cannot be met within our program design or when a child’s behavior is determined to be unsafe to him/her and/or other children and staff.

Touch:
Touch is key in children’s healthy development, especially young children, so it does not make sense to adopt a “no-touch” policy when children are hurting – or intend to hurt– other children, adults, or themselves, or damage the things around them. When children behave in dangerous or destructive ways, teachers/providers may physically intervene in a calm, nurturing manner that is responsive to the specific situation and the child’s developing abilities and capacity to understand. Intervention may take the form of hugs, taking a child by the hand, picking up a child and moving the child to a safe area, removing potentially unsafe objects from the area, and holding a child on one’s lap. These are familiar ways of touching that acknowledge and affirm the child while interrupting their behavior. Teachers/providers must proceed with the awareness that touch may not be welcomed by a child, especially if the child has been victimized by physical and/or sexual abuse or witnessed domestic violence.
When touch is only used as a last resort in child guidance practices, it will invariably convey a negative, punitive message. Physical intervention by a composed, caring adult can be a reassuring, healing experience that helps the child regain control of him/herself.

Organizations must balance the need to keep youth safe with the need to nurture and care for them. In order for touch to be healthy, it needs to be consistent with the relationship; for example, nurturing, greeting and athletic touch, as opposed to punishing, hurtful and sexual touch. Our goal should be to provide an environment where nurturing touch supports connection and attachment and leads to a safer and more resilient child.

**Respect**

As our policy is one of respect, redirection and education, at no time will staff members use any form of punishment. No child will experience or receive corporal punishment, cruel or severe punishment, humiliation or verbal abuse. Nor will any child be denied food as a form of punishment. No child will be punished for soiling, wetting or not using the toilet. Isolating a child in “time out” is prohibited. Confining a child to a swing, high chair, crib, playpen or any other piece of equipment for extended periods of time in lieu of supervision is prohibited.

¹“Holding a child on one’s lap is not considered a physical restraint if it is not limiting the child’s range of motion, and is done in a reasonable and predictable manner for the child. Adults should always intervene in calm, nurturing manner.” Department of Early Education and Care (DEEC), Technical Assistance, Child Guidance, FAQs

²“Teachers/providers may cradle a child in their arms in a calm, nurturing manner.” DEEC, Technical Assistance, Child Guidance, FAQs

³“The teacher/provider may direct or escort a child from one area to another by taking the child’s hand, or picking the child up. The teacher/provider should always talk calmly or use other familiar ways to acknowledge and affirm the child.” -DEEC, Technical Assistance, Child Guidance, FAQs

⁴“If the child is in harm’s way and in danger of being injured, EEC expects that the child care provider respond appropriately. The teacher/provider should pick up or move that child to a safer location.” DEEC, Technical Assistance, Child Guidance, FAQs

⁵Excerpts from “Expert Meeting on Nurturing Touching within Youth-Serving Organizations,” 2007, Enough Abuse Campaign, 14 Beacon Street, Suite 706, Boston, MA 02108, [www.enoughabuse.org](http://www.enoughabuse.org)

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Approved by Board 12/5/12
Termination of Children from Pathways for Children

Termination of children from programs at Pathways for Children is considered as the last possible alternative after all other avenues have been explored. It is only considered when a child’s needs cannot be met at Pathways for Children within our program design or when a child’s behavior is determined to be unsafe to her/himself and/or other children and staff in the program.

For Dept. of Early Education and Care contracted slots, Dept. of Early Education and Care policy allows for providers to terminate for failure to comply with program policy including for hostile, aggressive or violent behavior of the child or parent that is a threat to other children or staff. Habitual and excessive absences, a pattern of late pickup, as well as late payment of fees may also result in termination from Pathways for Children. Staff will make reasonable attempts to work with families to resolve any of these issues. For contracted slots, you have the option to appeal by requesting a review process with Dept. of Early Education and Care.

Procedure

1. Meetings are scheduled to discuss all children in Pathways for Children programs. Behavior management techniques are used to help children be successful in the programs. A summary of these strategies can be found in the program’s behavior management procedure. Parents will be informed on a regular basis of their child’s progress in Pathways for Children programs.

2. In cases where strategies are ineffective and a child is unable to function in the group setting, a team meeting is called. Parents and staff discuss what other strategies and resources might help the child remain in the program. A shortened time in the group setting may be recommended as a strategy to reduce stress on the child.

3. An individualized child plan will be written to document the strategies and additional resources recommended, such as referrals to the public school for special education services, referrals to doctors or therapists, or referrals to other service providers including Department of Social Services, Department of Mental Health or Department of Developmental Services. A review date will be established to assess the plan with the parent.

4. The child’s plan will be reviewed by the team to monitor the progress of the child. Should the child not respond to the plan, revisions may be developed at the discretion of the team and the parent will be notified.
   a. The team will determine a review date at this time not to exceed two weeks.
   b. The following are indicators for consideration when determining if a child is inappropriate for our programs. For each indicator, consideration will be given to the duration, severity and frequency of the behavior and the child’s response to intervention. Behavioral indicators include but are not limited to verbal abuse and threats, hitting others, injuring others, biting, kicking, sexual acting out, leaving area of supervision, not following program safety rules.

5. When a child’s behavior continues to be unsafe in the group setting, the team, in consultation with the Chief Operating Officer, the Director of Social Services and/or the Education Manager will recommend an “Advance Notice of Termination” be sent to the parent/guardian to inform the parent that termination is imminent. The team reserves the right to suspend the child from group care prior to the 14-day notice if the safety of the child or others in the program is in question.

6. A social worker/case manager is available to provide support and follow up with the family regarding alternative placements. The social worker/case manager will also arrange an opportunity for the child to say goodbye to the classroom children and staff, and arrange with the parent a time to pick-up any belongings.

Reviewed 9/28/06
Reviewed by PC 11/20/06
Pathways for Children
Snow Policy

Pathways for Children is normally open for the convenience of working families when public schools close due to stormy weather. Cape Ann services are provided at 29 Emerson Avenue. North Shore services are provided at 292 Cabot Street. Family Child Care homes are open as usual. Pathways programs that are located in public schools follow public school closures.

When public schools are closed, all Pathways for Children transportation is cancelled in those communities. Expect a clarifying message through our School Reach emergency phone notification system.

Please call the main office at 978-281-2400 (Gloucester) or 978-236-4101 (Beverly), or your family child care provider before 9:00 a.m. to report that your child will be attending, so that we can have staff available when you arrive. Children cannot be dropped off before 8:00 since no staff will be available prior to that time. If your child is in family childcare, please check with your provider to arrange a time for drop off.

When public schools announce a one hour/two hour delay, Pathways for Children cancels morning transportation in those communities. All center based services, except those located in public schools, begin at their usual sites at 8 a.m. for a one hour delay and 9 a.m. for a two hour delay. Those centers in public schools open according to the delay. Family Child Care is open as usual.

In the event that we need to cancel afternoon transportation, we will call you or your emergency number. If you are not at your usual number, and you are concerned about afternoon transportation, please call us.

Please note: On rare occasions, when extremely severe weather, a declared state of emergency or power/water outages occur, Pathways for Children may be forced to cancel services for the safety of your child/ren. This information will be available through a School Reach voicemail announcement. YOU WILL ONLY RECEIVE SCHOOL REACH CALLS IF YOU KEEP YOUR CONTACT INFORMATION CURRENT WITH US. If in doubt call the main office at 978-281-2400 (Gloucester) or 978-236-4101 (Beverly). Whenever possible a voice message regarding our status will be available.

When in doubt, please call first.
Pathways for Children
Classroom Holiday Guidelines

In order to keep our classrooms a safe, stable and happy environment for all of our children and to support developmentally appropriate activities at Early Head Start and Head Start, the following guidelines have been developed.

Holidays are not the focus of the curriculum (classroom activities). Programming is developed and implemented to ensure and promote a calm atmosphere in the classroom. Our programming is designed to encourage and allow children to have a sense of self-control, feel safe, be part of a group and to maintain the security and predictability of a daily routine.

To achieve these goals, the following is implemented in all of our Classrooms:

a. Teachers minimize holiday activities. Raw materials are always accessible to the children for a variety of forms of self-expression. Consistent with the philosophy of the program, these activities are self-initiated by the child.

b. Teachers provide an age appropriate* curriculum that affirms the culture of the children and families in their classroom. *(Age appropriate means activities that meet the developmental understanding and are concretely relevant for the children in that age group.)*

c. Teachers seek parent input in planning activities or celebrations. Notification is sent home regarding any event. Teachers encourage parent involvement in all classroom activities.

d. The nutrition policy is also in effect during any holiday time.

Reviewed 10/17/06
Reviewed by PC 12/11/06

TRANSITION PLAN

All Pathways programs collaborate both within and outside of the agency to insure that all program transitions are well planned. Staff will work with families and all relevant professionals to share information, assist with documentation, and to prepare children for program transitions. A complete Transition Plan is available for further details.
WAITLIST MANAGEMENT

Eligible families requesting childcare should fill out a questionnaire so their names can be added to the central waitlist managed by the Department of Early Education and Care.

Contracted slots are authorized in accordance with the priorities established by EEC. Children who need placement to insure continuity of care, families with special needs and children of teen parents who are attending high school or GED program are prioritized on the waitlist.

Continuity of care categories are as follows:

- Aging out of current slot (child too old for current program type) and family continues to meet service need and income eligibility requirements.
- Geographic relocation for a child enrolled in subsidized care.
- Re-enrollment within 3 months after a temporary break in service due extended vacation, illness, seasonal employment or extended non-custodial visitation.
- Siblings of children currently receiving financial assistance through a contracted income eligible funded EEC slot.
- A child who received financial assistance as a result of a DCF referral and is leaving DCF supportive care or is being adopted out of foster care.
- A child currently receiving financial assistance through a Teen Parent contract who has a parent aging out of this program.

IF THERE ISN’T AN ELIGIBLE FAMILY MEETING THE ABOVE CRITERIA THE NEXT CATEGORY IS GENERAL PRIORITY, WHICH ARE NEW FAMILIES CURRENTLY NOT RECEIVING SUBSIDIZED CHILD CARE.

DETERMINING FEES

Families who are eligible for subsidized child care will be required to contribute to the cost of the services they receive. The amount a family contributes depends on the family’s income and size. The fee is determined using the Commonwealth of Massachusetts sliding fee scale.

Fees will not be charged to permanent or temporary legal guardians, foster parents, or teen parents.

The full weekly parent fee (for children attending a full time/full day program) located on the right hand side of the scale will be assessed for the first child in subsidized care, ½ the weekly fee for the second child in subsidized care, and ¼ of the weekly fee for each additional child in subsidized care. If the child is attending a part time/part day program assess at ½ of the full time rate using the above for reference.

To determine a family’s income, the intake department must obtain documentation of the family’s income from a variety of sources, such as wages/salary (including overtime,), social security, alimony or child support, or public assistance. Proof of income must be provided at point of intake. Consumers must provide their four most recent consecutive pay stubs indicating gross wages. A copy of a bank statement indicating the social security direct
deposit, or award letter is acceptable proof for SSI. Copies of checks or receipts from the Department of Revenue, or a copy of a divorce decree will verify child support and alimony receipts, and a copy of a consumer’s TAFDC grant/award letter will serve as documentation of income for those consumers.

Please note: Alimony payments or child support payments paid to an ex-spouse or children from a previous relationship may be deducted from gross income for purposes of determining eligibility. Cancelled checks must be submitted for verification.

To determine a family’s monthly gross income, multiply the weekly gross wages by 4.33. If a family’s income is paid bi-weekly, multiply the bi-weekly gross wages by 2.17. The sliding fee scale will determine the child/ren’s fee based on their monthly gross wages and the number of family members.

Fees and payment schedules are determined at the time of enrollment and are reassessed every 6 months to one year depending on eligibility & funding source. You are responsible to pay for holidays, snow days, vacation or sick days.

Pathways for Children require an initial payment of one week’s fee in advance payable upon intake.

Child care fees are billed on a bi-weekly basis FOR TWO WEEKS IN ADVANCE. You will receive a bill every 2 weeks and a statement at the end of the month. Fees may be paid by check, money order and cash payment will be accepted. If you pay by check, you should make your check out to Pathways for Children. Payment may be mailed or made directly to the Fiscal Office at 29 Emerson Avenue. Questions regarding fees should be directed to the Fiscal Office. They can be reached at 987-281-2400.

ELIGIBILITY: SERVICE NEED

In order for families to be eligible for subsidized care, they must meet the income eligibility requirements (see attached) and have a service need as defined by the Department of Early Education and Care.

The service need is defined as the amount of time (during which subsidized child care is available) that either parent is unavailable to care for the child because they:

- Are starting or continuing paid employment
- Are an incapacitated parent (2 year limit)
- Are seeking paid employment
- Are in training and education programs

In two parent families, both parents must have a valid service need. Families that have a service need of 30 or more hours per week are eligible for full time child care.

Families with a service need of at least 20 hours but less than 30 hours per week are eligible for part time care.

A parent with a disability is equivalent to the service need of a working parent. A completed “Verification of Parental/Guardian Incapacity” form by a physician or nurse practitioner for a physical disability, or a psychiatrist, doctoral level psychologist for an emotional or mental disability is needed. The response must state the nature and the expected duration of the disability, and must explain why the disability required the specific hours of childcare requested. A copy must be kept with the intake paperwork.

Toilet training is not an eligibility requirement for enrollment in any of Pathways programs.
TERMINATIONS
Due to Non-Payment of Fees and Excessive Absences

Services may be terminated if the family fails to pay the required fees. An advanced notice of termination is sent by mail to the consumer two weeks before care is terminated for nonpayment of fees. All fees are based on the Commonwealth of Massachusetts sliding fee scale for childcare (a copy is attached for reference). Families are asked to contact Pathways for Children to arrange payment of their outstanding bill.

An advanced notice of termination may also be issued at any time absences indicate a possible misuse of service. Excessive absences are 5 or more absences during a 30-day period. If a child is absent excessively the provider/preschool will determine if the degree of absence meets a test of reasonableness regarding misuse of services.

Children who are in Head Start will continue in Head Start programming. A loss of child care subsidy may result in a reduction of hours of programming. Children enrolled in Early Head Start programming will keep their full time status should they lose their child care subsidy.

Parental Rights

Parent Conferences - the licensee shall make the staff available for individual conferences with the parents at parental request.

Confidentiality and Distribution of Records

Information contained in a child’s record shall be privileged and confidential. The licensee shall not distribute or release information in a child's record to anyone not directly related to implementing the program plan for the child without written consent of the child’s parent(s). The licensee shall notify the parent(s) if a child’s record is subpoenaed.

The child’s parent(s) shall, upon request have access to her/his child’s record at reasonable times. In no event shall access be delayed more than two (2) business days after the initial request without the consent of the child’s parent(s). Upon such request for access the child’s entire record regardless of the physical location of its parts, shall be made available. The licensee shall establish procedures governing access to and maintain a permanent, written log in each child’s record indicating any persons to whom information contained in the child’s record was released. Each person disseminating or releasing information contained in a child’s record, in whole or in part, shall upon each instance of disseminated or released information state the purpose of such dissemination or release, the signature of the person to whom the information is disseminated or released. Such a log shall be available only to the child’s parent(s) and center personnel responsible for record maintenance.

Charge for Copies - the licensee shall not charge an unreasonable fee for copies of any information contained in the child’s record.

Amending the Child’s Record

A) A child’s parent(s) shall have the right to add information, comments, data or any other relevant materials to the child’s record.

B) A child’s parent(s) shall have the right to request deletion or amendment of any information contained in the child’s record. Such requests shall be made in accordance with procedures described below:
1. If such parent(s) is the origin that adding information is not sufficient to explain, clarify or correct objectionable material in the child’s record, he shall have the right to have a conference with the licensee to make his objections known;

2. The licensee shall, within one (1) week after the conference, render to such a parent(s) a decision in writing stating the reason or reasons for the decision. If his decision is in favor of the parent(s), he shall immediately take steps as may be necessary to put the decision into effect.

**Transfer of Records** - upon written request of the parent(s) or any other person the parent(s) identifies, when the child is no longer in care.

**Notification to parents** - the licensee shall notify the parent(s) in writing of the provisions of and at the time of the child’s admission to the center and thereafter in writing at least once a year.

**Availability of Information to the Department of Early Education and Care.** Upon request of an employee, authorized by the Director and involved in the regular process, the licensee shall make available to the Department any information required to be kept and maintained under these regulations and any other information reasonably related to requirements of these regulations. Authorized employees of the Department shall not remove identifying material from the center’s premises and shall maintain the confidentiality of the individual records.(cont.)

**Meeting with Parents** – the licensee shall assure that the administrator or his designee shall meet with the parent(s) prior to admitting a child to the center.

   a. At the meeting, the licensee shall provide to the parent(s) the center’s written statements of purpose, services, procedures for parent conferences relating to the child’s records; and procedures for providing emergency health care.
   
   b. The licensee shall provide the opportunity for the parent(s) to visit the center classroom at the beginning of the meeting or prior to the enrollment of the child.

**Complaint Procedure**

Individuals with a concern to express about the program should address that concern directly to the responsible staff person as soon as the concern arises. If satisfaction or a solution is not achieved, the concerned individual should immediately address the concern to the Head Start Coordinator. If a solution is not reached with the staff, the PATHWAYS FOR CHILDREN Chief Operating Officer shall be notified. If the concern directly involves the Head Start Coordinator, the concerned individuals shall make their feelings known to the PATHWAYS FOR CHILDREN C.O.O. The individual shall be notified of the results in a timely manner.

*In addition, the law requires that all licensees have a copy of the regulations on the premises of the center and regulations shall be made available to any person upon request.*
Lead poisoning is an environmental disease, which usually affects preschool 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. Soil, air and water also contribute to the lead levels of children. 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 stomachache, tiredness, fussiness and poor appetite. The only sure way of determining whether a child has absorbed too much lead is to test his or her blood. The lead screening test is a simple, relatively painless finger stick which collects a small amount of blood.

All children under six living in Massachusetts are at risk for acquiring lead poisoning. However, for some children, particularly those living in substandard 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. Proof of a lead screening test is required for entry into daycare and kindergarten. Because, for 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.

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

DPH CHC-1
HEALTH CARE POLICY FORM - 7.05 (1) (a)

A. Health Care Consultants
   Dr. Jeffrey Stockman         Norene C. Gachignard, RN, MSN
   Cape Ann Pediatricians      North Shore Community College
   298 Washington Street       1 Ferncroft Road
   Gloucester, MA 01930        Danvers, MA 01923
   978-283-5079                978-762-4000 X 4433

B. Emergency Telephone Numbers
   • Emergency – 9-911
   • President and CEO Sue Todd, 978-281-2400 x 127
   • Exec. Assistant to the President/CEO; Safety and Facilities Director Patty Pardee, 978-281-2400 x 223
   • Operations Manager- North Shore, Michaelene Blazak, 978-236-4101 x 223
   • Pathways for Children Sites:
     Cape Ann                                             North Shore
     29 Emerson Avenue                                    292 Cabot Street
     Gloucester, MA 01930                                 Beverly, MA 01915
     978-281-2400                                         978-236-4101

     Welch School Classroom,                             Bates School Classroom
     50 Swampscott Avenue                                  53 Liberty Hill Avenue
     Peabody, MA 01960                                    Salem, MA 01970
     978-536-5803/5804                                    978-744-2863

     Carlton School Classroom                             Bentley School Classroom
     10 Skerry Street                                      25 Memorial Drive
     Salem MA 01970                                       Salem, MA 01970
     978-744-3800                                         978-744-3800

   • Poison Prevention Center 1-800-222-1222, or 1-800-682-9211

C. Hospitals utilized for emergencies:
   Addison Gilbert Hospital     Beverly Hospital     NSMC Salem Hospital
   298 Washington St.            85 Herrick Street   81 Highland Avenue
   Gloucester, MA 01930          Beverly, MA 01915  Salem, MA 01970
   978-283-4000                  978-922-3000       978-741-1200

D. 911 Medical Emergency Procedures, including those occurring on field trips:
   The first person who is aware of a 911 emergency will:
   • Respond to or arrange for immediate first aid needs of an injured or ill person.
   • Call 9-911. If offsite, dial 911. Designate another person to call if you are engaged in first aid.
   • The 911 Operator will ask for the nature of your emergency. The caller should:
     Stay on the line until released and provide the following information:
1. Identify yourself by name and role.
2. Address of program or location of field trip.
3. Nature of the situation or incident. If an Epi-Pen or other emergency medication has been used or is needed, identify as situation requiring Advanced Life Support.
4. Location of the situation or incident.
5. Number of victims.
6. Other relevant information

- Designate a person to meet the emergency response team.
- Contact Reception and President/CEO Sue Todd, who will inform all senior managers and/or appropriate staff, and advise them of 911 call. An Incident Commander will be identified if needed.
- The person who identified the emergency is in charge until relieved or instructed otherwise.
  1. Remain calm. Attend to any injuries with appropriate First Aid procedures: If severely injured, do not move except to save a life.
  2. If advanced medical attention is required, collect and have available for responding emergency staff the appropriate releases and paperwork for the injured/ill person.
  3. If on a field trip, notify the agency and follow #1 and #2 above.
  4. Individuals will be identified to contact parents/guardians or emergency contacts as needed.
  5. Complete an Injury/Illness Report Form within 24 hours and distribute to parent/guardian, teacher, social worker, and central log.
  6. Department of Early Education and Care (EEC) is notified:
     - Immediately by telephone if an illness/injury occurs onsite or at a sponsored event and requires overnight hospitalization.
     - By submission of an Illness/Injury Report Form within three business days if an illness/injury occurs onsite or at a sponsored event and requires medical treatment.
     *An illness/injury where medical attention is sought as a precaution but requires no treatment does not need to be reported to EEC. Medical treatment related to ongoing management of special conditions in young children, such as asthma or seizures, does not need to be reported to EEC.
     *Likewise, the onset of conditions such as conjunctivitis, ear infections and Flu do not need to be reported. Bee stings do not need to be reported.

Release of information regarding emergencies: The President and CEO Sue Todd or her designee is the sole party responsible for the release of information to the media or general public. Direct all inquiries to her.

Emergency Response Protocols for other situations are located on site at each program and are designed to put in place the beginning stages of Incident Command Structure.

E. Procedures for utilizing First Aid Equipment

- Location of First Aid Kits: Classrooms, staff break room, group offices, vehicles, classroom outdoor bags.
- Family Child Care: as deemed appropriate- accessible and out of reach of the children.
- First Aid Kit is maintained by: Health staff and teachers
- Contents of First Aid Kit(s):
  Band-Aids
  Butterfly Bandages
  Gauze Pads 4x4 or 3x3
  Gauze Pads 2x2 (delete:or 3x3)
  4” Flexible Rolled Gauze Bandage
  2” Flexible Rolled Gauze Bandage
  1” Roll Adhesive Tape
  CPR Micro Shield
  Eyewash Solution
  Eye Cup
  Wipes
  Non-Latex Gloves
  Scissors
  Tweezers
Triangular Muslin Bandage   Thermometer  
Plastic Bags (for soiled items)  Safety Pins  
Instant Cold Packs with sealable Bags  Flashlight  
Packages of Sugar or Glucose Tablets

- In addition, *Health Staff First Aid Kits* located in the health staff offices contain the following:
  - First Aid Reference Manual  Flashlight  
  - Trauma Pads  Eye Pads  
  - Aluminum Splints  Bulb Syringe  
  - Hand Sanitizer  Disposable washcloths  
  - Bottled Water  Plastic Cups  
  - Emergency Blanket  Personal Protective wear for responder

First Aid is administered only by a staff member/provider who has First Aid certification. Parents/Guardians of children will be informed at the end of the day regarding any minor First Aid administered, and immediately if an injury requires any medical care beyond minor First Aid, and immediately of administration of any emergency medication.

All educators must obtain within six months of employment, and maintain annually thereafter, current certification of training in CPR. Basic First Aid appropriate to the age of children served is also required and must be renewed according to the certifying agencies’ requirements.

**F. Emergency plan for evacuation of the agency**

In the event of a fire or other emergency the following is recommended, as appropriate, to ensure the safety of children, staff and visitors of Pathways for Children.

1. Pull the Fire Alarm Box located at emergency exits in classrooms or at main door. Use walkie-talkies to communicate the location and the nature of the emergency, and identify who pulled the Fire Alarm Box.
2. Reception will note this information as well as the time the call was made. Proceed to nearest door. Maps posted in each classroom, offices, multipurpose room, kitchen, and conference room indicate primary and secondary evacuation routes. Front and back door are handicap accessible at centers.
3. Cape Ann Emerson Avenue classrooms will evacuate to The Open Door, 28 Emerson Avenue or Gloucester High School; Contact Erik Anderson, Principal, or his designee (978-281-9870). North Shore at Cabot Street will evacuate to Dane Street Congregational Church at 10 Dane Street, Beverly. Contact Reverend Dr. Brian Miller or his designee (978-922-4325). Classrooms located in public schools will evacuate as directed by school administration. If these locations are unsuitable, an appropriate evacuation location will be identified and communicated to staff by the Incident Commander.
4. President and CEO Sue Todd will be notified, senior managers will be informed, and an Incident Commander will be identified if needed.

The following are the duties and responsibilities of staff:

1. Children and staff immediately begin exiting to the nearest door, following fire drill procedures and evacuation routes outlined on the maps. A teacher/adult in charge from each room should bring a walkie-talkie, attendance, medical and emergency forms, and assist children to quickly and calmly exit the building. All non–teaching staff in the area should assist children in exiting the building and closing interior doors.
2. All children and staff are to proceed quickly and in an orderly manner to the evacuation site as directed, using crosswalks and sidewalks. Follow instructions of police or emergency agency if available.
3. Teachers quickly account for children for whom they are responsible, using the attendance sheet. If a child is missing, report the child’s name to your supervisor or the designated people in charge who will in turn report to police and fire departments.

4. The designated Incident Commander is the only one to have direct contact with Police, Fire, or other Emergency agency. The Emergency Agency Official will inform the Incident Commander of next steps. All internal information for staff will be shared by the Incident Commander via walkie-talkie or in writing as the incident dictates.

5. After exiting, children and staff will not return to the building until authorized by the appropriate authority. All non-teaching staff should be available to assist children in returning safely. Attendance should be taken immediately upon returning to the building.

6. Parents and Guardians will be contacted as needed via “School Reach” telephone service.

7. Written information will be shared with staff and parents/guardians by the CEO or her designee.

Resources have been identified which could support our agency in the event of a natural disaster, including mental health professionals to help children, families and staff. Social Services staff will assist as needed.

G. Plan for dispensing, recording and disposing of medication (prescription and non-prescription).

1. Direct caregivers and qualifying support staff will receive annual Medication Administration training in the “Five Rights of Medication” as required by the Massachusetts Department of Early Education and Care (EEC). Additional staff who may administer complex medications will be trained according to current regulations (delete: certified by an approved Medication Administration Trainer), including annual evaluation of staff’s ability to follow procedures by return demonstration. At least one staff person with this level of training will be on duty at all times that children are present.

2. Pathways will not administer the first dose of any medication to a child, except under extraordinary circumstances and with parent/guardian consent.

3. All medications must be provided by the parent/guardian and have an annually renewed written authorization prior to administration. All prescription medications must be in the containers in which they were dispensed and with their original labels affixed. Over-the-counter medications must be in the original manufacturer’s packaging.

4. No medication will be administered contrary to the directions on the original container unless authorized in writing by the child’s licensed health care provider.

5. Topical non-prescription medications applied to intact skin shall be administered only with parent/guardian written authorization. All other medications shall be administered only with parent/guardian written authorization and a written order by a physician, which may include the pharmacy label, and must indicate child’s name, name of medication, time of dose, and route of administration. Exception: Family Child Care does not require health care provider authorization for medications which are oral non-prescription, unanticipated non-prescription for mild symptoms, or topical non-prescription whether applied to intact or open skin.

6. A medication log is maintained of all medications administered except sunscreen, insect repellent, lotions and lip balm, which includes: child’s name, name of medicine, time and date administered, dosage, route of administration, and name of staff person administering.

7. A staff person will administer all medication, except: in the School Age program a child may; under supervision of staff only when requested in writing by parent/guardian and authorized by the health care provider; administer his/her own medications, and carry and use their own asthma inhaler.

8. Medications are stored in locations inaccessible to children with the exception of emergency medications such as Epi-pen and Diastat, which are kept out of the reach of children but in proximity to the child for whom they are prescribed. Medications found in the U.S. Drug Enforcement Administration (DEA) Schedules II through V will be secured and locked at all times when not being accessed by an authorized individual.
9. Parents/Guardians will be informed at the end of the day whenever a topical medication is applied and before any other medication is administered whenever possible. In Head Start, the Parent/Guardian will be contacted prior to administration of medication. If the parent/guardian or the emergency contact cannot be reached, medication will be administered as ordered and the parent/guardian will be informed as soon as possible.

10. Pathways for Children will report to EEC any medication error which occurred while the child was in care and which required emergency medical treatment, hospitalization, or which resulted in a child receiving the wrong medication.

11. With written permission of the child’s health care practitioner, parents/guardians may train staff in implementation of medications related to their child’s individual health care plan.

12. Medications which are no longer in use, are intended for children who have left the program, or have expired will be returned to the child’s family whenever possible. If attempts at return are unsuccessful, medications will be deposited into the local Medication Disposal container for processing according to policies established by the local Department of Public Health. Disposal will be witnessed by two staff members and logged in the child’s file and on the Medication Disposal Record.

H. Plan for care of mildly ill children:

1. A quiet area will be provided for a mildly ill child. A mildly ill child is a child who does not exhibit symptoms of a suspected serious or contagious illness or reportable disease, or meet any other criteria included in the “Criteria for Excluding Children from Child Care” at the end of this document, and who can, with adaptation, participate in the activities of the program.

2. Food, drink, rest, play materials, comfort, supervision and indoor and outdoor activity will be adapted as necessary to meet the needs of the child.

3. On a day a child does not attend public school due to illness, s/he should not attend Pathways programs.

I. Exclusion policy for serious illnesses, contagious disease, reportable diseases.

• Pathways for Children follows the “Criteria for Excluding Children from Child Care” in conformance with regulations and recommendations as determined by the Massachusetts Department of Public Health and the Centers for Disease Control.

• Pathways will report any required communicable or other infectious disease to the local Health Department and to the Massachusetts Department of Early Education and Care.

• Pathways shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exists:
  1. The illness prevents the child from participating comfortably in activities, as determined by the childcare provider.
  2. The illness results in a greater need for care than the childcare staff can provide without compromising the health and safety of the other children, as determined by the childcare provider.
  3. The child has any of the conditions in the “Criteria for Excluding Children from Child Care”

• The parent, legal guardian, or other authorized person shall be notified and asked to pick up the child immediately when a child has any sign or symptom that requires exclusion from the facility.

• The facility may ask the parent/guardian to consult with the child’s health care provider for guidance regarding the child’s return to the program.

• While waiting to be picked up, the sick child will be kept as comfortable as possible in a quiet area of the classroom. Foods, drink, rest, play materials, and comfort will be provided as tolerated by the child.

• The “Criteria for Excluding Children from Child Care” indicates conditions required for return for those illnesses. The guidance of the child’s health care provider shall be followed by the childcare facility with regard to other conditions. In some instances a note from the physician may be required before the child can return.
K. Procedures for identifying and protecting children with specific health care needs, including allergies.

Parents/Guardians complete forms at intake to inform staff of specific health care needs. A current medical report is obtained from the child’s health care provider. Concerns are verified, health care plans are created and approved by parent/guardian and appropriate professionals. Concerns are listed on the child’s data forms and distributed to appropriate staff. Concerns are listed on a central data base, and posted in classrooms and key locations. Staff is trained to carry out the plans. With the permission of the child’s health care provider, parents may train staff in implementation of a child’s care plan.

Because food manufacturers are not required to label products manufactured in a facility or on a production line that also processed foods containing peanuts, we cannot guarantee that we are peanut free. Since peanut allergies are so common and can be deadly, we make every possible effort to ensure that our facilities are peanut free. To the greatest extent possible, foods provided in meal service will be verified as peanut free. Any manufactured food product brought into the classroom will be checked and returned to the source if it contains peanut or peanut products or is manufactured in a facility that processes peanuts.

Due to allergies, staff and visitors are asked to refrain from wearing scented products or bringing latex and peanut containing products into the building. All of Pathways properties, facilities, vehicles and events are smoke-free.

L. Environmental and Infection Control, Sanitation Standards, and Monitoring of Same.

- Plan for Implementing and Monitoring: Education Supervisors and/or Program Managers will train and monitor staff regarding the infection control procedures delineated in this section. Training will occur annually in accordance with the Department of Public Health Guidelines and monitoring observations will be ongoing. Supervisory staff will model appropriate hand washing and sanitizing at all times.

1. Staff / visitors and children must wash hands:
   a) before and after eating or handling food
   b) before and after feeding a child
   c) after toileting and before and after diapering
   d) after coming in contact with blood and/or other body fluids
   e) after cleaning tables and materials, handling trash, or using cleaning products
   f) after handling pets or their equipment
   g) when returning from outdoor play
   h) after coughing or sneezing into bare hands
   i) upon entering a classroom
   j) before and after administration of medication
   k) before and after water play, sand play, or use of clay-like materials

2. Routinely, items and surfaces are cleaned and disinfected with a 5.25% sodium hypochlorite (bleach)/water solution (made and used daily) in the following strengths:
   a) Dishes, baby toys, thermometers- tables, countertops, sleep mats and commonly used surfaces such as telephones and door handles 3/4 teaspoon bleach to 1 quart water
   b) Sinks, toilets, diaper tables, pails- ¼ cup bleach to 1 gallon water
   c) Blood and vomit spills- 1 part bleach to 10 parts water

3. Staff will dispose of soiled or bloody items immediately in double plastic bags. Bloody clothing should also be double-bagged, sealed, labeled with child’s name and returned to parent/guardian.

4. Disposable non-latex gloves shall be used and changed after each use and thrown away. Staff will wash hands before using gloves and immediately after gloves are removed. Gloves are used:
   - When changing the diaper of a child
   - When there is any possibility of contact with blood or body fluids
• When cleaning surfaces that have been contaminated with blood or body fluids.
• When handling foods to be served to children

5. Any open wounds or cuts of children or staff must be washed with soap and water and covered. Children with wounds on their hands will be provided with individual water, sand, or clay containers as needed.

6. To prevent the spread of respiratory illness, staff will use disposable tissues and wash hands after blowing their nose. Children will be encouraged to use tissues and to cough into their elbow.

7. Diapering Area:
   a) The area is used only for diapering.
   b) The area is as far away as possible from any food handling area.
   c) The area is close to running water.
   d) The surfaces are kept clean and are waterproof, free of cracks and crevices, and covered with a disposable cover.
   e) All diaper pails are covered and lined with plastic bags.
   f) Never leave the child, even for a second!

M. Injury Prevention.
Monitoring the environment for removal and for repair of hazards is done continually by all Pathways for Children staff/providers. The Facilities Director or Operations Manager coordinates repairs or environmental removal.
• All rooms are well lighted, ventilated, and heated sufficiently.
• Smoking is not permitted in any Pathways center, event, or on the grounds or vehicles thereof or within view of children.
• All cleaning supplies and disinfectants are stored out of reach of children and are used only by staff.
• Injury reports are completed and filed whenever a child is injured while in care and when first aid or emergency care is administered or required. See part D.
• Beverages and foods are not allowed on agency vehicles when moving or when children are present, except water.
• Hot beverages are allowed in classrooms only prior to the arrival of children, after children leave, or in offices. Staff transport and keep hot beverages in containers with spill proof lids.

N. Procedures for reporting suspected child abuse or neglect to the Department of Children and Families (DCF), including telephone numbers.
All of Pathways Staff are Mandated Reporters while on duty and must, by law, report suspected child abuse or neglect to the Department of Children and Families.
1. If an injury is observed, ask the child in a non-directive, open-ended way about it: “How did that happen?” “Can you tell me about your bump, sore?” etc. Do not press for further information even if answer seems inadequate.
2. Notify the coordinator of the program or a social worker the same day.
3. Record the information on an “Incident Report”.
4. Document immediately the complaint and who was involved, quoting when possible.
5. Refer to Director of Social Services to meet with reporter, program director, and social worker to determine course of action; document meeting and give to directors. If 51A needs to be filed, the CEO is notified by Social Service Director; and agreed upon action is carried out through a written plan.
6. If 51A is filed, parent is notified by the social work staff or program coordinator (unless extraordinary circumstances dictate otherwise), as is DCF (978-825-3800).
7. Follow-up report including disposition of case and agency’s role from this point is submitted by social worker to program director; Director of Social Services and social worker will inform reporter that action has been taken.
8. If Pathways does not file, and the original reporter disagrees with the decision, he or she may file a report without fear of retribution.
O. Location for the storage of:

- **Hazardous/Toxic Substances**: locked cabinet or closet
- **Medication**: locked medicine box or cabinet, except for Epi-Pens, Diastat, and other emergency medications which will be stored in the classroom bag in a secure location inaccessible to children and will stay in proximity to the child for whom it is prescribed.
- **Staff personal medications**: shall be stored only in secure areas inaccessible to children

P. Confidentiality

Information contained in staff and clients’ files will be confidential. Employees are required to protect the privacy and confidentiality of these records. Every effort is made to protect the privacy and confidentiality of records by allowing access only to the client, appropriate agency personnel, or as otherwise required by statute, court order, or contract. If a child’s record is subpoenaed, Pathways for Children will notify the parents/guardians who have legal custody. Parents/guardians have access to their child’s file within 2 business days after written request is received. Pathways for Children will not charge a fee for copies or information contained in the record. Parents/guardians have the right to add information, comments, data or any other relevant materials to their child’s record. Parents/guardians have the right to delete or amend any information contained in the records.

Each time information is released or distributed from a child’s record, Pathways for Children will record: date, name, signature, and position of person releasing the information; portions of the record distributed or released; and the purpose of such distribution or release.

Q. The following handouts will be available upon request, and include: description of the illness or virus, signs and symptoms, and prevention or treatment:

- **Chicken Pox**
- **Conjunctivitis**
- **Fever**
- **Head Lice**
- **Hepatitis A**
- **Impetigo**
- **Measles**
- **Meningitis**
- **Mumps**
- **Pinworms**
- **Rubella**
- **Scabies**
- **Strep Throat**
- **Vomiting**
- **Diarrhea**
- **Whooping Cough**
- **Haemophilus Influenza (Hib) Infections**

* Translations into child’s native language shall be provided whenever possible
* A copy of “Caring for Our Children: National Health and Safety Performance Standards” is available to staff at each site.

R. Position Statement

It is the position of Pathways for Children that individuals with illnesses including but not limited to cancer, heart disease, Hepatitis B, Hepatitis C, and/or HIV/AIDS will not be denied employment or an opportunity to volunteer nor will their employment be terminated as a result of said diagnosis. The individual shall be assured of continued employment as long as the individual is able to meet the performance standards inherent in his or her position and the medical condition does not pose a threat to self or others as documented by the physician of record.

Typically, problems which may arise relevant to persons with medical disabilities are largely due to misunderstanding of methods of transmission. Managers will make every attempt to combat this fear with education and keep apprised of the facts in order to adequately inform staff.

The health condition of any employee is personal and confidential. Personnel and medical files are exempt from public disclosure by M.G.L. c. 4. Section 7(26). Only managers with a clear need to know will be informed of an employee’s health conditions.

All employees, volunteers and sub-contractors will be trained in proper prevention techniques relating to communicable disease transmission and shall employ these procedures at all times.
### Criteria For Excluding Children from Child Care

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Exclusion</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chicken Pox (Varicella)</strong></td>
<td>Exclude for five days after the onset of the rash OR until all lesions have dried and crusted over, whichever is later. Individuals may return with a doctor’s note indicating the above conditions have been met.</td>
<td>Immunize</td>
</tr>
<tr>
<td><strong>Conjunctivitis</strong></td>
<td>Exclude for 24 hours after treatment begins for purulent conjunctivitis (red or pink conjunctiva with white or yellow discharge). A doctor’s note with a diagnosis and start date of treatment is required for return.</td>
<td>Make sure hands are clean before treating child’s eye and promote good hygiene; wash hands after contact with child’s eye or with discharge</td>
</tr>
<tr>
<td><strong>Diarrhea</strong></td>
<td>Exclude when the stool is watery or decreased in form AND cannot be contained by diapers or controlled by toilet use, or if stool contains blood or mucus, or if accompanied by a fever.</td>
<td>Good hygiene; wash hands after any contact with stool</td>
</tr>
<tr>
<td><strong>Fever</strong></td>
<td>Exclude when accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility. Fever is defined as an elevation of body temperature above normal. Oral temperatures above 101 degrees F, rectal temperatures above 102 degrees F, or auxiliary (armpit) temperatures above 100 degrees F usually are considered to be above normal in children. If a child is 8 weeks of age and younger, seek immediate medical professional care. If between 8 weeks and 4 months old, seek medical evaluation if fever is unexplained (i.e., not following immunization, which can cause fever).</td>
<td>Child may return when fever-free for 24 hours following last use of Tylenol or any substance known to reduce fever.</td>
</tr>
<tr>
<td><strong>Head Lice (Pediculosis)</strong></td>
<td>Dismiss as soon as possible. Re-admit after treatment has occurred, as many nits as possible have been removed, and individual has been checked by staff and found to be free of evidence of live lice.</td>
<td>Early detection is best. Avoid physical contact with infested person and their belongings and always keep belongings of children separated; wash and dry all items in contact with the infected person</td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>Exclude case for one week after the onset of illness and exclude exposed children and staff in program until immune- globulin has been administered (within 2 weeks of exposure) as directed by the health department. Evidence of treatment will be required for return.</td>
<td>Immunize; good hygiene</td>
</tr>
<tr>
<td>Condition</td>
<td>Exclude Period</td>
<td>Immunization</td>
</tr>
<tr>
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</tr>
<tr>
<td>Hib</td>
<td>Exclude until well and appropriate antibiotics have been taken for 4 days. A doctor’s note is required for return.</td>
<td>Immunize; antibiotics for those in contact with infected person</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Exclude for 24 hours after treatment begins. A doctor’s note is required for return.</td>
<td>Good hygiene; air out room daily; clean surfaces and utensils</td>
</tr>
<tr>
<td>Measles</td>
<td>Exclude for 4 days after rash appears. A doctor’s note is required for return.</td>
<td>Immunize</td>
</tr>
<tr>
<td>Mouth sores</td>
<td>Exclude only in children who cannot control their saliva, unless the child is not infectious</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Exclude for 9 days after the onset of gland swelling. A doctor’s note is required for return.</td>
<td>Immunize</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Exclude until 5 days of appropriate antibiotic therapy has been completed. If no antibiotics are taken, exclude for 3 weeks after onset of cough. A doctor’s note is required for return.</td>
<td>Immunize; antibiotics for those in contact with infected person</td>
</tr>
<tr>
<td>Rash</td>
<td>Exclude if accompanied by a fever or behavior change until a physician determines that the illness is not a communicable disease. A doctor’s note is required for return.</td>
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<tr>
<td>Ringworm (Tinea)</td>
<td>Exclude until after treatment begins. A doctor’s note is required for return.</td>
<td>Keep environment clean, dry, and cool</td>
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<tr>
<td>Rubella</td>
<td>Exclude for seven days after rash disappears. A doctor’s note is required for return.</td>
<td>Immunize</td>
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<tr>
<td>Scabies</td>
<td>Exclude until treatment is completed. A doctor’s note is required for return.</td>
<td>Wash and dry all washable items that were in contact with the infected skin; always keep belongings of children separated</td>
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<tr>
<td>Strep Throat</td>
<td>Exclude for 24 hours after treatment begins AND the child has had a normal temperature for 24 hours. A doctor’s note is required for return.</td>
<td>Good hygiene, air out room daily, clean surfaces and utensils</td>
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<tr>
<td>Tuberculosis</td>
<td>Exclude until the child’s physician or local health department authority states in writing that the child is non-infectious</td>
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<tr>
<td>Vomiting</td>
<td>Exclude if the child has vomited in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration</td>
<td>Good hygiene</td>
</tr>
</tbody>
</table>

Adapted from criteria included in “Health and Safety in Child Care: A guide for Providers in Massachusetts, MDPH, 1995”, “Caring for Our Children: National Health and Safety Performance Standards”, and recommendations from the Center for Disease Control and the Massachusetts Department of Public Health.

Revised 6-15 by Paula MacKenzie, Health and Nutrition Manager
Reviewed by Mid-Senior Management team
Reviewed by Health Advisory Committee

Approved by Policy Council 6/17/2015
Approved by Board of Directors 6/11/14
PATHWAYS FOR CHILDREN

RECEIPT OF MEDICATION

On this date:___________________, I, __________________________________
(delivered the following medication(s) to Pathways for Children:

<table>
<thead>
<tr>
<th>Medication/strength</th>
<th>Dosage</th>
<th>Quantity</th>
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<tbody>
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</table>

for my child: ______________________________________________________________

(child’s name)

I authorize the Family Child Care provider to administer this medication to my child.

______________________________________________    __________________
(Parent/Guardian signature)                  (date)

I have received the above medication in the specified quantity.

______________________________________________    __________________
(Staff name)                              (date)

FAMILY CHILD CARE: secure medications in provider’s home.
HEAD START PROGRAM: lock medications in Nebulizer cabinet.
SAC PROGRAM: lock medications in coordinator’s office.
INFANT TODDLER CARE: lock medications in classroom.

*Emergency Medications such as Epi-Pen, Diastat, and Insulin are to be kept out of reach but in proximity to the child at all times.

NOTIFY COORDINATOR OR HEALTH STAFF OF RECEIPT OF MEDICATION IMMEDIATELY.
Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care. Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals  CACFP homes and centers follow meal requirements established by USDA.

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch or Supper</th>
<th>Snacks (Two of the four groups)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>Milk</td>
<td>Milk Meat or meat alternate</td>
</tr>
<tr>
<td>Fruit or Vegetable</td>
<td>Meat or meat alternate</td>
<td>Grains or bread</td>
</tr>
<tr>
<td>Grains or Bread</td>
<td>Grains or bread</td>
<td>Fruit or vegetable</td>
</tr>
<tr>
<td></td>
<td>Two different servings of Fruits or vegetables</td>
<td></td>
</tr>
</tbody>
</table>

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers**: Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes**: Licensed or approved private homes.
- **Afterschool Care Programs**: Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters**: Emergency shelters provide food services to homeless children.

Eligibility  State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas.

Contact Information

If you have questions about CACFP, please contact the following Child Care Sponsor.

**State Agency**  Department of Elementary and Secondary Education  Office for Nutrition, Health and Safety Programs

**Office Address**  75 Pleasant Street  Malden, MA 02148-4906

**Phone Numbers**  781-338-6499  781-338-6499

**Sponsor**  Pathways for Children

**Office Address**  29 Emerson Avenue  Gloucester, MA 01930

**Phone Numbers**  978-281-2400  978-281-2400

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. “The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and /or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”
If your child is eligible for free or reduced school meals, your child may also be eligible for

free or low cost health insurance

through MassHealth.

To learn more call: 1-800-841-2900

Si su niño es eligible para almuerzo gratis o reducido, su niño pueda ser eligible para

seguro de salud gratis o de bajo costo

por medio de MassHealth

Para saber mas, llame al: 1-800-841-2900
Important Information from the Massachusetts Department of Public Health

What is meningococcal disease?
Meningococcal disease is caused by infection with bacteria called Neisseria meningitidis. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

How is meningococcal disease spread?
These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?
High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease.

Are children in daycare at increased risk for meningococcal disease?
Children under 5 years of age have a higher rate of meningococcal disease than older children, but daycare is not considered to increase risk for meningococcal disease.

Is there a vaccine against meningococcal disease?
There are currently 2 types of vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of N. meningitidis that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is proved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Should my child receive meningococcal vaccine?
Meningococcal vaccine is now recommended routinely for children 11-12 years of age with a booster dose at 16-18 years of age. College freshman and other newly enrolled college students living in dormitories are recommended to have received a dose of meningococcal vaccine within 5 years of enrollment. Other high-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. Children and adults with terminal complement component deficiency (an inherited immune disorder) should also receive the vaccine. Parents of children in these groups should discuss vaccination with their child’s healthcare provider.

At the current time, routine vaccination with meningococcal vaccine is not recommended for healthy pre-school children who are not in one of the high-risk groups. Your child’s healthcare provider can provide additional information about vaccination in this age group.

How can I protect my child from getting meningococcal disease?
The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, and respiratory hygiene and cough etiquette. Individuals should:
1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water, or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111,