

—Yvette Sutton (1991)

NORTHSTAR EARLY EDUCATION ACADEMY

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Family Handbook

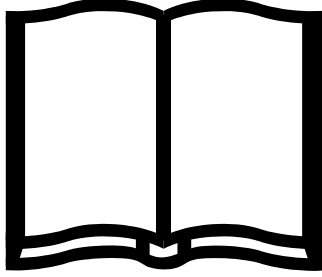
Quality Early Education and Afterschool Programs

Welcome

Thank you for enrolling your child in our program. Children in early education and afterschool programs benefit when their families and program staff work together. This family handbook is designed to give information and policies of NorthStar Learning Centers and state licensing requirements, as established by the Department of Early Education and Care. We hope that this handbook will help build understanding and expectations between our program and you. More important, however, is good two-way communication between us. We welcome your involvement in our program for the benefit of your child and to support you.

Communicating information to parents who primary language is other than English. We make every effort to ensure that parents whose primary language is other than English can communicate with us in their primary language. For Spanish and Portuguese, NorthStar bilingual staff will be used as translators. For other languages, parents have the option to use a family member or friend to translate or the program will arrange for interpretation services at no cost to the parent.

Note: Families take many different forms. In this handbook, we use "parent" to include grandparents and other relatives, foster parents, and other adults who are entrusted by law with the care of a child.



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Who we are and what we do

History and mission. Founded in 1974, NorthStar Learning Centers is committed to “helping children, youth, and families realize their strengths and dreams.” To fulfill our mission, we offer programs serving children from 1 month old to adulthood. We are a non-profit organization. That means all of the money we receive goes back into our programs to benefit the children and families we serve.

Our early education and afterschool programs prepare children to succeed in school and in life. They are licensed and funded by the Department of Early Education and Care (EEC).

We use the nationally known, researched *Creative Curriculum* to evaluate individual children’s progress and plan activities to support their continued development and learning. Our early education centers are accredited by the *National Association for the Education of Young Children*.

Department of Early Education and Care
Cape and Island Regional Office
1 Washington Street, Suite 20
Taunton, MA 02780 | 508-828-5025
Parents may contact EEC for information
about our regulatory compliance history.

Our name. Our name, NorthStar Learning Centers, refers to a powerful symbol of freedom in our local and national heritage. Using the North Star to navigate their perilous journey northward, escaped slaves saw it as a beacon of freedom. Learning is a pathway to opportunity, key to freedom from prejudice, a route out of poverty.

Our program philosophy. All our programs share these principles and values:

- Respect the worth, strengths, and needs of each child and family member.
- Promote the growth of the whole child.
- Support children as active learners who draw on their direct experience to understand the world around them.
- Support parents as their children’s first and most important teachers.

Partnering with parents

When parents and teachers communicate regularly and work together, children are the winners. We encourage two-way communication, where teachers learn from parents and parents learn from teachers.

- Your child's experiences.** We will tell you about your child's achievements, new skills, and any special problems or concerns. We ask that you keep us informed of important developments in the children's lives, including your child's special interests and behavior at home.
- Progress reports.** Besides informal, ongoing communication with you about your child's growth and development, we will give you written progress reports at least every 6 months. If your child is an infant or has special needs, we will give you a written progress report every 3 months. We will keep a copy of each report in their file.
- Program updates.** We will keep you informed about program changes and government regulation changes that affect the program.
- Concerns?** If you have any concerns or questions about your child's experience at the program, please bring them to the attention of any staff member with whom you feel comfortable. We will be glad to follow up with a meeting or whatever way is most convenient or comfortable for you.
- Need help?** Through one-on-one conversations and parent workshops, we can suggest ways that you can help your child learn at home. We are also ready to assist you with specific ideas on promoting positive behavior, feeding, toileting, and other aspects of childrearing.

Ways to keep you informed. Besides meeting with your child's teacher, there are lots of other ways to stay in touch and to create a positive two-way relationship, including phone calls, email, text messages, and home visits. In addition, we communicate with parents via our website at www.northstarlc.org and Facebook page at www.facebook.com/NorthStarLC.

You are welcome to visit your child's program at all times, with or without notice. We sometimes hold social events—usually with food—where staff and parents can get to know each other better in an informal setting.

Parent input. At least once a year, we ask you to complete a parent satisfaction questionnaire to tell us how well our program is meeting your and your child's needs. We welcome your suggestions at any time. We will meet with you to discuss your ideas and whether or not they can be adopted. Upon request, we will provide you with a written response to your suggestions.

Opportunities for parent involvement. There are many ways for you to take part in your child's program—for example:

- Visit for breakfast/snack/lunch
- Take part in special classroom events

- Help in the classroom and on field trips
- Share your special skills, talents, and experiences with children in our program
- Participate with us in community cultural celebrations and education events.
- Join in advocating for more public funding in early education and afterschool.

We believe that families whose children come to our programs should have the opportunity to get involved in decision-making at all levels within our organization. If you would like to serve on our board of directors, please tell us. The board hires our executive director and makes decisions about policies, budget, and long-range goals.

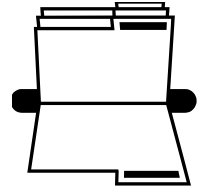
Our enrollment policy

Our commitment to non-discrimination. NorthStar Learning Centers does not discriminate on the basis of race, national origin, cultural heritage, gender, sexual orientation, disability, or age in any of our policies, procedures, or practices. Our non-discrimination policy covers access to our programs. We will provide support, accommodations, and modifications to ensure that children with special needs can fully participate in our programs. Being toilet trained is not an eligibility requirement for admission to our programs.

Prejudice based on gender, culture, class, or disability is a barrier to all children's healthy development. Our programs help children develop strong, positive self-identity as well as respect for people different from themselves. Our classroom activities and learning materials reflect the cultures, experiences, and languages of children and families we serve and represent the diversity of our community and society.

Enrollment process. The enrollment process is an opportunity for our staff and you to exchange information about your child and our program they will be attending. Before you give us responsibility for the care of your child, we want you to know about our services, program schedule, policies and procedures. In turn, we ask you to provide information about your child that will help us keep them safe, healthy, and thriving while they are at our program.

Wait list procedures. The Department of Early Education and Care has standardized eligibility requirements and intake procedures for families looking for subsidized child care and maintains a centralized wait list.



Your child's records

Your right to your child's files. You can see your child's records at any time. We will provide you with a copy of your child's entire record at your request.

Amending the record. You have the right to add information, comments, or other materials to your child's file. You can also ask us to remove information from it.

Confidentiality. Information in your child's record is confidential. We may not distribute or release information in your child's record to anyone not directly involved in your child's program without your written consent. We will notify you if your child's record is subpoenaed. We keep a written log in each child's file identifying any persons who access information in the file.

Required information-sharing. If I am receiving state child care assistance, I understand that NorthStar must comply with state information-sharing requirements to verify my continued eligibility for a child care subsidy. If my child is receiving supportive child care services, I understand that NorthStar is required to give periodic updates on my child's and family's progress to the Department of Children and Families social worker assigned to my family.

Transferring/Disposing of your child's records. When your child is no longer in our program, you may request in writing to have your child's files transferred to you or any other person you identify. Your child's records will be stored for five years in locked drawers and then destroyed by a secure mobile-based paper shredding service that shreds the material on our premises.

What families are expected to provide

You are expected to provide according to your child's needs:

- Breast milk or iron-fortified infant formula, cereal, and baby food
- Diapers (we supply wipes)
- Complete extra set of clothing and a blanket for rest time—please label with their name or initials.

What your child should wear. Being active and possibly getting dirty are part of young children's learning process. Please send your child in comfortable, informal clothing that doesn't restrict their activity and you don't mind getting dirty.

Toys from home. Please leave your child's toys at home except for a special belonging (such as a doll or stuffed animal) that may help comfort them, especially at rest time.



Parent fees

Parent fees help pay for the programs we offer. You are expected to pay the full weekly fee regardless of your child's attendance, holiday closures, or other program closures. Attached is fee schedule for families eligible for a state child care subsidy.

Initial payment. Your initial payment includes payment for the first week plus a week's deposit. The week's deposit can be either applied to the final week that your child attends our program or returned to you.

When? Payment of parent fees is expected before the week of service. That is, you should pay on or before Friday for the next week.

Where can I pay? Please make payments directly to the center/program office or our business office.

When we are open

We are open year-round Monday through Friday, except for holidays.

- Our infant/toddler/preschool centers are open 6:30 a.m.-5:30 p.m.
- Our afterschool program operates Monday-Thursday: 2:00-6:00 p.m. and Friday 1:00-6:00 p.m. During school vacations, we are open 8:00 a.m.-6:00 p.m.

Holiday closings. We are closed on the following holidays:

- | | |
|--|---|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Labor Day |
| <input type="checkbox"/> Martin Luther King Day | <input type="checkbox"/> Columbus Day |
| <input type="checkbox"/> President's Day | <input type="checkbox"/> Veteran's Day |
| <input type="checkbox"/> Patriot's Day | <input type="checkbox"/> Thanksgiving Day |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Independence Day (Fourth of July) | |

Professional days. We close the day before Thanksgiving and the day after Thanksgiving for staff development and training.

Attendance policy. Children get the most benefit from our program if they come every day. By coming regularly, they learn the importance and value of being in school. Please promptly call us when your child is going to be absent.

Severe weather. Because we provide essential services for children and families, we operate during snowy or other severe weather. We only close if hazardous weather or other emergency conditions exist. It is therefore *likely* that we will be open even when area schools and businesses may have closed.

If we decide before opening hours not to open one or more facilities due to snow or storm or other emergency circumstance, we will notify families by WBSM radio broadcasts of closings. If severe weather requires us to close early, we will notify you or your emergency contacts by phone to arrange for early pickup or transportation home. If weather conditions prevent you from reaching the facility to pick up your child, we will provide extended care until you can safely pick them up.

Emergency evacuation. If we have to evacuate one or more of our facilities, we will transport children to an emergency site, where we keep them safe and supervised until they can be picked up or transported home.

- ➔ **Site-specific emergency:** If the emergency is confined to the facility itself or the immediate area of the facility (for example, fire or loss of heat) and the children can't stay on the premises, we will transport them to:

Boys' and Girls' Club of Greater New Bedford 508-992-8011
166 Jenney Street, New Bedford

- ➔ **Emergency encompassing a larger area:** In a large-scale evacuation, we will transport children to the city's main mass care shelter:

New Bedford High School 508-997-4511, ext. 2301
230 Hathaway Boulevard, New Bedford



Getting your child to and from our program

Arrival and pick-up of children. We ask you to bring your child in by 9:00 a.m. so they can enjoy the full benefits of their program. Please inform us ahead of time when your child is going to be late so that, for example, we get an accurate meal count. No child will be denied admission because of late arrival.

When you drop off your child at the program, please sign them in and let us know they have arrived. When picking them up, please sign them out. You are responsible for supervising your child before signing them in and after signing them out.

Who can your child go home with? In the enrollment process, you can authorize other persons to pick up your child or receive them at the end of the day. We must have your written permission for any changes in who is allowed to pick up or receive them. Anyone not named on

the enrollment form should have a dated, signed note giving us permission to let your child leave with them. For your child's safety, we may ask to see identification such as a driver's license that proves their identity.

If an unauthorized person demands to take a child from the program, we will explain that we are legally bound to comply with the enrolling parent's instructions and, therefore, we can't allow the child to leave unless the person has written authorization from the enrolling parent. Our main responsibility is at all times to ensure the safety and well-being of all children attending our programs. We won't allow a child to leave with an unauthorized person as long as we can do so without risking the other children's safety. If an unauthorized person takes a child from the program, we will immediately notify the enrolling parent and the police.

Picking up your child. We ask you to pick up your child at the agreed-upon time. Please tell us about any change in your work or school schedule that will change your regular pickup time.

If you are going to be late in picking up your child, please call their program so we can plan staff coverage and reassure your child. We don't charge late fees. We will meet with a parent who is repeatedly late in picking up their child to resolve the problem.

If a child isn't picked up by 7:00 p.m. and we haven't been able to contact their parent or designated emergency contacts, we may call the Department of Children and Families for help in returning the child home.

Transportation services. Reliable Bus Lines is our transportation provider. (Please call us if you have a problem or question about transportation—not the bus company.) All vehicle, driver, and transportation safety requirements are strictly enforced.

- If we transport your child, we will give you a specific time the bus will pick them up and drop them off. Please make sure your child is ready each morning at the established time and that an authorized adult is there to greet your child when the bus drops them off.
- We can only release your child to people you have authorized to receive them. If an authorized adult isn't at the drop-off time, the driver will bring your child back to the program, and you will have to pick them up before closing time.
- Drivers and bus monitors can't be responsible for giving verbal messages to your child's program. Please contact us directly.
- Eating food isn't allowed on the bus.
- Please request alternative pick-up and drop-off locations at least one day in advance. Frequent changes in pick-up or drop-off locations are confusing for your child and throw off the bus schedule for other families. We can only approve alternative locations for work-related or other compelling reasons.
- On days with heavy snow or other severe weather, our programs stay open whenever possible. If driving is hazardous, no bus transportation will be provided. Listen to the

radio broadcast on WBSM of closings. If you need services on a day when we don't offer transportation, you will have to bring and pick up your child at the program.

- ❑ If our programs close early because of severe weather or other emergency, we will call you to have your child picked up early or to arrange for an authorized person to greet the bus at the earlier time.

Children who walk. With written parental consent and our agreement, children may walk to and from our afterschool program.

Field trips

We take children to museums, the theatre, and other cultural sites to connect them to the community and broaden their world of experience. Field trips to coastal areas, woodlands, and other outdoor places help children to learn about nature and how to protect it. We don't charge any additional fees for field trips. We will obtain your written consent before taking your child on a field trip. All drivers and vehicles used to take children on field trips meet state requirements.

Food

Food we provide. At no cost to families, we provide breakfast, lunch, and morning and afternoon snacks in our full-day programs. We generally serve breakfast between 8-9 a.m. Lunch is normally served at 11:30 a.m. Infants and toddlers are fed according to their individual feeding schedules or needs.

Menus. We provide nutritious meals and snacks in a way that makes them appetizing to children. Our weekly menus are posted. As recommended by nutrition experts, we give preschoolers low-fat milk, while we give whole milk to toddlers.

Infant feeding. Given the benefits of breastfeeding, we will provide a comfortable space for mothers to breastfeed their children at our programs. You can also send in breast milk or prepared formula in ready-to-feed sanitary containers labeled with your baby's name and date. When we prepare formula, we follow the directions on the container unless a doctor's note says otherwise. We can't use bottle warmers, microwaves or crockpots for bottle warming. If you want your baby's bottle warmed before feeding, we can hold it under warm running water or put it in a container of warm tap water.

Special diets. If you want your child to eat special foods, we will work with you to provide these foods. We will follow your directions regarding any food allergies your child has or vitamin supplements they need.

Food from home. If you send food from home for your child's snacks or meals, here is a list of nutritious foods to include and a list of less healthy foods to avoid:

✓ Whole-grained breads	! Less white bread and sweet rolls	X No soft drinks
✓ Fish and poultry	! Less cold cuts and hotdogs	X No gum or candy
✓ Homemade soups	! Less canned soup	
✓ Fresh vegetables and fruit	! Less potato chips and cake	
✓ Natural fruit juices	! Less chocolate or other flavored milk	

Rest times and sleep arrangements

Our early education programs—and afterschool program when operating on a full-day schedule—provide an extended period each day for children to sleep, rest, or do quiet activities. Children who do not sleep or waken up before the rest period is over can do quiet activities for the remainder of the time.

Unscheduled access to rest areas. While toddlers and preschool children have a scheduled rest period, they can sleep or rest outside of scheduled rest time. Our afterschool program also provides quiet areas for children who want to rest.

Infants Safe Sleep Policy. Each infant has their own sleeping schedule, reflecting their internal “clock” and parent preferences. Staff record each infant's sleeping time for their parents.

To reduce the risk of sudden infant death syndrome (SIDS), we follow American Academy of Pediatrics (AAP) recommendations on safe sleep practices for infants up to 1 year old. Our staff, substitute staff, and volunteers are trained to consistently follow the AAP safe sleep policy. We also talk with families about the importance of sleep positioning and encourage them to follow these guidelines at home.

Infant sleeping position:

1. Healthy infants should always sleep on their backs. Since infants sleeping on their sides are more likely to accidentally roll onto their stomach, we don't place them on their sides. We don't use wedges or infant positioners, since they don't reduce the risk of SIDS.
2. We require a doctor's note for non-back sleepers that explains why the baby shouldn't use a back-sleeping position, how the infant should be placed to sleep, and how long the instructions are to be followed. This note will be kept on file and all staff, including substitutes and volunteers, will be informed of this special situation. We will also put a sign on the baby's crib without indicating the medical condition.
3. Once infants can turn over from their backs to their stomachs, we put them down to sleep on their back, but allow them to assume whatever sleep position they prefer.

4. When an infant is awake, they have supervised "tummy time" to help them strengthen their muscles and develop normally.

Infant sleeping equipment:

1. Each infant under 12 months old has their own individual crib.
2. We use safety-approved cribs and firm, tightly fitting mattresses covered with a fitted sheet.
3. We keep cribs free of toys, stuffed animals, and soft bedding. These items can impair the infant's ability to breathe if they cover their face.
4. If a blanket is used, we place the child's feet to the foot of the crib and tuck in a light blanket along the sides and foot of the mattress. The blanket should not come up higher than the infant's chest. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, are good alternatives to blankets.
5. We keep the room at a temperature that is comfortable for a lightly clothed adult.
6. Infants who use pacifiers will be offered the pacifier when they are placed to sleep. We won't put it back in their mouth if it falls out while they are asleep.

Handling illnesses and injuries

Health and safety policy and procedures. We have no greater responsibility than ensuring your child's health and safety, especially while they are in our care. Some key sections of our Health and Safety Policy Handbook are summarized in this handbook. You may request a copy of the complete Health and Safety Policy Handbook.

When to keep your child home. Children should be kept home when

1. They don't feel well enough to participate comfortably in program activities, as determined by program staff or
2. The staff can't care for them without compromising the needs of the other children in the group or
3. Your child has any of the following conditions:
 - Fever** with behavior change. We will promptly contact you when your child is found to have a fever or looks or acts sick while in our program's care so that you can decide what to do. A child's response to fever-reducing medicines like ibuprofen is not helpful in deciding whether the child's illness is serious. We will exclude a child who seems sick and has an axillary (armpit) temperature 101° F or more unless a health care professional says the child may attend the program and the child seems well enough to staff to participate in the program.
 - Signs of possible severe illness:** The following may indicate severe illness. Your child should be seen by a doctor for evaluation if they show:

- Unusual drowsiness
- Extreme fussiness
- Persistent crying
- Wheezing
- Uncontrolled coughing
- Difficulty breathing
- Unable to play at all
- Complaining of severe pain, including earaches, stomachache/abdominal pain, burning/pain on urination, or injured limbs
- Purulent conjunctivitis** ("pink eye"), until the child feels well and 24 hours after treatment is started
- Sore throat** with fever and the child looking or acting very ill, their inability to swallow anything, or blood-red or purple rash not associated with an injury
- Mouth sores** with drooling, unless a health care professional determines that the child is noninfectious
- Rash** with fever or behavior change, until a doctor has determined these symptoms do not indicate a communicable disease—or, as is the case of "fifth disease," most children are no longer contagious by the time they get the rash and are diagnosed
- Diarrhea**, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of stool. Children whose stools remain loose but who otherwise seem well and whose stool cultures are negative need not be excluded
- Blood in stools** not explainable by dietary change, medication, or hard stools
- Vomiting** more than twice in 24 hours; until vomiting ends or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration
- Head lice**, until after the first treatment
- Scabies**, until after treatment has been completed
- Impetigo**, until 24 hours after treatment has been started
- Strep throat or other streptococcal infection**, until 24 hours after antibiotic treatment is begun
- Chickenpox**, until all sores have dried and crusted over (usually 6 days)
- Shingles**, only if the sores cannot be covered by clothing or a dressing, until the sores have crusted
- Mumps**, until 9 days after the onset of parotid gland swelling
- Measles**, until 4 days after the rash appears
- Pertussis**, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 days) has been completed
- Rubella**, until 6 days after the rash appears
- Hepatitis A** virus infection, until treated with *Rafampin* for 2 days

- ❑ **Tuberculosis**, until a health care provider or health official states that the child is on appropriate therapy and can attend the program

If we aren't sure whether the illness poses a risk to the child, other children, or staff, we will exclude the child until they have been seen by a doctor who says they may attend the program. If you have unsure whether or not you should bring your child to the program, please call first.

Plan for the care of mildly ill children. Children with common colds don't normally need to stay home. Usually the child has already exposed others before looking sick. Many illnesses stop being contagious shortly after treatment is started.

To prepare for the possibility that your child may become sick while at the program and need to go home, you need a plan for someone to pick them up. The center director will decide whether a child who is ill will be permitted to attend or stay at the program. If your child appears mildly ill, but will be staying for the day, we will discuss with you how to best care for them. With your permission, we may contact their doctor if we have questions.

When your child becomes too ill to stay for the day. If your child becomes too ill to stay for the day, we will call you to pick them up as soon as possible. A child with a potentially communicable illness that requires they be sent home will be provided care separate from other children. We may place them in an office to rest until you or an authorized person arrives to take them home. They will be cared for at all times by someone they know.

Keeping each other informed about your child's health. Please keep us informed regarding any new information about your child's health. We will let you know when we notice any changes in your child's health or eating habits.

Please tell us if your child may have been exposed to a contagious disease. In turn, we will send home a written notice if they may have been exposed to a contagious disease at our program.

Minor injuries to your child while attending the program. Even when children are closely supervised, scratches and scrapes are inevitable when they play. We clean minor cuts and scrapes and apply a bandage as needed to help prevent germs from getting into the wound. We will inform you about any injury to your child—even those that don't require first aid—the same day, if possible, and not more than 24 hours after the injury occurred.

Emergency medical care. For some conditions, we will get medical help immediately. After calling for emergency medical attention, we will immediately try to notify you. If we can't reach you, we will try to notify an emergency contact person you have identified and your child's doctor. If your child receives minor first aid or emergency medical attention, you will be given an injury report within 24 hours and a copy will be placed in their file.

Meeting children's special health care needs

When we enroll a child with special health care needs, a health professional familiar with the child must complete a special care plan that identifies all appropriate specific measures to be taken to meet the child's health requirements. A qualified health care professional will train staff on how to perform any special medical procedure. Parents must be involved to assure that the plan supports their care and expectations for the child. With written permission from your child's health care practitioner, you can train staff on how to follow your child's individual health care plan.



When your child needs to take medication

To safely give medication to children in our programs, we have a system in place that includes having staff trained and ready to give the medication, document and store the medication, and communicate with the parent and the child's health care provider. Any staff authorized to give medication will be evaluated annually on their ability to follow our medication procedures. We won't give the first dose of any medication to a child, except under extraordinary circumstances and with parental consent.

The "6 rights" of safe medication administration. We use the "6 rights" every time we give medication as a mental checklist to remember the crucial elements of the process:

1. **Right child.** *Properly identify the child:*
Check that the name of the child on the medication and the child receiving the medication are the same.
2. **Right medication.** *Administer the correct medication:*
 - a) Prescription medication must be in the original pharmacy-labeled container. Unless authorized by written order of the child's doctor, medication can only be administered according to directions on the container.
 - b) Over-the-counter medications must be kept in the original manufacturer-labeled container. The container should be labeled by the parent with the child's name and specific instructions from the child's health care provider for administering it.
 - c) The medication supplied by the parent must exactly match the Medication Consent Form. Generic medication cannot be accepted as a substitute for brand name medication. If the child's health care provider wrote both the generic name and the brand name on the written instructions, we can accept either the generic or brand name medication from the parent.
 - d) The program will not administer medication beyond the expiration date on the container or beyond the expiration of the instructions provided by the doctor. Instructions that state that the medication may be used whenever needed must be renewed by the doctor at least annually.
3. **Right time.** *Administer the medication at the prescribed time:*
 - a) Check the Medication Consent Form for the time the medication is to be given.

- b) Check the child's medication administration log to see if the medication has already been given by another staff member.
 - c) Before administering a non-prescription medication for which a doctor has given a standing order, staff will attempt to contact the child's parent unless a child urgently needs the medication or when contacting the parent will unreasonably delay giving the medication. The parent will be notified in writing each time a non-prescription medication is given to their child.
4. Right dose. *Administer the right amount of medication:*
- a) Give the exact amount of the medication specified on the Medication Consent Form and the pharmacy label.
 - b) Use the administration device supplied by the parent or a standardized measuring tool to accurately measure the dose.
5. Right route. *Use the prescribed method of medication administration:*
Check the Medication Consent Form and medication label for the prescribed method of medication administration.
6. Right documentation. *Promptly and accurately document the medication administration:*
- a) We will keep written records of all prescription and non-prescription medication, including topical non-prescription medications, administered to each child.
 - b) We maintain a log for each child specific to each medication they receive.
 - c) If the medication is dropped on the floor, the child refuses to take the medication, spits out the medication, or any other unusual occurrence happens, we will make note of it and contact the child's parent.
 - d) We will inform the child's parent at the end of each day whenever a topical medication is applied to a diaper rash.
 - e) Completed or discontinued medication logs will be kept in the child's file.

Procedure in case of a medication error. If a mistake is made in giving medication, we will take the following steps:

1. Identify the nature of the error.
2. Document the error in the child's medication log.
3. Monitor the child's behavior and physical symptoms. If the child's symptoms are life-threatening, call 911 before calling their parent.
4. Notify the parent and child's health care provider.
5. If unable to contact the child's health care provider or licensed prescriber, contact the Poison Control Center for instructions.
6. Document in detail what the medication error was and actions taken.
7. Notify the Department of Early Education and Care if the wrong medication is given or hospitalization results from the medication error.

Self-administration of medication. With your written consent and authorization from your child's doctor, our afterschool program may permit children who have asthma to carry their own inhalers and use them as needed, without the direct supervision of the program staff.

Complementary and alternative medicines. No substance will be given to your child without your written request. As with all medications administered at the program, parents must provide complementary and alternative medicines in an original container with proper labeling (name of child, date, name of medication, dose, time of administration, prescriber as appropriate, and expiration date) and manufacturer's indications and contraindications. We encourage you to seek guidance from your child's health care provider about drug interactions.

Sending your child's medication on the bus. Please use the following procedures for sending your child's medication on the bus:

1. Place the medication in a small plastic bag that has been sealed (in case of spillage) and put that in a paper bag clearly labeled with you child's name.
2. Give the bagged medication to the bus monitor or driver.
3. When you send in medication on any given day, please phone your child's program so they can expect the arrival of the medication.

Child guidance

Our plan for child guidance is designed to help your child be responsible for themselves and for others, to develop inner control, to make safe choices, to behave appropriately with other children and adults, and to respect the property of others and of the program. We use child guidance methods that consider each child's developmental stage and ability to understand and learn from the method.

- **Plan for appropriate behavior.** We plan the program environment and daily schedule to support our behavior goals for children.
 - ❖ **Have expectations that are clear and understandable to the child.** Child guidance includes clear, age-appropriate limits that are applied consistently and equally for all children. We include children in making group rules on what is acceptable behavior.
 - ❖ **Plan the environment to support desired behaviors.** We arrange equipment and materials to encourage active learning and independence. Play items and supplies are placed on open shelves where children can reach and return them. Children's spaces are designed to promote smooth traffic flow between interest centers and to minimize children's disruption of each other's activities.
 - ❖ **Adapt scheduling to children's needs and tolerances.** Children are more likely to behave inappropriately when they are bored, waiting, hurried, or not allowed time to relax after an exciting activity. We encourage appropriate behavior by providing ample opportunity for children to select activities and to move between them at their

own pace. We try to manage routines and transitions in creative ways that engage the children and minimize waiting.

- **Reinforce positive behavior.** We recognize children's appropriate behavior.
- **Emphasize that aggressive behavior is unacceptable.** We protect children by quickly and calmly interrupting physical and verbal aggression.
- **Model desired behavior.** We encourage children's positive behavior is by consistently showing respect, self-control, and consideration toward children and other adults.
- **Redirect children.** We try to steer children away from negative behavior to involvement in positive activity. For example, when a child splashes other children at the water table, the child may be redirected by introducing new materials and ideas. If the child persists in the negative behavior, they may be asked to choose another activity. To help the child to understand and learn from the experience, we present natural and logical consequences of negative behavior (such as not being able to play at the water table for a time as a consequence of splashing others).
- **Selectively use "time out."** We use "time out" only to help a preschool child regain self-control—never as a punishment. We consider the child's ability to understand and benefit from this consequence to their behavior. We don't use "time out" with infants and toddlers, since they are too young to learn from it.
- **Teach new skills.** We show children positive alternatives rather than just telling them "no." We help children to express their anger, frustration, sadness, and other feelings in acceptable ways, to recognize other children's feelings, and to balance one's own needs and wants with those of others. Whenever possible, we allow children to peacefully solve problems on their own.
- **Ignore inappropriate behavior.** While we will immediately interrupt hurtful or dangerous behavior, ignoring negative behavior that is simply unpleasant can sometimes serve to discourage it. Focusing on children's inappropriate behavior can incite negative attention-getting behavior.
- **Work with the child's family.** Child guidance is most effective when program staff and the child's family have the same expectations and are consistent in their approach. Working together, we can try to identify and address the causes behind a child's challenging behavior. If the challenging behavior persists, we may offer referrals for diagnostic assessment and therapeutic services.

Child guidance works better than punishment. The state prohibits early education and afterschool programs from:

- X *Using or threatening to spank or use other physical punishment*
- X *Subjecting children to cruel or severe punishment such as any form of public or private humiliation or verbal or physical abuse or neglect*
- X *Abusive treatment, including: any type of hitting inflicted in any manner upon the body, shaking, threats; emotional abuse, including rejecting, ignoring, isolating, or scaring a child; abusive, profane, or derogatory remarks about the child or their family*
- X *Denying or threatening to deny a child outdoor time, meals or snacks; forcing a child to eat or otherwise making them eat against their will, or in any way using food as a consequence*
- X *Inappropriate toilet training practices such as disciplining a child for not using the toilet, leaving a child in soiled clothing, or forcing them to remain on the toilet*
- X *Confining a child to a swing, high chair, crib, playpen or any other piece of equipment for an extended period of time in lieu of supervision*
- X *Too much time-out. Time-out may not exceed one minute for each year of the child's age and must take place within an educator's view.*

Helping children "bounce back" and thrive

Thanks to United Way of Greater New Bedford, we offer the Devereux Early Childhood Assessment (DECA) Program to help children cope with problems and successfully move on. Both parent and teacher assess the child's strengths and behaviors. If the results show behavior concerns, the parent and program come up with shared approaches to reducing the child's behavior problems and encouraging their social and emotional growth. Most children who receive DECA intervention make big behavior gains. For more information about DECA, talk to your child's teacher.

Referring children for additional services

We will assist you in getting additional services your child may need so they can reach their full potential. Getting appropriate help early on can make a big difference in a child's life. For that reason, we have ongoing relationships with early intervention programs, mental health providers, the schools, and other service providers so that we can work together to figure out what services a child may need and the best way to provide those services.

Referral process. If we think your child may benefit from additional services, we will meet with you about our concern. At the meeting, we will give you in writing the reason for recommending referral, our observations supporting the referral, our efforts to address the concern, and what evaluation and intervention services might be helpful.

If your child is an infant or toddler, they may be eligible for early intervention services. If your child is $2\frac{1}{2}$ years old or older and experiencing challenges in their learning and development, they may be entitled to free special educational services from your public school system.

Follow-up. With your written consent, we will arrange for an in-depth evaluation. If early intervention, speech, language, occupational therapy, mental health counseling, or other support is identified as a service that may benefit your child, we will, with your approval, arrange for them to receive services at our program or at the service provider's own location. We will keep you informed about the results of evaluations, recommendations, and your child's progress in treatment. If your child doesn't need or is ineligible for additional services, we will review their progress at the program every 3 months to decide whether to make another referral.

Transitions

When children move to another program or group. Change can be stressful for children. When your child moves to a new program or from one group to another within our program, we will work with you to prepare them for the change. Before the transfer, we will introduce you to the staff of the new program or group your child will be joining. When possible, we will arrange for your child to visit the new program or group to gradually get them used to the new environment, staff, and children.

When children leave preschool to attend kindergarten. To help children experience a smooth transition from preschool to kindergarten, we work closely with the public schools. We will send home information about kindergarten registration and remind you about the registration dates. We encourage you to attend workshops offered by the public schools that inform families about what goes on in kindergarten. We will also prepare your child for this transition through talking and reading stories about going to school.

Suspensions and terminations

Challenging behavior. Consistent with our "never give up" approach to children, our policy is to, whenever possible, not suspend or expel children for behavior problems. In recent years, our investment in teacher training, the DECA, and mental health consultation has enabled us to reduce behavior-related suspensions and expulsions to zero. When a child persists in behavior in challenging ways, our programs uses the following strategies to address the individual needs of the child and their family:

- **Meet with parents** to discuss their child's problem behavior and how to address it in the program and at home.
- **Offer DECA** (described above), a more structured behavior intervention that involves both staff and parents in developing a plan for using the same strategies at home and in the program

- Offer and support referrals to parents for evaluation, diagnostic or therapeutic services

We may link a child's continued enrollment with their parent's cooperation and involvement in following through with an agreed-upon plan.

State requirements. By state law, we have to suspend services for families who don't provide documentation of their child's annual physical examination, updated immunizations, and lead screening. Continued failure to provide these documents will result in ending your services. Families may also lose services for non-payment of fees, repeated failure to notify the program of a child's absence, or failure to meet other requirements contained in this family handbook.

Families may lose their state child care subsidy for:

- Irregular attendance
- Failure to submit paperwork required for reassessment
- Ineligibility—no longer meeting the income, service need, or other state eligibility requirements

Right to appeal. If we decide to suspend or stop serving a child for any reason, we will inform the parents in writing the specific reasons for suspending or ending services and the condition under which the child may return, if any. We will inform you of your rights to appeal our decision to no longer serve your child.

Protecting your child from abuse and neglect

You may request a copy of our entire child abuse and neglect policy. This is a summary.

Our legal obligation to report known or suspected child abuse and neglect. We are responsible for protecting children from abuse and neglect. As "mandated reporters" under state law, we are required to file a report (called a "51A") with the Department of Children and Families if we know or have reasonable cause to believe that a child is suffering from physical or emotional abuse or from neglect.

If we note early warning signs of a potentially abusive or neglectful situation, we will relate our concerns to the parent. We will share our knowledge of child development and positive guidance techniques. We will help parents obtain support services such as counseling, drug treatment, and food stamps to help address family problems.

Steps we take to protect children at our programs. We provide a safe environment for children while they are at our programs and being transported by us to and from home. To ensure their safety, we closely supervise children at all times. We encourage children to practice open communication and to distinguish appropriate touching from inappropriate touching. We encourage you to visit our programs at any time.

To ensure that persons we hire are well qualified to work with children and have honestly presented their background and qualifications, we conduct reference and background checks before they are hired or allowed to work or volunteer in our programs. At least every two years, we obtain a criminal records check and a statewide child abuse registry check on every prospective staff person or volunteer aged 15 years or older. Once hired, staff members receive training on how to protect children from abuse and neglect.

If a report is filed alleging that a child was abused or neglected while in our program's care, we will fulfill all reporting requirements, fully cooperate with any official investigation, take immediate steps to protect all children attending the program, and promptly conduct our own investigation. Until the state investigation is completed, an employee accused of child abuse will either be temporarily reassigned to a position where they won't come in contact with children or placed on administrative leave.

An employee will be judged responsible for abuse and neglect and immediately discharged if:

- They admit to causing the abuse or neglect, or
- They are convicted of the abuse or neglect in a criminal proceeding, or
- The Department of Early Education and Care decides, based on its own investigation or a "51B" investigation decision by the Department of Children and Families after a "51A" report, that there is reasonable cause to believe the staff member caused the abuse or neglect while children were at the program.

Observation, research, and unauthorized activities

Student observation. With your written consent, we allow students to observe in our programs to promote their understanding of child development and programs that serve children. Before observing, the student will review our guidelines on classroom observation. Observation does not involve identifying your child or their interacting with the observer.

Research involving children and youth. Research helps us learn about children and develop better ways to educate and protect them. NorthStar will consider participating with universities and other institutions in research that contributes to the health and well-being of children. We will confirm that the study method is appropriate for children and that all phases of the research ensure children's physical, emotional, and psychological safety. Prior to its approval, we will give parents an opportunity to review and comment on the proposed research. We will obtain written permission from parents prior to their child's involvement in any research study.

Unauthorized activities. We won't involve children in any activities unrelated to their program, including fundraising and advertising, without your written consent.

Review of Family Handbook
for Early Education and Afterschool Programs
licensed by the Massachusetts Department of Early
Education and Care

As part of the process of enrolling my child, _____,
in a Department of Early Education and Care-licensed early education or
afterschool program offered by NorthStar Learning Centers, I have received a
copy of the Family Handbook and its contents have been explained to me. I
understand that this handbook contains important information about my child's
program and that I am expected to follow the policies and procedures it describes.
I understand that if I have any questions or concerns about the information
provided in the Family Handbook, I should ask program staff for further
information or clarification.

Signed _____ Date _____