

2024 - 2025 PARENT HANDBOOK



abc

HEAD START &
CHILDREN'S SERVICES



Dear Parents and Guardians,

Welcome to the 2024-2025 school year at Action for Boston Community Development, Inc. (ABCD) Head Start & Children's Services! On behalf of our entire staff, I am thrilled that you have chosen to join our program for your child's early care and education experience. Our team is dedicated to helping you and your child build the educational, social, and emotional foundation needed for success in school and life.

We are committed to maintaining a safe environment for children, families, and staff by adhering to the policies and guidelines of the Massachusetts Department of Early Education (EEC) and the Office of Head Start (OHS). We encourage you to review this handbook to gain a comprehensive understanding of our program. It serves as a valuable resource throughout the year, detailing our philosophy, policies, practices, approach to learning, and various ways parents can engage in our program. Should you have any questions that are not addressed in the handbook, please feel free to ask any team member. We are here to assist you with any concerns or to clarify the information provided.

Parental engagement is what sets ABCD Head Start & Children's Services apart from other early childhood education programs. Your input is crucial in maintaining the highest quality of early education and care. We invite you to take advantage of the numerous opportunities we offer, including family meetings, workshops, training sessions, classroom activities, field trips, and other center events. Additionally, there are city-wide opportunities such as the Parent Policy Council, Health Services Advisory Committee (HSAC), and roles in outreach and recruitment of staff and families. If you're interested in getting involved, please speak with the staff at your Center. We aim to partner with you not only to support your child's development but also the well-being and growth of your entire family.

We look forward to working with you and your child this school year.

Sincerely,

A handwritten signature in black ink that reads "Flossy". The signature is stylized with a large initial "F" and a long horizontal stroke at the bottom.

Flossy Calderón, Vice President
ABCD Head Start & Children's Services

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ACTION FOR BOSTON COMMUNITY DEVELOPMENT OVERVIEW

OVERVIEW AND SERVICES

Action for Boston Community Development, Inc. (ABCD) is an anti-poverty agency that provides a broad range of neighborhood-based services designed to meet the needs of individuals and families of all ages.

ABCD PROGRAMS INCLUDE:

- Early Education and Care: Head Start, Early Head Start, Childcare, Child Care Choices of Boston (child care voucher resource and referral)
- Adult Education/Career Development: Education and Training, Urban College of Boston: A Two Year College, ESOL classes
- Elder Services Programs: Foster Grandparents, Senior Center Programs
- Community Development: Elder Affordable Housing, Energy Conservation
- Youth Programs: University High School, William J. Ostiguy High School, Career Explorations, SummerWorks – Summer Youth Employment, YEA! – financial and civic education summer program for 13 year olds
- Health Services: Family Planning
- Housing Services: Homelessness Prevention Program, Housing Search, Stabilization Services, Foreclosure Prevention
- Neighborhood Operations: Adopt-A-Family & Holiday Toy Programs, Tax Preparation and EITC Assistance, Fuel Assistance, Emergency Food Pantries, Immigration Services, Assistance in applying for public benefits

For more information about ABCD services and resources, please contact ABCD Connect at abcdconnect@bostonabcd.org, 617.348.6329 or visit <https://bostonabcd.org/service/abcd-connect/>

You can also speak to any program staff, including your Family Advocate for information about any resource or service you are interested in.



ABCD HEAD START & CHILDREN'S SERVICES

GENERAL INFORMATION

MISSION: ABCD Head Start & Children's Services, a family development program, is committed to providing opportunities and services to the diverse low-income children and families of Boston and the Mystic Valley area to support them with school readiness, self-sufficiency and success in life.

PROGRAM DESCRIPTION: ABCD Head Start & Children's Services centers are family development centers that provide opportunities and services to the whole family and all the aspects important to early childhood development. Our programs serve children from birth to five years of age and pregnant women. Our goal is to work with the family to ensure each child is ready to transition into the next educational setting.

COMMITMENT TO QUALITY: Each center is licensed by the Massachusetts Department of Early Education and Care (EEC). Many centers have received National Accreditation from the National Association for the Education of Young Children (NAEYC). All centers are participating in the Quality Rating Improvement System (QRIS) through EEC.

ADMISSION: ABCD Head Start & Children's Services does not discriminate against, nor give preferential treatment to, any child or family because of race, religion, cultural heritage, political beliefs, age, sex, national origin, disability, marital status, or sexual orientation.

Acceptance to the program is based on eligibility policies developed by the Administration for Children and Families for all Head Start and Early Head Start slots and by the Massachusetts Department of Early Education and Care for all child care slots. The eligibility policies for each center include a child's age at time of enrollment, income and residency requirements.

In special circumstances acceptance is conditional based on the appropriateness of the placement for each individual child. Program staff and parents work together to identify the specific accommodations, if any, required to meet the needs of each child. Once these accommodations are identified, the program/center will determine if the accommodations required to accept the child with special needs are reasonable and/or are in the best interest of the child, program, and family. The child's health and safety is the central factor in this decision.

ABCD HEAD START AND EARLY HEAD START SLOTS: Early Head Start and Head Start slots serve children birth to 5 years of age. These slots are funded through the federal government and are for children who meet the age, income and residency requirements. Children will receive a minimum of 6 hours of preschool or infant and toddler care. Families do not pay for this part of the day.

PREGNANT WOMEN SLOTS: People who are pregnant receive home visits, support, and information from Early Head Start staff both in their homes and at regular monthly parent activities in the center. Support will be provided in a manner that best fits the needs of the expectant people, and may be carried out by home visits, in-person visits, telephone or virtual meetings.

ABCD CHILD CARE SLOTS: Children aged 2 months to 5 years of age are able to access child care services through many centers. These extended day (and year) services are funded through the Massachusetts Department of Early Education and Care (EEC). Typically, they are offered for up to 8 hours per day and 12 months per year. To be eligible for these slots a family usually must meet Head Start/Early Head Start requirements as well as state requirements. In most cases the family will pay a parent fee that is based on family size and household income.

ABCD HEAD START & CHILDREN'S SERVICES

GENERAL INFORMATION

Child Care slots include:

EEC Contract Slots: These slots are contracted to ABCD Head Start & Children's Services and are for eligible families. You must be on the EEC Centralized Waiting List and you should contact the ABCD child care center directly in order to learn more about how to access these slots. Eligibility is based on a family's service need and income as determined by EEC. Parent fees are based on family size and household income.

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

Homeless Slots: To be eligible for a homeless slot you must have a homeless referral approved by the Massachusetts Department of Housing and Community Development, Division of Housing Stabilization (DHCD). Parent fees are based on family size and income.

Young Parent Slots: To be eligible for a Young Parent Slot you must be a parent who is younger than 24 years of age, and meet state guidelines and requirements. Parent fees are based on family size and income.

Vouchers: ABCD Head Start & Children's Services accepts childcare vouchers if there is space at the center. Vouchers are issued depending on availability and need through Resource and Referral Agencies such as Child Care Choices of Boston (CCCB) and Child Care Circuit. Parent fees are based on family size and household income.

For more information on full day child care options in Boston call a [local ABCD Head Start & Children's Services program](#), the Central Office at 617.348.6388 or Child Care Choices of Boston (CCCB) at 617.348.6641 for information and referrals: TTY: 617.423.9215.

For more information on full day child care options in Malden, Medford and surrounding communities call the Malden Head Start at 781.397.8071, the Medford Head Start at 781.874.1255, the Central Office at 617.348.6388 or Child Care Circuit at 978.686.4288 for information and referrals: TTY Service: 711.

REGULATORY AGENCY: Parents may contact the Department of Early Education and Care (EEC) for information regarding a center's regulatory compliance history dependent on location, Region 6 (Boston) and Region 3 (Everett, Malden, Medford and surrounding communities).

Metro Boston Office: 1250 Hancock Street – Suite 120-S, Quincy, MA 02169
Serving Boston Phone: 617.472.2881 | Fax: 617.472.2722

Northeast Lawrence Office: 360 Merrimack Street, Building 9 – 3rd Floor, Lawrence, MA 01843
Serving Everett, Malden, Medford and surrounding communities Phone: 978.681.9684 | Fax: 978.689.7618

STARTING THE PROGRAM

PRE-ENROLLMENT: Before the first day of school, families and children meet their program staff, teachers and a Family Advocate who will explain what will happen in the center and plan for their child's enrollment period. At this visit, in partnership with parents, teachers collect information about child interests, health needs, developmental and social-emotional strengths. Family service staff learn about parent goals so that program staff can work with families to support them. While this visit is expected to be completed at the home under certain circumstances these visits may occur in a safe space mutually agreed upon between the parents/guardians and staff.

PARENT ORIENTATION: Each parent or guardian receives an orientation to the center. This orientation includes a review of this Parent Handbook and program policies/procedures. It also provides families with an opportunity to meet their child's full teaching team and other program staff. The orientation provides an overview of the philosophy of the program, policies of the program and a general schedule of what will happen over the coming program year.

ENROLLMENT: Children "phase in" to their classroom by attending at least one shorter day, generally with a small group of children. This allows children to feel more comfortable before they attend a full day. For children attending Early Head Start it is typically suggested that parents and children phase-in together for a period of 2-3 days.

ATTENDANCE: When your child does not attend their center daily, he or she is missing quality educational services. If you keep your child home for any reason, you must notify your Family Advocate in the morning before school starts. We ask that you provide notification of planned, extended absences (such as vacations) in writing. Typically, there are minimum attendance requirements for Child Care Services.

FAMILY ENGAGEMENT IN THE PROGRAM

Research has shown that when parents are engaged in their children's lives and education it benefits both parent and child now and in the long term. Based on this rich body of research, we know that we must build partnerships with parents and families in each of our centers. We encourage parents to participate in all aspects of the program by engaging in the classroom or center activities, participating in program governance through Policy Committee and Policy Council, and partnering with staff to support their child's education and their family development.

Parent Volunteers

Volunteering in the classroom and center enhances the relationship between the parent and child but it also develops a partnership between the parents and program staff.

The Head Start Performance Standards define a volunteer as "an unpaid person who is trained to assist in implementing ongoing program activities on a regular basis under the supervision of a staff person in the areas such as health, education, transportation, nutrition and management." Parents can volunteer on an occasional or regular basis.

All regular parent volunteers are required to agree to ABCD conducting a background record check, and submit documentation of a physical examination and TB test (within the past 12 months). Only when all results are in and are acceptable may the parent begin volunteering.

Family Engagement in Program Governance

The Head Start Program Performance Standards require that we establish and maintain a formal structure of shared governance with parents. Citywide Policy Council and center Parent Committees offer parents an opportunity to participate in policy making or other decisions about the program.

PARENT COMMITTEES: Each center establishes a Parent Committee composed exclusively of parents of children currently enrolled at the center. Every parent of a child currently enrolled in a center is a member of the Parent Committee. Through the Parent Committees, parents are able to advise staff in developing and implementing local center procedures, activities and services; plan, conduct and participate in informal as well as formal programs and activities for parents and staff. Each Parent Committee elects a representative and alternate to serve on the citywide ABCD Head Start & Children's Service Policy Council. The Policy Council representative updates the Parent Committee regarding the actions taken by the Policy Council.

POLICY COUNCIL: The Policy Council is composed of elected representatives from each of the local Parent Committees from all of the ABCD Head Start and Early Head Start centers and partner programs. The Council elects a Chairperson, Vice-Chairperson, Secretary and Treasurer. In addition, they elect one Representative and one Alternate to represent the Policy Council on the ABCD Board of Directors and the Massachusetts Head Start Association. The Policy Council's responsibilities include: assisting program leadership staff in decision-making related to program policies, recommending and or ratifying staff hiring or terminations, reviewing the budget, providing input on grant submissions, development activities and advocating for the program.

HEALTH AND MENTAL HEALTH ADVISORY COMMITTEE: The Health Services Advisory Committee (HSAC) is an advisory group that brings together staff, parents, health care providers and other partners in the community to discuss the planning, operation, and evaluation of the health, mental health and nutrition services. The mission of this committee is to support the health and wellness of each Head Start and Early Head Start child and family. All families are welcomed and encouraged to be part of this committee.

FAMILY ENGAGEMENT IN THE PROGRAM

Parent/Guardian Rights and Responsibilities

PARENT CONCERNS/COMPLAINTS: Concerns or complaints about the center by parents or members of the community should be directed to the local Center Director. If the Center Director is not able to resolve an issue immediately, the concern is brought to the attention of the Family & Community Engagement Coordinator who consults with the appropriate Central Office leadership staff and the Executive Committee of the Policy Council as appropriate. The situation is assessed and a course of action is decided upon by all appropriate parties within two weeks.

CODE OF CONDUCT: Courteous and respectful behavior between and among all program participants is essential for ABCD Head Start & Children's Services to achieve its mission and help assure a positive environment and promote the safety of children, families and staff.

ABCD Head Start & Children's Services will not tolerate behavior by parents that creates an unsafe environment for children, other parents, staff or volunteers. Examples of unacceptable behavior include but are not limited to:

- Threats to or harassment of staff, parents or children
- Use of language that is derogatory, offensive or racist in nature directed at individual or groups of children, families, or staff
- Physical or verbal abuse of a child
- Swearing or cursing
- Verbal fighting, loud shouting and displays of anger
- Physical violence
- Bringing drugs, alcohol or weapons to program sites or events
- Smoking
- Use of cell phones in the classroom
- Sharing of information about or images of children enrolled in our program or staff on social media

If a parent violates the Code of Conduct ABCD Head Start & Children's Services reserves the right to, among other things:

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

FAMILY ENGAGEMENT IN THE PROGRAM

Staff/Parent Partnerships

Building positive, goal-oriented relationships with families is a priority for all program staff. We build partnerships through a variety of ways:

HOME VISITS: Home visits are a vital step in linking the staff with the child and family and they are strongly encouraged. While home visits are not a condition of enrollment in the program, they provide staff and parents an opportunity to be together in an environment that is more comfortable for the child and often more convenient for parents. Home visits also help teachers and other staff to establish a home-to-school connection with families, as parents and guardians engagement is crucial to their child's education and development. Teachers conduct at least two home visits per year, and other staff, such as Family Advocates, may also conduct home visits per the Office of Head Start Performance Standards. While home visits are expected to be done at the home, in certain circumstances these visits may occur in a safe space mutually agreed upon between the parents/guardians and staff.

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

PARENT/STAFF COMMUNICATION: We ask that parents commit to

- Reading all letters, text messages and e-mails and complete forms that are sent home as the information is always important.
- Informing staff of a child's allergies and special health needs, including illness. We ask that parents communicate any symptoms, potential exposure, and/or positive diagnosis of Communicable diseases such as COVID-19, Influenza, RSV, or Hand, Foot and Mouth, of their child or immediate household member to program staff immediately;
- Informing staff of any changes in the home that might affect a child: new baby, moving, divorce, death or trauma in the family, etc.
- Calling, texting or e-mailing center staff whenever you have any questions or concerns;
- Making sure the center has a copy of any legal documents that restrict the child's contact with others, such as restraining orders or custody papers;
- Keeping telephone numbers and e-mail addresses, including emergency contacts and pick-up lists up to date.
- Making plans to volunteer; your child's center needs you;
- Early Head Start parents are asked to complete a Daily Communication Sheet at the time of drop off each morning.

LANGUAGE AND TRANSLATION: Each center will make every effort to talk and communicate with you in your first language. This is done through:

- Staff translators and interpreters — most centers have staff who speak the languages spoken in the local community. In some cases, the center will bring in translators who speak a language not spoken by staff. Whenever possible, we will contract American Sign Language interpreters for those who are deaf or hard of hearing.
- Written materials — whenever possible information and forms are translated into the primary languages spoken in the center.

FAMILY ENGAGEMENT IN THE PROGRAM

PARENT/TEACHER CONFERENCES: For preschool aged children, the teaching team meets with each child's parents/guardians to discuss the child's progress in the program. These parent/teacher conferences occur in the fall, winter, and spring. For infants/toddlers, the teaching team meets with each child's parents/guardians four times per year, in the fall, winter, spring and summer. The conference is a time when parents can work with teachers to develop goals and recommend activities for the classroom and the home to support the child's learning. These parent/teacher conferences occur at in person meetings or during home visits.

COMPREHENSIVE FAMILY SUPPORT SERVICES: The goal of comprehensive family support services is to assist each family in getting the support and services needed to ensure a successful experience for both the child and the family. Each child and family has the services of a full interdisciplinary team, which may consist of: Teacher Assistant, Teacher, Family Advocate, Education Supervisor, Family & Community Engagement Supervisor, Health & Nutrition Services Manager, Intervention Support Specialist, Mental Health Specialist, Dietician and/or other appropriate staff.

The team provides the support and resources needed to meet the goals that the family has set. Goals for the child and family are planned in collaboration with the family based on information from child observations, screenings, child assessments, family assessments, and other reports. The interdisciplinary team meets throughout the year to discuss child and family progress towards goals, review, revise and implement plans, and discuss support offered to the family.

In order to ensure that the family goals are being addressed during the year, the Family Advocate meets with the family to review progress towards goals and revise and implement plans. Family Advocates typically meet with families in their home for home visits, at the center, and/or in the community. Family Advocates are always available to provide support, resources and referrals that the family may need.

Family members may discuss concerns or plans with any team member on the telephone or in person by scheduling an appointment at the center or at the home.

REFERRALS: ABCD and the communities we serve have many resources for children and families. Family Advocates have a wide variety of resources and access to information for families on various topics including but not limited to housing assistance, food assistance, fuel assistance, health, mental health, education and training, employment, legal services, child care and education, senior services, substance abuse, financial wellness, literacy, English as a second language, adult education and various support groups. Family Advocates and other staff are available to connect families to resources they are interested in accessing.

PARENT TRAINING AND EDUCATION: Each year parents are asked to complete a survey indicating topics of interest to them. Results of this survey help each center identify training and education topics that are of interest to families. ABCD Head Start & Children's Services is committed to working with parents to offer these educational opportunities throughout the year using virtual methods until such time that we can resume in person events. Topics may include: child development, behavior management, curriculum, the home/school relationship, child health issues, mental health, special needs, nutrition and wellness, First Aid, CPR, home safety, and other topics as suggested through the parent survey.

THE ROLE OF STAFF

ABCD CENTRAL STAFF: The staff at the Central office of Head Start & Children's Services oversees the delivery of services to all ABCD locations in Boston and the Mystic Valley area. It provides fiscal management, evaluates the delivery of services and arranges for program development with other local organizations. The central management team consists of the Vice President of Head Start & Children's Services, Deputy Directors, Directors and Component Coordinators. Central staff shares responsibility with local Center Directors for the overall quality of each center.

LOCAL ADMINISTRATORS: The Center Director carries out the administration of the local ABCD Head Start & Children's Services centers. The Center Director has overall responsibility for implementing the program policies, as well as program governance, educational planning, staff hiring, and supervision.

EDUCATION STAFF: The education component has the following positions: Education Supervisor, Teacher, Teacher Assistant and Education Trainee. Several classrooms are supported by Mentor/Coaches, who provide support to teachers on effective teaching practices. All Education staff meet the education and experience requirements of the Office of Head Start, EEC, and NAEYC for accredited programs. Education Supervisors have a minimum of a Bachelor Degree in Early Childhood Education or a related field. Early Head Start Teachers have at a minimum an Infant/Toddler Child Development Associate (CDA). Preschool Teachers have at a minimum an Associate Degree in Early Childhood Education or a related field; Teacher Assistants have a Child Development Associate (CDA) Credential or they are working towards their CDA or Associate Degree. All education staff are certified in First Aid and CPR and receive continuous training and education support to enhance their skills throughout the year.

FAMILY & COMMUNITY ENGAGEMENT STAFF: The Family & Community Engagement Staff, consisting of Family & Community Engagement Supervisors, Family Advocates and ERSEA (Eligibility, Recruitment, Selection, Enrollment, Attendance) Specialists, partner with parents and families to ensure on-going support from the program and the community. From recruitment to transition to the child's next educational experience, the Family & Community Engagement staff support parents in establishing and meeting goals for themselves and their children.

HEALTH AND NUTRITION STAFF: A Health & Nutrition Services Managers and a Health Services Assistants are assigned to each program to make sure children are safe and healthy. They routinely coordinate with parents/guardians to obtain necessary health documentation, chronic care management, identification of nutrition concerns, and ensure children are receiving all necessary health and nutrition services, education and referrals.

INTERVENTION SUPPORT SPECIALISTS: Intervention Support Specialists (ISS) work closely with children and families to support social/emotional wellbeing and children with disabilities. The ISS works collaboratively with other program staff and the community, including the Lead Education Agencies, Early Intervention Programs, and other contractual partners. They are responsible for the monitoring and implementation of IFSPs and IEPs, as well as the facilitator for the integration of the disabilities and mental health supports within all component areas of the program.

PROGRAM SUPPORT STAFF: Program support staff may include food service staff, education trainees, receptionists, secretaries, administrative assistants, and others. They provide services that support the daily operation of the program.

MENTAL HEALTH SPECIALISTS: All Head Start & Early Head Start programs have an "in-house" Mental Health Specialist. The Mental Health Specialist is a part of the Interdisciplinary Team. Mental Health Specialists work with children, parents and staff to promote overall social and emotional well-being. Services available for children: include but not limited to- Social Skills/self esteem building groups, music and movement and individual and family therapy. Mental Health Specialists also provide workshops and training for parents throughout the year.

All staff must have background record checks and physical examinations prior to beginning work and updates as required by regulations.

EARLY CARE AND EDUCATION OF CHILDREN: INFANTS, TODDLERS AND PRESCHOOLERS

The goal of ABCD Head Start & Children's Services is to encourage the development of knowledge and skills that give children the best possible chance for success in school and throughout their lives. Through the provision of clean, safe, caring, and quality educational classrooms and centers, children develop positive self-esteem and a sense of belonging to their community as they learn and grow to their fullest potential. Communication between families and staff is encouraged on a daily basis so that children can see their family and staff working together, developing appropriate activities for children and sharing in the governance of the program. Parents must follow all protocols and procedures in place for health and safety reasons.

Guidance and Discipline

The basis of our system of guidance and discipline is respect for and acceptance of each child with the goal to help young children develop self-regulation and control. Children receive encouragement throughout the day to make choices and to work independently. They are encouraged to practice language and social skills and especially to identify and express their feelings in positive ways.

INFANTS AND TODDLERS: Teaching staff use consistent, reasonable, and appropriate principles in guiding behavior for infants and toddlers. This guidance is based on an understanding of the child's individual needs, age and development. Teachers build on this understanding by creating a safe and secure environment, building strong relationships, planning age appropriate daily activities, providing stimulating routines and supporting infants/toddlers through transitions. Teachers ensure there are multiples of toys available as toddlers are learning the skills to play cooperatively. They will adapt activities and transitions to be responsive and realistic to the children in their care.

Teachers guide children's behaviors by giving positive praise, labeling and describing feelings/emotions, supporting the beginning stages of problem solving by giving them the words to use with peers, modeling appropriate behavior and by co-regulating.

PRESCHOOLERS: Expectations of the classroom will be developed with children during the first three weeks of school, outlining appropriate behavioral expectations related to the use of equipment and supplies, the daily schedule, using words as opposed to physical force to express feelings and needs, etc. Classroom expectations will be reviewed and referenced regularly with children, including new enrollees, and will focus on what to do (walking feet) instead of what not to do (don't run). Children are always addressed in a respectful, caring manner.

Children being disruptive in one area of the classroom will be redirected to another area where they may be more appropriately engaged in an activity and less disruptive. The teacher will explain the reason for redirection and work to engage the child in the new activity. At no time will any area of the classroom be utilized as a reward for appropriate behavior.

As a last resort, in order to ensure the safety of all children in the classroom, teachers may request that children take a "break" (never to exceed three (3) minutes) from a specific area of the classroom after repeated attempts at redirection or immediately following physical harm to another child. The "break" is not a "time out" from engaging in classroom activities; time out or isolation of any kind is never used to discipline a child.

A child who physically hurts another child is encouraged to explain his/her actions and feelings and to nurture the other child. Teachers always assist children who are hurt. Teachers also ensure that children who demonstrate inappropriate behavior know that they are not "bad" children. It is our goal to help children learn new skills to deal with their behavior.

EARLY CARE AND EDUCATION OF CHILDREN: INFANTS, TODDLERS AND PRESCHOOLERS

ALL CHILDREN: ABCD Head Start & Children’s Services staff and any person working with Head Start or Early Head Start children will use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, coercion, or humiliation, In addition, they will not use methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs. Staff and any person working with children will accept, respect, and promote the unique identity of each child and family and will not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition. Anyone engaging with children will do so by speaking in a calm and respectful manner, learning each child’s temperament, and helping each child and family feel welcomed and part of the program.

Curriculum

Developmentally appropriate practices guide our work with children. It is through these practices that a teacher plans his or her daily curriculum. Classrooms use an evidence-based curriculum framework, either The Creative Curriculum for Infants, Toddlers, and Twos, or The Creative Curriculum for Preschool as the framework for designing their classroom environments. Curriculum plans are written to enhance children’s skills and support school readiness goals for children ages birth through five. These plans include goals and objectives that link to the Head Start Early Learning Outcomes Framework, the Massachusetts Curriculum Frameworks, the Guidelines for Preschool and Kindergarten Learning Experiences and the Massachusetts Early Learning Guidelines for Infants and Toddlers.

Teaching teams use ongoing observations and parent input to assess all children three times a year in Head Start and four times a year in Early Head Start. These assessments are completed using the Creative Curriculum online assessment database. Learning objectives in the database support the five essential “school readiness” domains for all children age birth through five and are aligned with our Head Start Early Learning Outcomes Frameworks, the Guidelines for Preschool and Kindergarten Learning Experiences, and the Massachusetts Early Learning Guidelines for Infants and Toddlers. The assessment system is used to help teachers determine individual children’s progress within each assessment period and to help create individualized experiences throughout the year. Parents and guardians are encouraged to ask questions regarding the use of assessment data and how it will meet the individual needs of their child.

EARLY CARE AND EDUCATION OF CHILDREN: INFANTS, TODDLERS AND PRESCHOOLERS

Classroom Design and Routine/Schedule

Infant and Toddler:	Preschool:
<p>CLASSROOM DESIGN: Each classroom design includes the following learning areas: blocks, housekeeping/dramatic play, manipulative, art, discovery area that includes a sensory tables, library, infant area and cozy area.</p> <p>Teachers provide opportunities for children to engage with the materials in the learning areas either alone or with other children. Activities are designed to encourage cognitive, social, physical, and emotional development of all children.</p> <p>Materials are readily available and accessible for infants and toddlers to initiate their own activities and for teachers to engage them in play that supports the development of large and small muscles. Materials in the classroom encourage children’s abilities to imitate, pretend, enjoy stories and books, dabble in art, explore water and have fun with music and movement.</p>	<p>CLASSROOM DESIGN: Each classroom design includes the following learning areas: blocks, housekeeping/dramatic play, manipulatives, art, sensory tables, library, writing area, math/science areas and a cozy area.</p> <p>Teachers provide opportunities for children to engage with the materials in the learning areas either alone or with other children. Activities are designed to encourage cognitive, linguistic, social, physical, and emotional development of all children.</p> <p>Materials are readily available and accessible for preschool children to initiate their own activities and for teachers to engage them in play that supports their development. Materials in the classroom encourage children’s abilities to imitate, pretend, enjoy stories and books, engage in art, explore water and have fun with music and movement.</p>
<p>CLASSROOM ROUTINE/SCHEDULE: Each classroom establishes a flexible daily schedule/routine for infants and toddlers based on each child’s developmental needs. Infants and young toddlers are still in the process of developing their own schedules, they eat, sleep and diaper/toilet on demand. The daily schedule/routine includes time for individual, small and large group activities, free choice, teacher directed activities, and self-help skills such as toileting, hand washing and tooth brushing. The schedule also includes time for outdoor or indoor gross motor activities, meal and rest time. Daily schedules and specific activities are posted in each classroom. Classrooms eat all meals together in a Family style meals format, with all components of the meal provided on the table for the children.</p>	<p>CLASSROOM ROUTINE/SCHEDULE: Each classroom establishes a daily schedule for preschoolers that includes time for individual, small and large group activities, free choice, teacher-directed activities, and self-help skills development, such as toileting, hand washing and tooth brushing. The schedule also includes time for outdoor or indoor gross motor activities and rest time. Daily schedules and specific activities are posted in each classroom. Classrooms eat all meals together in a Family style meals format, with all components of the meal provided on the table for the children.</p>
<p><i>See additional information below regarding Rest Time, Toileting, Tooth Brushing and Hand Washing. More information on Meals and Snacks can be found in the Nutrition section of this handbook.</i></p>	

EARLY CARE AND EDUCATION OF CHILDREN: INFANTS, TODDLERS AND PRESCHOOLERS

Use of Masks/Face Coverings

Wearing a well-fitting mask consistently and correctly reduces the risk of spreading respiratory viruses. Anyone who chooses to wear a mask will be supported in their decision. Masking is recommended when respiratory viruses such as COVID-19 and symptoms such as coughing or sneezing are present in the program, especially upon a known exposure or when around an immunocompromised person. Any individual who has tested positive should mask for at least 5 days after fever ends and other symptoms have improved when they return to the program.

Rest Time

INFANTS: The naptime routine for infants is on the individual schedule of the child. Cribs with a firm fitting mattress and a fitted crib sheet are used for children under 12 months. In accordance with EEC regulation and Head Start performance standards to help prevent Sudden Unexpected Infant Death Syndrome (SUIDS) infants are always placed on their back and pillows, blankets, swaddles, stuffed animals, bumpers and any other soft bedding are never to be placed in a crib. If an infant comes in asleep, all outerwear must be removed including hats and the infant must be placed in a crib on their back.

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

Toileting

Diapering and toileting are considered enriching educational experiences.

DIAPERING OF INFANTS AND TODDLERS: When a teacher is diapering a child, she or he is provided with an opportunity to bond with the child and engage the child in conversation to support individual language development, social and emotional development, cognitive development and physical development. The program provides diapers while the child is enrolled in the program. Each child's diaper is changed every 2-3 hours or whenever they are soiled or wet. A changing table is used for this purpose and all proper sanitation procedures are followed at all times. Soiled clothing is double-bagged in plastic, sealed and labeled with the child's name, stored in a special area, and returned to the parent at the end of the day. Soiled disposable diapers are stored in leak-proof containers and removed from the center daily. The diaper changing area and sink is completely separate from any food preparation areas. Further information can be found in the Diapering Policy, which can be made available upon request.

TOILET TRAINING TODDLERS: Families and teachers work together to help children develop their toileting skills through development of a toileting plan with parents. The family or the teacher can initiate the discussion about toilet training. The family and teacher will come together to complete a toileting assessment to ensure the toddler is demonstrating some of the skills needed for toilet training. Once the assessment is completed and the child has the necessary skills to begin toilet training, the family and teacher will create a toileting plan to ensure a successful transition from diapers to underwear. Families are asked to bring multiple pairs of underwear, socks and clothing in case of accidents. If families need assistance with obtaining extra clothing to keep in the classroom, please reach out to your Family Advocate. In case of an accident, staff will reassure the child that accidents happen and help the child change into clean clothes. Soiled clothes will be placed in a plastic bag labeled with the child's name and given to the family during pick up. Children should never be punished or spoken to in a punitive manner for toileting accidents as this may cause emotional distress and prolong the toilet training process. All Children are supervised (and assisted as needed) in the bathroom at all times. Children wash their hands with soap and running water after toileting. Staff members also wash their hands with soap and running water after assisting children.

EARLY CARE AND EDUCATION OF CHILDREN: INFANTS, TODDLERS AND PRESCHOOLERS

PRESCHOOLERS: Preschool children are expected to be toilet trained; however, if they are not (toilet training is not a requirement), program staff will develop a toilet training plan with the parent based on the child's developmental level. For the most part, boys and girls are toileted together as a routine part of their day.

Regulations state that parents must ensure that a change of clothing is available for each child at all times. If you need assistance obtaining clothing, please contact your Family Advocate who will assist by making a referral. Extra center-owned clothing is available for changing purposes in addition to clothing brought from home by each child.

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

Tooth Brushing

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

- For infants under the age of one: At least once during the program day, staff will wash their hands, wear gloves, then cover a finger with a gauze pad or soft cloth and gently wipe the infants' gums.
- For children between one and two years of age: Once daily, after a meal, will brush children's teeth with a soft bristled toothbrush, using a small smear of toothpaste that contains fluoride.
- For children aged two and over: Once daily, after a meal, ABCD staff will assist children in brushing their teeth using a small smear of fluoride toothpaste.

TOOTHBRUSH CARE: Each child receives a new child-sized toothbrush with soft bristles every three months or more frequently if they show signs of wear or when a child has been ill with a contagious disease. Each toothbrush is labeled with the child's name. Toothbrushes are stored in individual containers or in a rack in which toothbrushes stand upright and do not touch each other. Toothbrushes are air dried after each use.

Hand Washing

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

- Upon arrival into the classroom
- Before and after water play
- Before and after eating or handling food
- After coming into contact with bodily fluids or discharges (including sneezes, coughing)
- After handling pets or their equipment
- After toileting or diapering
- After outdoor play

In addition, the staff must also wash their hands:

- Before and after administering medication
- Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids)
- Before or after handling or serving food
- After assisting a child with toilet use
- After performing cleaning tasks, handling trash or using cleaning products

SUPPORTIVE CHILD DEVELOPMENT SERVICES

In order to help children reach their full potential physically, emotionally, mentally, and socially, trained program staff assess children through developmental, social/emotional, vision, and hearing screenings within 45 days of their enrollment. Other health and nutrition related screenings are completed within 90 days of enrollment. Whenever possible, staff will also coordinate with each child's family and health care provider to ensure that they receive the appropriate health and nutrition related screenings.

Child screenings and observations provide parents and staff with a quick check of each child's general health and development. Some screening results may indicate the need for further evaluation. Program staff will follow procedures for referring parents to appropriate support services for concerns related to child development, social/emotional, mental health, education, disability, physical health, and/or nutrition.

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

VISION SCREENING: Vision screening is done on all children who were not screened by their pediatrician with parental consent. This screening is performed by the Health & Nutrition Services Manager or Health Services Assistant using the SPOT Vision Screener. Results of the screening are sent home within 24 hours, accompanied by the Health Referral Form. It is important that you bring the form with the results to your child's pediatrician for follow up care.

HEARING SCREENING: Hearing screening is performed on all children who were not screened by their pediatrician by the Health & Nutrition Services Manager or Health Services Assistant using the otoacoustic emissions (OAE) hearing screening tool with parental consent. Results of the screening are sent home within 24 hours. If a child does not pass the screening, the screening will be repeated after two weeks. If the child does not pass the second screening, the child is referred for a complete hearing examination by an audiologist. The screening results will be sent home, accompanied by the Health Referral Form. It is important that you bring the form with the results to your child's pediatrician or audiologists for follow up care.

HEIGHT/WEIGHT SCREENING: Children (infants, toddlers and preschoolers) have their height and weight measured twice a year. The first measurement is taken between September and November. The second measurement is taken in the spring. The height and weight results are part of the child's nutrition assessment. Based on the assessment parents will receive the appropriate nutrition information and any appropriate guidance.

SCREENING AND OBSERVATION FOLLOW UP/REFERRALS: After screenings are completed or at any time during the program year, program staff may meet with the parent to share concerns resulting from screenings and observations, usually in conjunction with one of the specialists working in the program (Health & Nutrition Services Manager, Registered Dietician, Intervention Support Specialist, or Mental Health Specialist). During this meeting, the staff gives the parent the program's recommendation for further assessment and seeks written permission from the parent to assist in making a referral.

The Health & Nutrition Services Manager coordinates all medical and/or nutritional concerns or referrals. This includes children who do not pass sensory screenings or have medical conditions that need to be monitored or children who need to receive medication at school.

DEVELOPMENTAL CONCERNS: In the case of developmental concerns, under IDEA parents may be referred to the local public school system for additional screening and/or evaluation for preschoolers. Infants and toddlers will be referred to an Early Intervention program to be fully assessed for appropriate services. The Intervention Support Specialist helps the parent through the assessment process, maintains contact with both the parent and either the local public school system or Early Intervention, attending related meetings. Monitoring child's progress and the delivery of services while enrolled.

SUPPORTIVE CHILD DEVELOPMENT SERVICES

MENTAL HEALTH AND WELLNESS: The Mental Health Specialist is also a member of the interdisciplinary team. All children are screened for social-emotional development using the Ages & Stages Social/Emotional Screening Tool within 45 days of initial enrollment. Results are reviewed with parents to determine the need for additional services within the program. Parents are the most critical part of any mental health service and need to be fully engaged in the process from the beginning. With parent permission, referrals are made to the Mental Health Specialist where staff and parents may receive consultation and support resulting in individual plans for the child. These plans may include individual play therapy, peer play, or other services that may assist the child and family.

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

Serving Children with Special Needs

ABCD Head Start & Children's Services offers an inclusive infant, toddler and preschool experience for all children. This allows children with disabilities to play and learn beside children who may not have special educational or health needs.

Each center has access to an Intervention Support Specialist. This staff person ensures that all children with disabilities or suspected of having a disability receive the accommodations, support and services needed to be successful. These may include (but are not limited to):

- Changes or modifications in the classroom in order for the child to participate in the regular activities.
- Support services including speech and language support, occupational therapy, mental health support, etc.
- Support services in the centers' setting: including speech and language support, mental health support, etc.
- Reduction of the staff to child ratio in the classroom to which the child may be assigned.
- Purchase of special equipment, materials, ramps, or other aids.
- Dual placement between an ABCD center and the local public school system to provide specialized learning services. The child will spend part of the day in their local public school classroom and return to an ABCD inclusive classroom for the remainder of the day.

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

TRANSITIONS

Transitions are a very important part of a child's life and they are easiest for children when they feel comfortable and safe about where they are going and who is going to take care of them there. ABCD Head Start & Children's Services believes that transitions are easiest for families when they have appropriate information and are involved in the process.

DAILY TRANSITIONS: Daily transitions include arrival, transitions between daily activities, and departure. Teachers assist children with transitions between activities throughout the day. Teachers will regularly review safety rules with the children and identify the adults responsible for each transition between activities. Transitions are treated as learning experiences and teachers will provide children with educational experiences to eliminate waiting for long periods of time.

TRANSITION FROM EARLY HEAD START: Early Head Start staff will begin working with families six months prior to a child's transition to preschool to ensure a smooth transition process out of the program. Early Head Start children may re-apply to transition into a Head Start preschool classroom upon reaching two years and nine months of age. The application for Head Start should be completed well before a child turns two years and nine months with the ERSEA Specialist at the family's preferred Head Start center. If it is determined a child needs specialized learning services, program staff will work with Early Intervention to facilitate the transition to the local public school system. If the family is interested in other pre-school child care other than Head Start staff will make appropriate referrals and assist with the transition to their next educational setting.

TRANSITION INTO KINDERGARTEN: ABCD Head Start & Children's Services recognizes the importance of a smooth transition into kindergarten or the child's next educational step. Center staff help this process in the following ways:

- Teachers discuss transition plans with families during the first home visit of the child's last year in the program.
- Program staff discusses transition activities and complete transition plans during the winter of the child's last program year.
- Centers host Kindergarten information events. These sessions are sensitive to the language needs of the families.
- Family Advocates work with families to help them with the pre-registration process when applying for a Kindergarten seat at their local public school system. They will also assist with Kindergarten registration for other options such as Charter Schools, Parochial Schools, METCO or private schools.
- Parents are given activities and books to help children prepare for Kindergarten.
- Teachers and children talk about the Kindergarten experience. They may visit the local public school. In some instances, public school teachers visit preschool classrooms.

LEAVING BEFORE THE PROGRAM YEAR ENDS: If for whatever reason a child needs to leave the program before the end of the school year, teachers help children say goodbye to their friends. They let the child know how special they are and how wonderful it was to have them in the class. Children often take artwork or photographs to help them remember their experience in the program.

CHILD SAFETY

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

OUTSIDE TIME: Children go outdoors on a daily basis weather permitting. During the spring and summer months the program provides sun block with parent permission and it is administered to children six months of age or older prior to going outdoors. Program staff monitors weather conditions to ensure the health and safety of children when planning for outdoor play. Staff use the Child Care Weather Watch Chart to determine when children should not play outdoors due to extreme cold or heat.

SAFE ENVIRONMENT: ABCD Head Start & Children's Services provide children with a safe emotional and physical environment. Health & safety inspections are completed on a daily and monthly basis, utilizing multiple comprehensive checklists to ensure a safe and healthy learning environment. Playgrounds and other areas of active play are inspected before each use. Playgrounds are also inspected once a year by a certified playground inspector and once Health & Nutrition Services Manager. If you have any questions about the health & safety inspections, feel free to contact the Center Director.

To ensure the safety of all children in the program, children may not wear anything that is dangerous to themselves or others. Jewelry, strings, and cords can present a strangulation hazard. Other jewelry and beads can be a choking hazard or become dangerous as a result of normal contact that occurs during play and activities. No form of jewelry or accessories is allowed in a classroom or on the playground. If a child arrives wearing any such items the parent will be asked to remove the item.

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

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

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

VEHICLE SAFETY: ABCD Head Start & Children's Services is very concerned about the safety of children at all times. Leaving children alone in a vehicle, failing to use proper seat belts or age-appropriate car seats are considered child neglect that may result in serious harm and therefore will be reported to the Department of Children and Families (DCF). Should you need resources to obtain an appropriate car seat, please speak to your Family Advocate.

FIELD TRIP EMERGENCY PROCEDURES: Field trips may include walking to a local park or taking a bus or MBTA transportation to a farm or a museum. Each teaching team carries a portable first aid kit including first aid supplies, emergency medical and transportation consent forms, emergency medication; parent emergency number and backup contact person's phone number. Trained staff and/or emergency personnel at the scene perform emergency first aid and CPR, if necessary.

EMERGENCY EVACUATION: Each center has a comprehensive Emergency Contingency Plan. All staff and

CHILD SAFETY

volunteers are trained in emergency evacuation procedures. Evacuation plans are posted at every door and exit. In the case of an emergency, all volunteers and parents must follow the directions of the program staff. If you have questions about your center's Emergency Contingency Plan you can ask your Center Director. Please ask program staff about emergency evacuation locations. In the case of an emergency you may need to pick up your child in a location other than the center.

In case of an emergency (including inclement weather) ABCD Head Start & Children's Services uses SchoolMessenger system to alert parents and guardians. SchoolMessenger will send parent/guardian(s) an automated phone call or text message with relevant information.

Teachers and Family Advocates need to be able to reach parents at all times. Parents must maintain updated phone numbers, including names, phone numbers and e-mail addresses of emergency contacts.

FIRE EMERGENCY PREVENTION AND PROCEDURES:

- Fire extinguishers are inspected regularly. They are placed where they can be reached easily but are not accessible to children.
- Exits are marked clearly and are not blocked with furniture, toys and/or other objects.
- Diagrams of exits and escape routes are posted in each room and at every exit.
- Staff and children practice fire drills once a month. Practice helps staff and children evacuate the building quickly. Fire drills happen in accordance with fire inspector requirements.
- All ABCD facilities are smoke-free environments. Smoking is not allowed in the building or on the grounds. Many children are affected by second and third hand smoke, especially if they have any respiratory problems. The program offers assistance to families who wish to stop using tobacco products. See your Family & Community Engagement Supervisor if you would like to receive information and support.
- The phone numbers of the fire department and the police department are posted by each telephone.
- The smoke alarms are tested at least quarterly.

EMERGENCY CARE: All education staff are certified in Pediatric and Adult first aid and CPR. Ongoing training and annual review of health procedures are provided to all staff regularly.

In the event of an emergency, first aid is given and the child is transported to the nearest medical facility (if necessary). Parents are contacted immediately for any injury that requires emergency care. Program staff completes an Injury/Incident Report and reports all cases involving hospitalization or emergency medical treatment to the ABCD Central office and the Massachusetts Department of Early Education and Care.

For minor injuries during the school day, teachers administer first aid and complete an Injury/Incident Report Form to be signed by the parent at the end of the school day. Teachers, Family Advocates, or the Health & Nutrition Services Manager may call to let parents know about minor injuries during the program day.

If you have any questions about these policies, or if at any time you have concerns about your child's health and safety, please contact your center's Health & Nutrition Services Manager for assistance. Additional information can be found at each center in the Health & Safety Manual.

INJURY/INCIDENT REPORTING: Children are forever active, and injuries can and do occur. Caregivers can reduce the risk of injury by ensuring a safe environment and adequate supervision of children at all times. A safe environment allows children to learn by taking risks and challenging themselves while protecting them from injury. When injuries do occur, staff will notify the parent/guardian immediately and fill out an Injury/Incident Report Form. The parent/guardian must review the form and sign it.

CHILD ABUSE AND NEGLECT

Safety and well-being of children attending our program is the ABCD Head Start & Children's Services' primary goal. Our centers pride themselves on high quality, safe environments. As an agency serving young children, all staff is mandated to report any suspicious of child abuse and neglect according to state law.

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

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

- The suspected incident is communicated to the supervisor and/or the Center Director and a central office staff immediately.
- The employee is removed from the classroom and access to children pending results of an internal investigation.
- Within 24 hours a meeting is convened with the appropriate management team and the person logging the complaint and the Department of Early Education and Care (EEC) is notified of the allegation by the program.
- Once the internal investigation is completed the written documentation is shared with EEC & DCF.
- If the allegations are supported disciplinary action is taken.

If you have any concerns about any staff or about your child's safety, please contact a supervisor or Center Director at the center.

CHILD HEALTH AND NUTRITION

Health

Good health is an important part of each child's development. To be able to provide a safe and healthy environment for each and every child, ABCD complies with state and federal regulations, and requires parents to present documentation of their child's physical examination and various medical test results. A child's physical examination should include information on physical limitations, medical and/or nutritional concerns or conditions, allergies, and ongoing follow-up and treatment.

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

CHILD HEALTH AND NUTRITION

If you have questions about the Childhood Immunization Schedule for your child's age group or for any other health related issues, please contact your child's pediatrician or your center's Health & Nutrition Services Manager. **See Appendix B for the Recommended Immunization Schedule for Persons Aged 0-18 Years.**

Program staff will collaborate with families to assist them in obtaining the required documentation for program participation. Families experiencing homelessness will be allowed additional time to produce necessary medical documentation, and will not be precluded from enrollment due to medical clearance. As soon as the required documents have been brought to the center and reviewed by the Health & Nutrition Services Manager and determined to meet the requirements, the child will be medically cleared to participate in the classroom. The required health documents are as follows:

- Up to date immunization records
- Age appropriate Well Child Visit summary
- Hematocrit and/or hemoglobin screening: should be done between 9 – 12 months of age and every two years thereafter.
- Lead Screening: initial screening should happen between 9-12 months of age, then annually at 2, 3 and 4 years of age.
- Vision screening: should be done annually
- Hearing screening: should be done annually
- Blood pressure: should be done at every well child visit beginning at the age of 3.
- Most recent dental exam summary

ORAL HEALTH REQUIREMENTS AND DOCUMENTATION: All children ages 12 months and older must have documentation of a dental examination within the past year and submit evidence within 90 days of enrollment. When necessary, documentation of dental treatment needs to be provided also.

ORAL HEALTH SERVICES: Regular oral health care is a requirement for all children enrolled in Early Head Start or Head Start. Oral health care is vitally important to a child's health and school readiness. Whenever a family does not have access to or has not already established a regular dental home, the health & nutrition services staff work with community dental providers to provide basic oral health services for children while attending care in the program. Licensed dentists and hygienists provide thorough cleaning and fluoride treatment at your child's program, and will make a referral for additional or follow up care when needed. Health & Nutrition Services Managers can assist families with arranging additional dental services through a variety of dental home locations across the Boston and Mystic Valley area. Parents will be asked to sign a consent form in order for their child(ren) to receive dental services within the program.

INDIVIDUAL HEALTH CARE PLANS/ACTION PLANS AND MEDICATIONS: All centers must maintain as part of a child's record an Individual Health Care Plan (IHCP) or Action Plan for each child with a chronic medical condition which has been diagnosed by a licensed health care provider. An IHCP ensures that a child with a chronic medical condition receives health care services he or she may need while attending the program. Health & Nutrition Services Managers obtain an IHCP in collaboration with the parents/guardians, educators and the child's licensed health care practitioner, who must authorize the IHCP, allowing the program to appropriately care for the child. If your child has been prescribed medication for their condition, the parent/guardian must supply the program with the prescribed medication in the original pharmacy container, with the prescription label attached. All medication must be authorized by the child's medical provider and the parent/guardian in the form of a signed Medication Authorization Form. If you have any questions regarding IHCPs or Medications, please contact your program's Health & Nutrition Services Manager.

CHILD HEALTH AND NUTRITION

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

PARENT/STAFF COMMUNICATION: Parents should be communicating regularly with staff regarding their child's health. Parents should inform staff immediately if their child has any health or medical issues such as an animal bite, has received stitches or a cast for an injury, illness such as Bronchitis or a fever, and if the child is receiving any medication, even if the medication is not being administered during class time. This is for the continued health and safety of the child. We ask that if your child is ill you alert the program immediately by calling or emailing the Center Director or Designee.

DAILY HEALTH CHECK: Teachers perform a daily health check of each child at the entrance to the classroom. The teacher discusses any concerns with the parent immediately and documents concerns on an Incident/Injury Report. If a teacher sees that a child is not well during the day, the teacher or other staff may conduct an initial health assessment. The teacher then informs the Health & Nutrition Services Manager, who will evaluate the child and decide if it's appropriate to send the child home. Children rest quietly and are comforted by staff until arrangements are made with the parent to pick up the child.

UNIVERSAL PRECAUTIONS: The U.S. Centers for Disease Control designed measures, called universal precautions, to prevent the spread of blood borne infections like Human Immune-Deficiency Virus (HIV) and Hepatitis B (HBV). Universal precautions do not prevent the spread of airborne diseases (like measles and tuberculosis) or food borne illnesses. "Universal" does not mean that these precautions protect against all infections; it means **they should be used with everyone.**

- Crowding leads to the spread of infection. Department of Early Education and Care regulations require at least 35 square feet of floor space per child. Program staff should plan classroom schedules to avoid children from crowding into small areas.
- Sneeze and cough away from other people. Teach children to sneeze or cough into the inside of the elbow. When you sneeze or cough into your hands or into a tissue, wash your hands.
- Do not allow the sharing of personal items (cups, toothbrushes, combs, etc.), clothing (such as hats), or sleeping mats and pillows.

PLAN FOR CARE OF MILDLY ILL CHILDREN IN THE CENTER: When a child is found to be mildly ill, the Center Director or designee will contact the child's parents. If the parents cannot be reached, the Center Director or designee will contact the emergency contact person for the child.

The parent is expected to pick up the child as soon as possible after being notified. **Parents must notify their Family Advocate of changes in emergency numbers and e-mails.** If job commitments or distance prohibits you from picking up your child within one hour, alternate arrangements are used. Alternate arrangements must be in place before your child enters our program and will remain in place during the child's stay at school.

CHILD HEALTH AND NUTRITION

THE FOLLOWING IS A GENERAL GUIDE FOR RESTRICTING AND RETURNING CHILDREN TO THE PROGRAM:

- The Teacher/Family Advocate must contact the Health & Nutrition Services Manager, if a child in their center needs to be sent home.
- The Health & Nutrition Services Manager will evaluate each individual case.
- The Health & Nutrition Services Manager should immediately notify the Health Services Coordinator about the cases of reportable diseases in the center. These cases will be reported to local health department or the Massachusetts Department of Public Health, according to the public health guidelines.
- The Health & Nutrition Services Manager will send a child home or for a medical evaluation according to the guidance below. Exclusions may be modified if there are outbreaks or clusters of disease.

When a confirmed case of a communicable disease is identified, all parents of potentially exposed children will be notified and given a letter with information on the disease, symptoms to look for, and center exclusion policies related to the illness. The center staff will begin all special infectious disease precautions necessary for this illness as directed by the Health Services Coordinator.

Whenever a child has or may have a contagious condition (such as COVID-19, strep throat, chicken pox, measles, head lice, etc.), the parent(s) should call the center immediately. This notification is crucial to protecting the health of other children and staff in the program, as the program will notify all parents whose children may have been exposed so as they may take appropriate precautions and steps. This letter offers guidance should a child become ill.

The Health & Nutrition Services Manager will evaluate each case of communicable and non-communicable disease and will request medical documentation from parents as needed. All information provided by parents is kept confidential.

Health Restrictions

The program may require that a child be temporarily restricted from attending for his or her well-being and the well-being of other children due to a medical condition. In these instances, program staff will work with parents to facilitate a child's re-entry to the program.

COVID-19 MITIGATION POLICY: Reducing the risk of COVID-19 infection for staff, children and families takes a layered and tiered public health approach. Vaccination, ventilation, proper sanitation and hygiene practices, and staying home when sick are essential to the mitigation of transmittable diseases for children and adults, which are the most commonly occurring health problems in group care settings. All ABCD Head Start & Children's Services staff are encouraged to be vaccinated for the COVID-19 virus, and we encourage all families to vaccinate age eligible children for COVID-19 as well.

Staff assists children as needed in proper hand washing techniques as identified on the Hand Hygiene Procedures, detailed in Appendix K of the Health and Safety Manual. Signs are posted at each sink with times when hand hygiene is required with steps to follow. If handwashing is not available, hand sanitizer with at least 60 percent ethanol or at least 70 percent isopropyl alcohol may be utilized as appropriate for children 24 months of age and above, provided there is written consent from the parent/guardian. The Hand Sanitizers Guide and Procedures on Appendix L of the Health and Safety Manual must be followed if and when hand sanitizers are used. All programs follow daily cleaning procedures outlined in the Daily Cleaning section of the Health and Safety Manual

CHILD HEALTH AND NUTRITION

Staying home when sick can greatly reduce the risk of spreading infectious diseases, and allow the sick person time to rest and get well. All staff are asked to stay home when exhibiting symptoms of illness. Families are also asked to report when their children are exhibiting symptoms and to keep children home until symptoms have resolved without use of medication for 24 hours. Any staff person or child who tests positive for COVID-19 must report it to program leadership. When program leadership or other designated staff are informed of a child or other staff person testing positive, they must submit the "COVID-19 Reporting Form" and provide all relevant and required information. This information is then used to report the case to the local board of health when appropriate.

Vaccination

In order to safeguard the health and safety of all its employees, ABCD recommends that all employees, volunteers and contractors obtain regular COVID-19 vaccines as recommended by the CDC.

Masking

Wearing a well-fitting mask consistently and correctly reduces the risk of spreading respiratory viruses. Anyone who chooses to wear a mask will be supported in their decision. Masking is recommended when respiratory viruses such as COVID-19 and symptoms such as coughing or sneezing are present in the program, especially upon a known exposure or when around an immunocompromised person. Any individual who has tested positive should mask for at least 5 days after fever ends and other symptoms have improved when they return to the program.

Ventilation

All programs which did not already have an HVAC system with air purification installed, and programs where outside air ventilation through a window was not available or possible, have received air purifiers. All rooms are ventilated with fresh outdoor air as much as possible with the rate and method determined by our HVAC contractor according to national standards for the occupancy of the room.

COVID-19 Testing

In an effort to offer an extra layer of protection to prevent the spread of COVID-19 and in an attempt to diminish the number of classroom closures, we have implemented an at-home testing option. If a child is exposed to the COVID-19 virus while attending the program, parents or guardians of children who choose to participate will be provided with testing kits that they can use to test the child at home. Participation is voluntary but encouraged. The testing program provides approximately 3 tests for each child exposed. Testing must be done by a parent or guardian and not program staff, and should be done starting on day 6 after exposure. After testing, parents or guardians will be asked to complete an attestation form upon morning check-in/drop off, recording the results of the test and the child's symptoms or lack thereof.

Individuals, including children, who are experiencing symptoms should test as soon as possible. A PCR test is the most recommended if available, however Antigen tests are also widely used and recommended. If someone is experiencing symptoms and has a negative antigen test, they should retake the test after 48 hours or take a PCR as soon as possible. If someone has been exposed to COVID-19 but does not have symptoms, they should test on day 6 after exposure.

When taking an antigen test:

If the test is negative, take another antigen test after 48 hours or take a PCR as soon as possible.

If the second antigen test is negative, wait another 48 hours and test a third time.

COVID-19 Restriction Criteria

Any child or staff person who tests positive for COVID-19 should stay home until symptoms have resolved and they are fever-free without medication for 24 hours. Staff who test positive while working in the program must go home immediately. For a list of current COVID-19 symptoms, please [click here](#).

Any child exhibiting symptoms with fever will be sent home and asked to be tested for COVID-19. Programs should provide parents/guardians with test kits if needed. Parents/ guardians should contact their child's pediatrician or medical home for assessment or additional guidance. If a child tests positive for COVID-19, they will be asked to stay home until they are fever free for 24 hours without medication and are able to properly mask.

CHILD HEALTH AND NUTRITION

Staying Home

Children and staff who have tested positive for COVID-19 should stay at home until symptoms have improved, and they have been fever-free without medication for at least 24 hours. Parents / guardians must notify their child's program if their child tests positive. If symptoms have improved, and they are fever-free for 24 hours without the use of fever-reducing medication, and they are able to consistently wear a mask in the program they may return to the program.

The individual should mask for at least 5 days after fever ends and other symptoms have improved for all scenarios, the local board of health recommends that duration of isolation be calculated from the date of the first positive COVID-19 test that was taken.

Exposures: Children and staff who have been exposed to COVID-19, regardless of vaccination status, are no longer required to quarantine at home unless COVID-like symptoms are present. Instead, children or staff who have been exposed at the program will be given test kits to test at home on day 6 after the exposure occurred. Children or staff who are not able to stay away from a COVID-19 positive person at home and therefore have ongoing exposure may be asked to wear a mask while at the program and test for an extended period.

ABCD Head Start & Children's Services reserves the right to update this guidance, and to mandate the use of masks for all employees and children at any time, based on CDC, state and local guidance.

LACK OF PARTICIPATION IN CLASSROOM ACTIVITIES: Many viral and bacterial diseases begin with fatigue, weakness, lack of appetite, and other non-specific symptoms. If a child is unable to participate in regular classroom activities, he or she may be sent home until he or she feels well enough to participate in the program. The Health & Nutrition Services Manager must be contacted to evaluate the child's health condition.

FEVER: A child will be sent home if the temperature is 100.0°F/37.78°C or higher. Child should not return to the program until temperature is normal and the child is symptom-free for 24 hours without taking medication.

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

- **Blood In Stools** that is not explainable by dietary change, medication or hard stools: The child needs to be referred to his/her health care provider for evaluation.

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

PERSISTENT ABDOMINAL PAIN (continues more than 2 hours): or intermittent pain associated with fever or other signs or symptoms. Parents should be referred to the child's primary care provider.

RASH WITH FEVER OR BEHAVIORAL CHANGES: The child will be excluded until a health provider determines that these symptoms do not indicate a communicable disease.

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

NON-SPECIFIC SKIN LESIONS: The child is excluded until he/she has a medical note that provides the diagnosis and states that he/she may return to the program.

CHILD HEALTH AND NUTRITION

STREP THROAT/SCARLET FEVER: The child is excluded until he or she has a medical note that provides the diagnosis, antibiotic treatment and states that the child can return to the program.

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

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

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

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

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

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

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

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

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

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

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

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

Nutrition

NUTRITION ASSESSMENT FOR PRESCHOOLERS: The Health & Nutrition Services Manager provides a Nutrition Assessment on each child. This assessment is based on:

- The laboratory results (for iron and lead) that are collected from each child's physical.
- The height and weight screening that is done twice a year at the child's program.

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

CHILD HEALTH AND NUTRITION

NUTRITION ASSESSMENT FOR INFANTS AND TODDLERS: The Health & Nutrition Services Manager completes a Nutrition Assessment with the parent/guardian through an interview process and will also take the height and weight of your child. At this time the current feeding schedule of the child is discussed and the Health & Nutrition Services Manager can set up the appropriate meal plan for the child. The Health & Nutrition Services Manager will provide the necessary nutrition information to the parent.

NUTRITION ASSESSMENT FOR PREGNANT WOMEN: The Health & Nutrition Services Manager meets with pregnant women who enroll in Early Head Start. During this visit the mother's current eating schedule is assessed and the mother will receive any necessary nutrition information. The Health & Nutrition Services Manager will spend time talking to the mother about how she will feed her baby: breastfeed and/or infant formula.

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

The Medical Statement must be completed by a child's health care provider and returned by the parent/guardian to the center before the child sits down for a meal. If a food allergy or other condition requiring a diet modification develops for a child during the school year, a Medical Statement is needed for the child to continue receiving meals at school. The Medical Statement form is not needed for religious or personal beliefs such as vegetarianism or general diet modifications that fall within the CACFP nutritional standards.

USDA AND CACFP: Each ABCD Head Start & Children's Services center participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) administered by the Massachusetts Department of Elementary and Secondary Education.

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

MEALS AND SNACKS: All children receive nutritious meals planned by the Health component's Nutrition and Food Services staff. The children receive breakfast, lunch, snack, as well as second snack if they are in the center more than eight (8) hours. Meal time is considered an important part of each child's curriculum.

At meal times children and staff sit together in a Family Style meal. This allows children to identify and be introduced to new foods, new tastes, and new menus. Children can choose the amount of food they want to have on their plate and practice good table manners and new skills with their hands and fingers. Teachers sit with children during meal times to educate them about the foods in the meal, and encourage them to try a new and nutritious food. As young children develop they often need to be exposed a new food 12-15 times before they decide if they like it.

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

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

CHILD HEALTH AND NUTRITION

All food is provided only by ABCD Head Start & Children's Services. These meals are prepared in licensed kitchens and the Food Service Staff is certified and trained to prepare meals for children requiring special diets for such medical conditions as food allergies, intolerances, diabetes and failure to thrive. Food from outside the center is not permitted into the classrooms.

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

Infants and toddlers are introduced to solid foods at six months or when developmentally appropriate. Only after the Health & Nutrition Services Manager has consulted with parent(s) and determines that solid foods are being offered at home is a plan developed.

ABCD Early Head Start serves USDA approved formulas and provides iron fortified infant cereal and appropriate foods to all infants in our care. If you breastfeed your infant, the program can offer you space and resources needed to ensure that your child receives your breast milk while in the program.

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

- Not feed the baby either breast milk or formula for 1 to 1½ hours before the mother is expected to return so that the infant is ready to nurse when she arrives.
- Offer mothers a quiet place to nurse.
- Support mothers through verbal encouragement.
- Provide refrigeration within or near the infant's classroom to properly store breast milk.

Menus are provided to parents each month. Since meals are based on the cultural diversity of all our families, some food may be different from what children receive at home. Parents are asked to review the menus each month and speak with their Health & Nutrition Services Manager if they have any questions or concerns.

FOOD FROM HOME: For safety reasons, the Commonwealth of Massachusetts requires that meals for children be prepared in licensed kitchens by staff certified in food safety and sanitation. For this reason all food is provided by ABCD Head Start & Children's Services only. The Program's kitchens will prepare all food, including food for children on special diets when the Medical Statement for Children with Diet Modifications has been completed by the child's pediatrician or allergist. Parents may not send any food or drink for children including party foods, favors, or gifts for celebration such as holidays, birthday parties or end of the school year celebration. Each classroom celebrates the birthdays of the month with a special activity if requested.

FIGURE A: WELL-CHILD VISIT/PHYSICAL EXAM SCHEDULE FOR CHILDREN

WELL-CHILD VISITS SHOULD OCCUR:

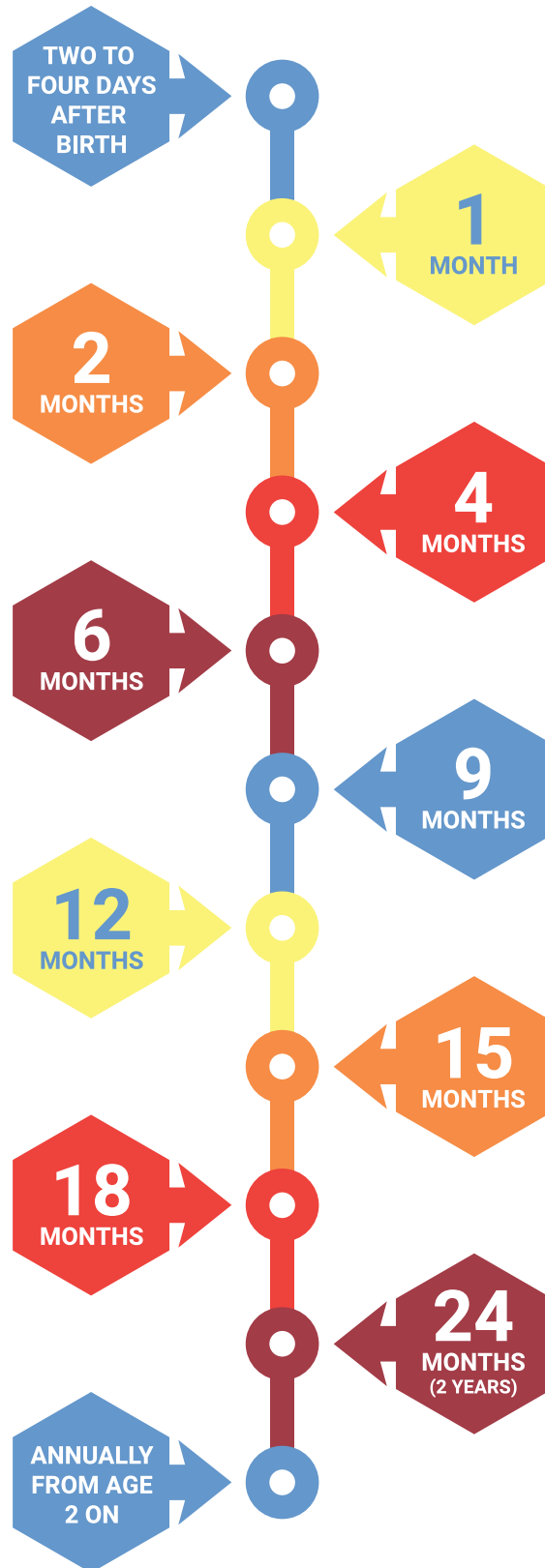


FIGURE B: RECOMMENDED IMMUNIZATION SCHEDULE FOR PERSONS AGED 0-18 YEARS

2023 Recommended Immunizations for Children from Birth Through 6 Years Old



FOOTNOTES

RV* **Hib***
Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

COVID-19** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu* Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA† Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: [cdc.gov/vaccines/parents](https://www.cdc.gov/vaccines/parents)



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

MEDICATION ADMINISTRATION POLICY

Parents/or legal guardians and primary care providers are encouraged to arrange medication times for non-school hours whenever possible. If the medication must be given by the staff, a Medication Authorization form must be completed for the child signed by the physician and parent/guardian and be on file at the program in order for the Head Start staff to administer the medication. Parents are instructed to bring in all medications with original pharmacy labels. Prescribed medications from home without pharmacy labels, such as Benadryl, will not be accepted in the program. Written parental and licensed health care practitioner authorization shall be valid for one year, unless withdrawn sooner and must be renewed annually, or when the child's condition changes, for administration of medication and/or treatment to continue.

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

MEDICATION ADMINISTRATION POLICY

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

ADDITIONAL MEDICATION REQUIREMENTS:

- Emergency medication such as Epi-Pens must be immediately available for use. For example, Epi-Pens must be brought with children for outdoor play or walks as required by 7.11(2)(f). Training by a licensed health care practitioner for the specific administration of an Epi-Pen is highly recommended but not required.
- Each program must have extra asthma inhaler spacers/aero-chambers onsite and available in case any are lost, damaged or dirtied. Spacer/aero-chambers must be labeled with a child's name and stored with their medication.
- All staff will abide by the expiration date on the pharmacy label of the medication. Expiration will be 12 months from the date the prescription was filled. If the pharmacy label states "see manufacturer's date of expiration", staff will still abide by the 12 months from the date the prescription was filled.
- Expired Medications: Medication is not used beyond the date of expiration. Parent/Guardian must bring in updated medication prior to when medication expires. If they do not bring in updated medication, the Parent/Guardian will be called to come to the program to administer the medication or 911 will be called in cases of an emergency.
- In accordance with Massachusetts Pharmacy Laws 722.060, 722.070, generic medications will be accepted, as Pharmacists may fill prescribed medications using a generic equal of the prescribed drug, unless the prescribing practitioner specifies "no substitutions".

The Health & Nutrition Services Manager is available should you have any questions about the Medication Administration policy.

MEDICATION ADMINISTRATION POLICY

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

HOURS OF OPERATION

Each center sets its hours based on the needs of the community. All ABCD Head Start & Children's Services classrooms are open for children a minimum of 6 hours and many classrooms operate up to 10 hours per day for children who have a subsidized child care slot. In exigent circumstances, classrooms may need to operate at a reduced number of hours per day to ensure the health and safety of children and staff, for a limited amount of time. Each classroom posts a copy of the daily schedule.

Parents are expected to bring their children to the center when the classroom opens. Arriving late means the child loses important activities that start each day. It is also imperative that children be picked up on time, no later than the posted hours on the daily schedule. It is imperative that parents abide by all safety guidelines identified when entering the center.

EMERGENCY NOTIFICATION SYSTEM: In case of an emergency (including inclement weather) ABCD Head Start & Children's Services uses SchoolMessenger system to alert parents and guardians. SchoolMessenger will send parent/guardian(s) an automated phone call or text message with relevant information. **After enrollment you will receive a text message or email from SchoolMessenger, prompting you to "opt in" to receive emergency notifications. In order to receive these emergency notifications you must "opt in" to the service.** Please inform program staff if your phone number(s) or e-mail address changes so that we have the most up to date information on file.

WEATHER POLICY: In case of inclement weather a message will be posted on the phone of each individual center. Please call your individual center's Weather Emergency Line to find out if school will be in session in the event of inclement weather.

Please refer to the calendar on the last page for a list of program closure dates.



DROP OFF/PICK UP POLICIES

GENERAL:

- All centers have specific hours for their program type and classrooms.
- Parents must update the Arrival & Departure Plan Form (found in the Parent Handbook) stating the plans for each child's arrival and departure. Every child must have reachable, involved adults listed on the Individual Transportation Plan who are authorized to pick up a child. Parents must notify their Family Advocate of any future changes in emergency contact information for themselves and/or emergency contacts.
- Families must keep contact information up to date with program staff, including those of emergency contacts.
- Program staff must keep all family and involved adult contact information up to date in the Myheadstart.com database.
- Drivers of any vehicle that transports children to an ABCD program must adhere to the Massachusetts Anti-Idling Law while on site. This law limits unnecessary engine idling except in cases such as extreme heat or cold.

DROP OFF AND SIGN IN:

- Upon arrival, parents/guardians or other individuals dropping off a child must go to the designated area for drop off.
 - Parents should follow specific drop off instructions provided by the program staff. Once public health indicators improve, we will return to our typical in-classroom drop off procedure.
 - No child may be dropped off at a community playground, parking lot, hallway, empty classroom, etc. If you arrive when the class has left the classroom, you must wait with your child until the class returns, unless other approved arrangements have been made ahead of time with the Center Director
- Parents/guardians and other individuals dropping off must complete the Daily Digital Sign In/Sign Out Sheet provided by staff in the drop off area before leaving the program.
- Parents/guardians must limit the number of personal items a child brings with them into the program. Comfort items such as lovies, blankets, and other soft items brought to child care from a child's home are allowed, but will not be shared between children and will be kept secure at all times when not in use by the child.
- If a child has an appointment at the clinic, etc. and the parent/guardian has informed the staff previously, the child will not be considered late.
- If a child will be late for school, the family must notify the program staff at least a ½ hour before classes begin. Consistent lateness without prior notification to the center/program will be addressed on an individual basis with parents.

DROP OFF/PICK UP POLICIES

PICK UP AND SIGN OUT:

- Upon arrival, parents/guardians and other authorized individuals picking up a child must go to the designated pick up area.
 - Parents should follow specific pick up instructions provided by the program staff. Once public health indicators improve, we will return to our typical in-program pick up procedure.
- Parents/guardians and other authorized individuals picking up a child must complete the Daily Digital Sign In/Sign Out Sheet provided by staff.
- Parents/guardians and other authorized individuals are expected to pick their child up on time every day. Parents/guardians must call the center to notify staff when they are going to be late for pick up.
- Consistent late pick up is a very serious matter. Lateness will be tracked and addressed by the Center Director in conjunction with other appropriate staff. Parents/guardians who are frequently late picking up their children will be required to meet with staff to resolve the issue with a written plan to prevent re-occurrence.
- Failure to make appropriate arrangements for getting children from the Program on time may be reported to the Department of Children and Families or the local police department.
- A picture ID is required for pick-up when the person is not on the list or is not known by staff.
- No preschool child is released to anyone who has not been designated in writing by the parent (or by legal document if necessary) who is under fourteen (14) years of age.
- No infant or toddler is released to anyone who has not been designated in writing by the parent (or by legal document if necessary). In all cases the person picking up the child must be an adult or the parent of the child.
- A legal document (e.g. a restraining order, custody papers) is required to prevent a child's parent from picking up the child.
- No child is released to anyone intoxicated or otherwise impaired such that the safety of the child is in question. When there is a problem with the condition of the person picking up a child, one of the emergency contacts will be called.
- If a child is not picked up at the end of class and no message from the parent has been received, a person from the emergency contact list is called to pick up the child.

CHILD CARE SERVICES, PARENT FEES AND PAYMENT POLICY

Child care services are available in many ABCD child care centers for parents whose children need care beyond the part-day Head Start or Early Head Start schedule and during school vacations and the summer when Head Start is closed.

A parent fee is required for enrollment in all child care services before and/or after the Head Start or Early Head Start day, or for full day EEC slots. All parent fees are based on household income that is linked to a sliding scale developed by the Massachusetts Department of Early Education and Care. Parents read, sign, and must abide by the requirements outlined in their EEC Subsidy documents, including the requirement that a parent must report any change in circumstances (change of employment status, income, etc.) that may impact their eligibility or fee.

INITIAL PARENT FEE: Parents are responsible for two weekly parent fee payments before they begin their full day services. These payments are for the first week of child care and the last week of child care provided.

WEEKLY PAYMENT: Fees must be paid in advance for the week (or month) and are required to be paid no later than the first business day of the week (or month) in which care is provided. The appropriate parent fee is paid for every day that care is available to the child. This includes approved holidays, approved closures and child absences due to illness and/or vacation (up to a maximum of two weeks per year). When care is not available due to emergency closures parents are also required to pay parent fees for two days per event (flood, no heat, etc.). A list of approved closures is available on page 38 and is posted at each Center.

NON-PAYMENT OF FEES: Child care services will be terminated for non-payment of fees and/or late payments. Each center depends on the parent fees to help pay staff and provide quality services to children and families; therefore, non-payment is not acceptable. If a family fails to pay the required fees, the child may be terminated from child care services according to the following process:

- Warning of Termination Letter — a letter will be sent to the family with an invoice for the amount past due after non-payment.
- Meeting with Center Staff — the family will need to discuss the issue with the Center staff and either pay in full or establish a plan to pay the outstanding balance. A “Termination/Reduction of Financial Assistance for Child Care” form will be given at this meeting. This form provides the parent with a two week notice for termination of care if the fees are not paid.
- Failure to Comply with Plan — failure to comply with the payment plan will result in termination of child care services on the date given in the notice. The child will not be terminated from Head Start/ Early Head Start, however they may be transitioned to another classroom.

CHILD CARE SERVICES, PARENT FEES AND PAYMENT POLICY

Avoidance of Termination from the Program

TERMINATION: ABCD Child Care centers recognize that termination from a program is difficult for parents and children. In those rare circumstances when it is necessary to terminate a child's participation in the program, every effort is made to help with this transition.

Termination from the Head Start and Early Head Start programs may occur if program funding is reduced.

Termination from Child Care Services will occur due to excessive absences and/or nonpayment of fees, or if the family is no longer eligible under funding source guidelines or the funding for child care slots has been reduced. The child will not be terminated from Head Start/Early Head Start, however they may be transitioned to another classroom.

Termination due to safety will only occur once the program has explored all possible steps to support a child. Each program's ultimate goal is to provide every child with a successful classroom experience. If at any time a child's behavior appears to be a danger to him/her or to others, specific interventions are put into place under the supervision of the Central office. These may include, but are not limited to, referrals for additional support services, additional classroom staff, consultation with the Mental Health Specialist and a plan between parent and staff in order to maintain the safety of the child in the classroom. Only after these strategies are tried and determined to be unsuccessful is a termination considered. In the rare event that termination due to safety occurs, the program will facilitate the transition of the child to a more appropriate placement.

Termination due to parent/guardian behavior: A child will be terminated when the behavior of a parent is found to be inappropriate, threatening, or endangers the safety of staff and other children. See Code of Conduct.

Families are given every opportunity to work with the program to prevent termination. Termination information is given both verbally and in writing. When a termination does occur the program makes every effort to provide the child with a positive transition, including allowing the child to say goodbye to their friends and educators. Staff will also make referrals to other child care services and assist them in securing child care as needed.

WELCOME!

2024 - 2025 CALENDAR

Closure Date	Description	Programs Closed
2024 School Closure Dates		
9/2/2024	Holiday - Labor Day	All Programs Closed
9/9/2024	First Full Day of Head Start & BPS-UPK	All Programs Open
10/14/2024	Holiday - Indigenous Peoples' Day	All Programs Closed
10/21/2024	Professional Development Day	All Programs Closed
11/11/2024	Holiday - Veterans' Day	All Programs Closed
11/18/2024	Professional Development Day	All Programs Closed
11/28/2024 - 11/29/2024	Holiday - Thanksgiving Recess	All Programs Closed
12/09/24	Professional Development Day	All Programs Closed
12/25/2024	Holiday - Christmas Day (Observed)	All Programs Closed
12/26/2024 - 12/31/2024	Administrative Leave (Head Start Only)	All Programs Closed

2024 - 2025 CALENDAR

Closure Date	Description	Programs Closed
2025 School Closure Dates		
1/1/2025	Holiday - New Year's Day (Observed)	All Programs Closed
1/13/2025	Professional Development Day	All Programs Closed
1/20/2025	Holiday - Martin Luther King's Birthday	All Programs Closed
2/17/2025	Holiday - President's Day	All Programs Closed
2/18/2025 - 2/20/2025	Professional Development Week (Head Start & Early Head Start)	Early Head Start & Head Start CLOSED All Extended Day Classrooms OPEN
2/21/2025	Citywide Staff Professional Development Days	All Programs Closed
3/10/2025	Education Professional Development Day	Early Head Start & Head Start CLOSED All Extended Day Classrooms OPEN
4/21/2025	Holiday - Patriot's Day	All Programs Closed
4/22/2025 - 4/24/2025	Administrative Leave (Head Start) & Professional Development Days (Early Head Start)	Early Head Start & Head Start CLOSED All Extended Day Classrooms OPEN
4/25/25	Citywide Staff Professional Development Day	All Programs Closed
5/26/2025	Holiday - Memorial Day	All Programs Closed
6/6/2025	Annual Family Resource Fair	All Programs at Boston Common
6/13/2025	Last day of Head Start & BPS-UPK	Head Start & BPS-UPK ONLY
6/19/2025	Holiday- Juneteenth	All Programs Closed
7/4/2025	Holiday - Independence Day	All Programs Closed
8/5/2025 - 8/6/2025	Citywide Staff Professional Development Days	All Programs Closed
8/7/2024 - 8/8/2024	Classroom Organization and Home Visits (Early Head Start Only)	Early Head Start CLOSED All Extended Day Classrooms OPEN

NONDISCRIMINATION STATEMENT

All local educational agencies (LEAs) and Sponsoring Organizations (SOs) that participate in the federally funded Child Nutrition Programs (CNPs) must post the following nondiscrimination statement and include it, in full, on all materials regarding CNPs that are produced for public information, public education, or public distribution. The authorized statements attached in Appendix A cannot be modified. If a local agency authorizes additional language, it must be included in a separate statement. Statement should be provided in both English and Spanish when the target audience contains Spanish speakers.

- **The purpose of the statement:** This statement informs anyone who comes into contact with CNPs that USDA agencies, offices, employees, and institutions who participate in USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, or age. Included is the process to file a program complaint of discrimination if one were to occur.
- **Action Required:** Review your documents and public communications annually to ensure they contain the most current authorized version of the nondiscrimination statement. The most current version will be available for reference: <https://www.doe.mass.edu/cnp/civilrights/>.

LEAs / SOs operating the Child and Adult Food Care Program, or Summer Food Service Program should contact their program consultant for a list of documents that pertains to your program type.

- **Webpages:** Web sites, used by local agencies to inform the public about CNPs must contain the nondiscrimination statement. It is not required that the nondiscrimination statement be included on every page of the program information web site. At the minimum, the nondiscrimination statement, or a link to it, must be included on the home page of the program information.
- **Small Materials:** If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text that “This institution is an equal opportunity provider.” The nondiscrimination statement is not required to be imprinted on items such as cups, buttons, magnets, and pens that identify the program, when the size or configuration makes it impractical.
- **Radio/Television:** In addition, recognizing that Internet, radio, and television public service announcements are generally short in duration, the nondiscrimination statement does not have to be read in its entirety. Rather, a statement such as “The [program name] is an equal opportunity provider” is sufficient to meet the nondiscrimination requirement.

If you have questions about how to incorporate the nondiscrimination statement into your CNP materials please contact the DESE FNP at Nutrition@doe.mass.edu and 781-338-6480.

APPENDIX A: NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name,

NONDISCRIMINATION STATEMENT

address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.

APPENDIX A: NONDISCRIMINATION STATEMENT- SPANISH

Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación:

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

(1) correo:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) fax:

(833)256-1665 o (202) 690-7442; o

(3) correo electrónico:

program.intake@usda.gov

Esta entidad es un proveedor que brinda igualdad de oportunidades.



**HEAD START &
CHILDREN'S SERVICES**

bostonheadstart.org | headstart@bostonabcd.org | 617.348.6272