

**EdAdvance**

Educate • Collaborate • Innovate



Before & After School Extended Services

**BASES@EDADVANCE.ORG**

# 2021-2022 FAMILY HANDBOOK

**BASES Ann Antolini (860) 605-7735**

[basesnheedadvance.org](mailto:basesnheedadvance.org)

**Bakerville Consolidated School**  
**New Hartford Elementary School**

**BASES New Fairfield Consolidated (860) 307-8438**

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**Meeting House Hill**

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**Hartland School**  
**Colebrook Consolidated School**

**BASES Middle Gate (203) 206-8931**

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**Reed Intermediate School**

**BASES CAP21 (860) 689-4326**

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**Torrington Middle School**

**BASES Mitchell (203) 263-8087**

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**Bethlehem Elementary School**

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**Reed Intermediate School**

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**Reed Intermediate School**

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**Reed Intermediate School**

**BASES Vogel-Wetmore (860) 630-0624**

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**Forbes School**  
**Torrington School**  
**Southwest School**

**BASES Huckleberry Hill (860) 309-0132**

[basesbrookfield@edadvance.org](mailto:basesbrookfield@edadvance.org)

**Brookfield Center School**



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## Who We Are

Created in 1966 under Connecticut General Statute 10-66a, **EdAdvance** is a public non-profit Regional Educational Service Center (RESC). *Our mission is to promote the success of school districts and their communities. Collaboratively with them, we provide educational and related services. A continuing commitment to quality and excellence is our standard of performance.*

## Our Service Area

29 School Districts; 32 Communities



### For Students & Families:

- Before/After School Care & Enrichment Programs
- Birth to Three/Early Intervention Programs
- Center for Children's Therapy
- Early Childhood & Family Programs
- Family Resource Centers/School Readiness Programs
- Head Start & Early Head Start Programs (Prenatal to Five)
- Interdistrict Collaborative Programs
- Summer School & Credit Recovery Programs
- Youth Mental Health Initiatives

### Specialized Services For Communities & Schools:

- Community & Home Supports for Individuals with Disabilities
- Driver Education Programs
- Events Planning, Catering & Conference Services
- Fingerprinting Services
- Fiscal & Back Office Services
- Grant Writing Services
- Marketing & Communications Services
- Recruiting & Personnel Services
- Technology Services & Support
- Transportation Services

### For Adult Learners:

- Career & Technical Training
- Foothills Adult & Continuing Education
- High School Completion Programs (GED, HSDP, NEDP)
- Professional Development & Training for Adult Educators
- Senior Community Employment Service Program (Title V)

## What We Do

### EdAdvance Programs & Services

#### For Schools & Districts:

- 21<sup>st</sup> Century Skills/Digital Learning (Skills21)
- Administrator & Teacher Mentoring and Leadership Development
- Alternative Education Programs
- Professional Councils
- Professional Learning, Consultation & Training Services
- Program Research & Evaluation Services
- Regional Efficiencies Collaboratives
- School Food Services
- Special Education Services
- Transition Services

**EdAdvance** is redefining what a RESC can be using a systemic approach - grounded in the "3C's". Focused on local and regional priorities, we are reinvesting the expertise, energy, and resources of the agency to amplify the benefit to our constituents.



## Message to the Parents from the Program Director

Welcome to EdAdvance BASES! BASES (Before & After School Extended Services) has enjoyed continued success for over 30 years and I look forward to another great year with all of you. We seek to continue this tradition of quality care, especially during these unusual times. Our program continues to grow and adapt based on the needs of our districts.

This handbook will help you with information you need and answer any questions you may have. I encourage you to always reach out to the Administrative Team if and when questions or concerns arise, as we are here to support you in your role of providing the best care for our families and district. The Administrative Team can be reached at the Litchfield office at (860) 567-0863 or [bases@edadvance.org](mailto:bases@edadvance.org).

We look forward to another rewarding year with you and all of our families.

***Melissa Viscariello***

Program Director,  
EdAdvance BASES



## Agency Contact Information

### Litchfield Office

EdAdvance  
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P.O. Box 909  
Litchfield, CT 06759-0909

Phone (860) 567-0863  
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## BASES Administrative Team

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## BASES Program Description

BASES (Before & After School and Extended Services) exists to provide a safe, healthy, worry-free environment for the child who cannot be home with a parent. The focus is to meet the developmental needs of each individual child through enriching and quality experiences that enhance self-esteem and promote success. BASES provides before and after school services as well as technical assistance to other districts that are considering similar efforts. In addition, the program staff offer individualized training opportunities in staff development and in other specialized areas. Consulting services are available to agencies and districts.

BASES currently operates 10 school-based sites, serving 20 schools in 6 districts including Barkhamsted, Colebrook, Hartland, New Fairfield, New Hartford, Newtown, Norfolk, Torrington, Woodbury - Region 14. BASES currently serves approximately 350 children. BASES is open to children between the ages of 5 and 12 (children aged 5 must be currently attending Kindergarten) and has been in operation for 30 years. BASES is funded primarily through parent fees.

BASES staff provide snacks and various age-appropriate activities for the children. The children have many choices at the site, but all activities are structured by the staff. Some of the indoor/outdoor activities include enrichment, STEAM (Science, Technology, Engineering, Art & Math) and literacy enrichment activities with a focus on wellness. Other activities include arts & crafts, sports, games, use of computers, quiet time, and an opportunity to work on homework.

EdAdvance BASES has been awarded the After-School Grant by the Connecticut State Department of Education for the 14th year in a row. A major focus of the BASES (Before & After School Enrichment Services) grant is to deliver a balanced and accessible STEAM and Literacy after school curriculum designed to engage all students and strengthen academic performance. Another goal of the grant is to support and involve working families and to positively affect school attendance, academic achievement, student behavior, and overall well-being. Additionally, this initiative enables BASES to offer program tuition scholarships to eligible families.

The Director is responsible for the overall operation of BASES. The Administrative Team is responsible for the daily operation of BASES. Site Coordinators report directly to the Administrative Team. Questions regarding the staff or the operating policies of the program should be directed to the BASES Administrative Team.

EDADVANCE is an Equal Opportunity/Affirmative Action Employer. "EDADVANCE does not discriminate in any of its programs, activities or employment practices on the basis of race, age, color, national origin, ancestry, sex, religion, disability, veteran, marital or familial status. To file a complaint of discrimination write USDA Director, Office of Civil Rights, Washington, DC 20250-9410.

## Structured Freedom and BASES

Throughout the operation of the program, children are presented with a number of choices for activities that are supervised by the staff. If the children choose not to participate in any of these activities, they are able to find an appropriate activity to meet their individual needs at that time. A part of the decision-making process for the child is to choose with whom to do that activity. In some cases, a child will choose to be alone with the chosen activity. A staff member will be available should there be assistance or support needed.

Card and board games, art, crafts, music, science and literacy activities provide an opportunity for children to establish and build relationships and to resolve differences and problems within the context of the activity. The daily group meeting is a time for children and staff to communicate, use active listening, and talk with one another. With staff support, children learn they have a right to be heard and share a responsibility to listen to others. Children's feelings and needs are validated and respected by the staff. The children learn through modeling to respect their own and others' feelings and needs. This cuts across all program activities and promotes the development of personal and interpersonal relationships.

## EdAdvance Agency Logo



## BASES Department Logo



## Before & After School Extended Services

### BASES Mission Statement

BASES exists to provide a safe, healthy, worry-free environment for the child who cannot be at home with a parent. Our focus is to meet the developmental needs of each individual child through enriching and quality experiences that enhance self-esteem and promote success.

### BASES Vision Statement

BASES will strive to provide an enriching, licensed, twelve-month-a-year program for children of elementary and middle school age. The professional staff will work in close collaboration with school districts, parents, students, and EdAdvance staff to continually refine and improve their skills for delivering quality experiences for all children who participate in the program.

### BASES Motto

## ***Safe, Caring, Enriching***

Research shows that after school programs keep kids safe, helps working families, and enhances academic achievement. We offer a quality program that keeps kids safe, helps families and enhances school outcomes within a safe, healthy environment/culture.

### BASES Tagline

***“We’re covering the BASES for working families in western CT”***

## BASES Operating Information

### Sample Daily Schedule

BASES sites are open Monday through Friday and follow the site's district calendar for holidays and vacations. Each day children will be offered a wide variety of indoor and outdoor activities. While in a structured environment, children will have the opportunity to choose a preferred activity. Sample daily schedule:

|                  |   |
|------------------|---|
| 2:45 - 3:00 p.m. | Children arrive   |
| 3:00 - 3:05 p.m. | Daily group meeting   |
| 3:05 - 3:45 p.m. | Outdoor or gym activities, organized games  |
| 3:45 - 4:15 p.m. | Teachers and students share a family style snack                                    |
| 4:15 - 4:45 p.m. | Homework/quiet time   |
| 4:45 - 5:15 p.m. | Individual and/or group play, arts & crafts, music, science and literacy activities |
| 5:15 - 6:00 p.m. | Outdoor or gym activities, free play - games, books                                 |

### Before School

#### Hours

7:00 AM until the start of the school day, every day school is in session. In the event of a delayed opening, the program start time will be delayed the same amount of time (i.e. a 2-hour delay will result in a 9:00 AM opening).

#### Scheduled Extended Mornings (Newtown teacher in-services)

The programs will remain open until the start of the school day for an additional fee.

#### Locations

|             |  |
|-------------|--|
| Newtown:    | Hawley, Middle Gate, Head O'Meadow and Sandy Hook Schools<br>(busing available to Reed School) |
| Torrington: | Vogel-Wetmore School (busing available to all Torrington Elementary Schools)                   |

### After School

#### Hours

School dismissal until 6:00 PM, every day that school is in session.

#### Locations

Ann Antolini School in New Hartford (busing from Bakerville and New Hartford Elementary)  
Barkhamsted Elementary School (busing from Colebrook and Hartland)  
Hawley School, Head O'Meadow School, Middle Gate School and Sandy Hook School (busing from Reed)  
New Fairfield Consolidated School in New Fairfield (busing from Meeting House)  
Mitchell School in Woodbury (busing from Bethlehem Elementary)  
Torrington Middle School  
Vogel-Wetmore School (busing from Forbes, Southwest, and Torrington schools)

## Policies and Procedures

### Registration

Registration for the fall and summer program begins in the spring and continues throughout the school year. Returning families are given priority for registration on March 15, before enrollment opens to the community. Open registration and Summer registration begin on April 1. Children are enrolled on a first come first serve basis. Program operation is contingent upon enrollment numbers. When necessary, a waiting list is started for a site. When a waitlist space opens, it is offered to parents via phone call or email in the order that the children are waitlisted.

#### Due at time of Registration

1. Online registration form completed
  - a. <https://www.ezchildtrack.com/parent3/ParentLogin.aspx?c=edadvancebases>
2. Credit card or eCheck information uploaded to EZChildTrack
3. Non-Refundable Registration Fee (\$50 per child / \$75 per family)
4. A State of Connecticut Department of Education Health Assessment Record. It cannot be more than 13 months old and must include:
  - a. Part 1 completed and signed by parent/guardian,
  - b. Part 2 completed and signed by a physician, including TB information box checked off.
  - c. Immunization Record
5. If applicable, all required Medication Administrative forms\*\*
  - a. If your child requires specific medication(s) the proper paperwork must be completed by your doctor and medicine(s) delivered to program staff **BEFORE** your child can attend the program (Forms available online at [Family Forms](#)).

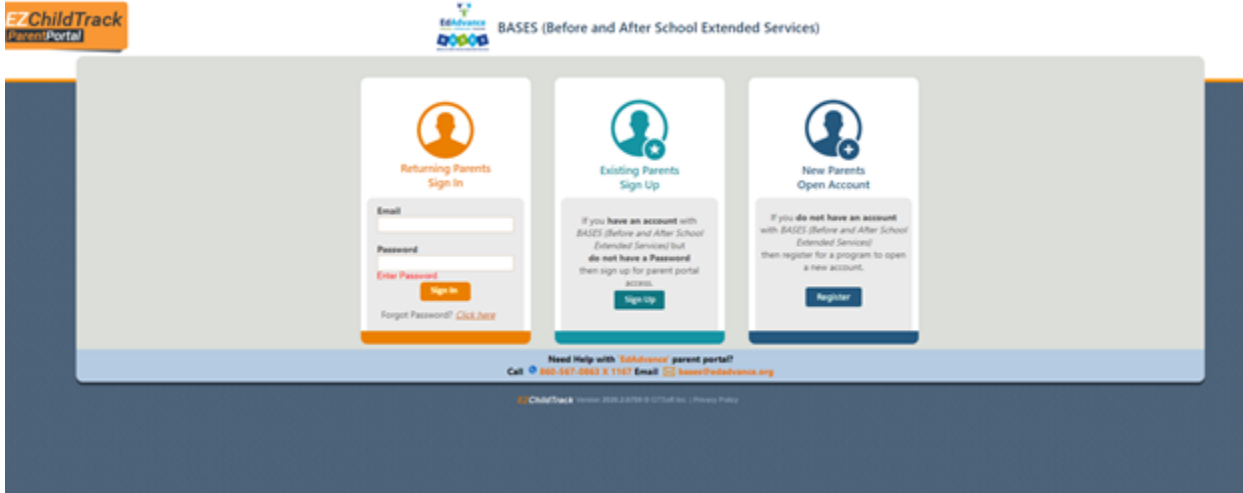
#### Registrations Received on or After August 10th

For the safety of all students, a complete student list must be sent to schools prior to the first day of school. Therefore, your child's start date will take place after the first 2 weeks of school.

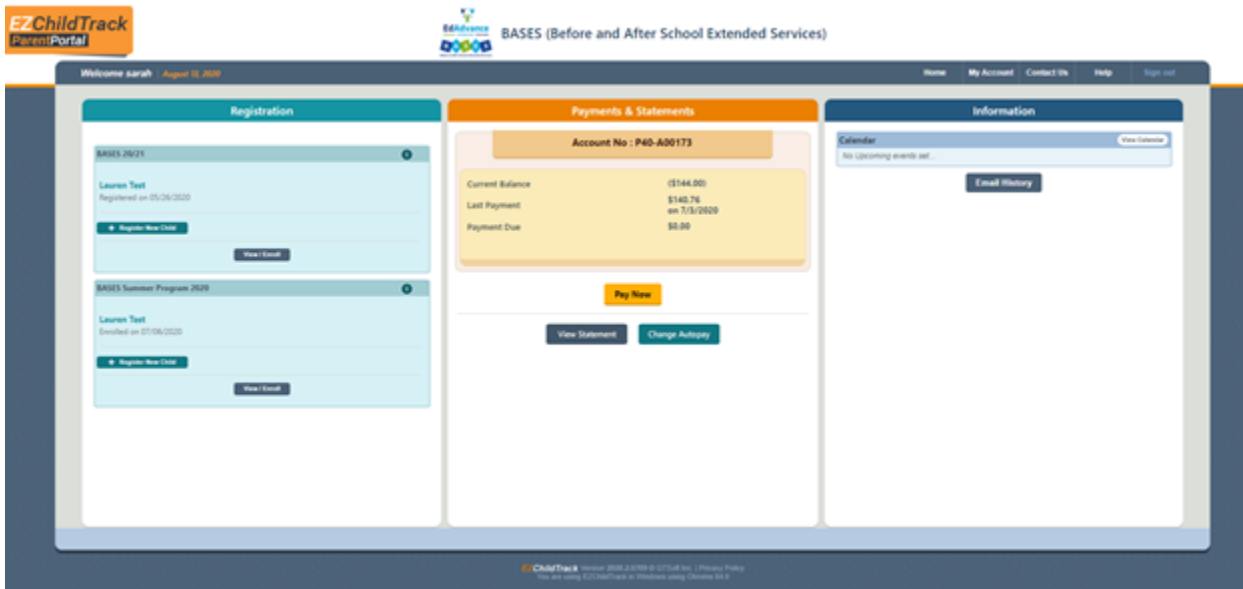
## EZChildTrack - Registration

Parents/Guardians must use Desktop view. Using this registration system for the first time, start by registering as a new parent.

This is the home screen.



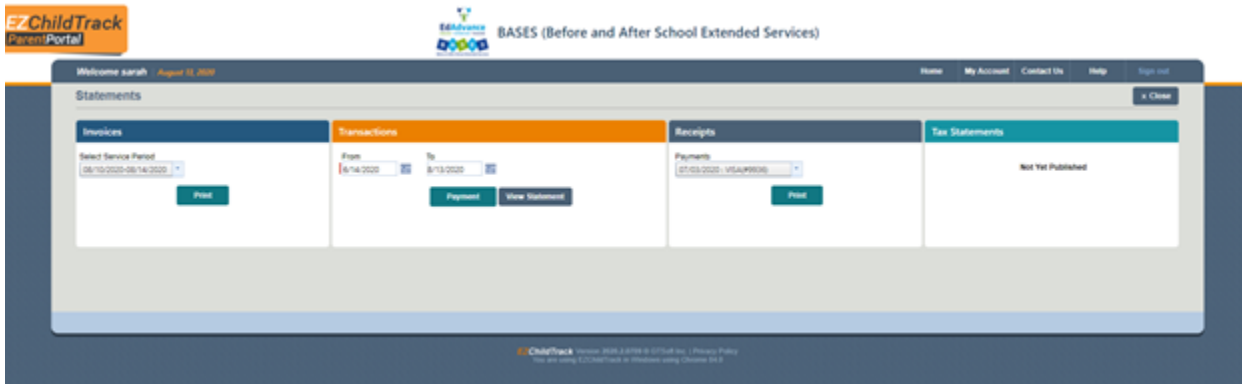
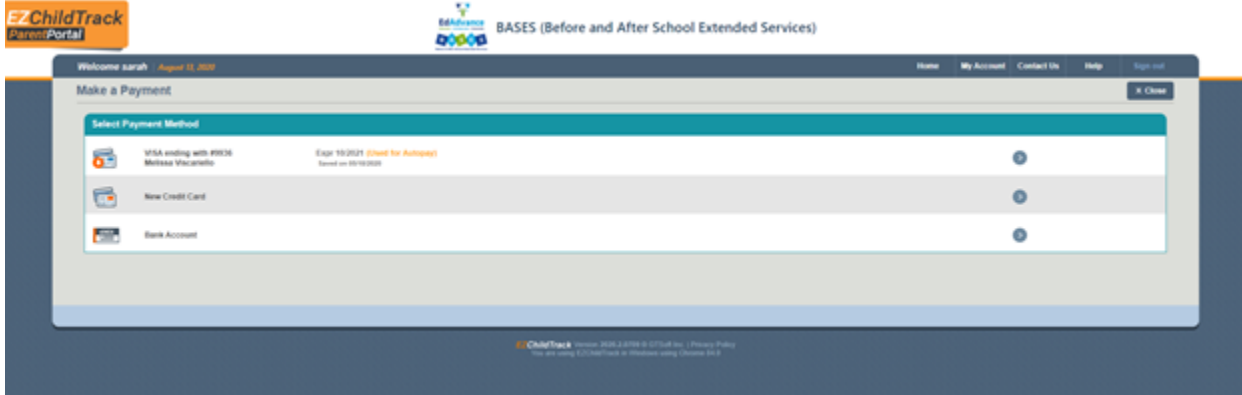
The first panel will show what the students are registered for.



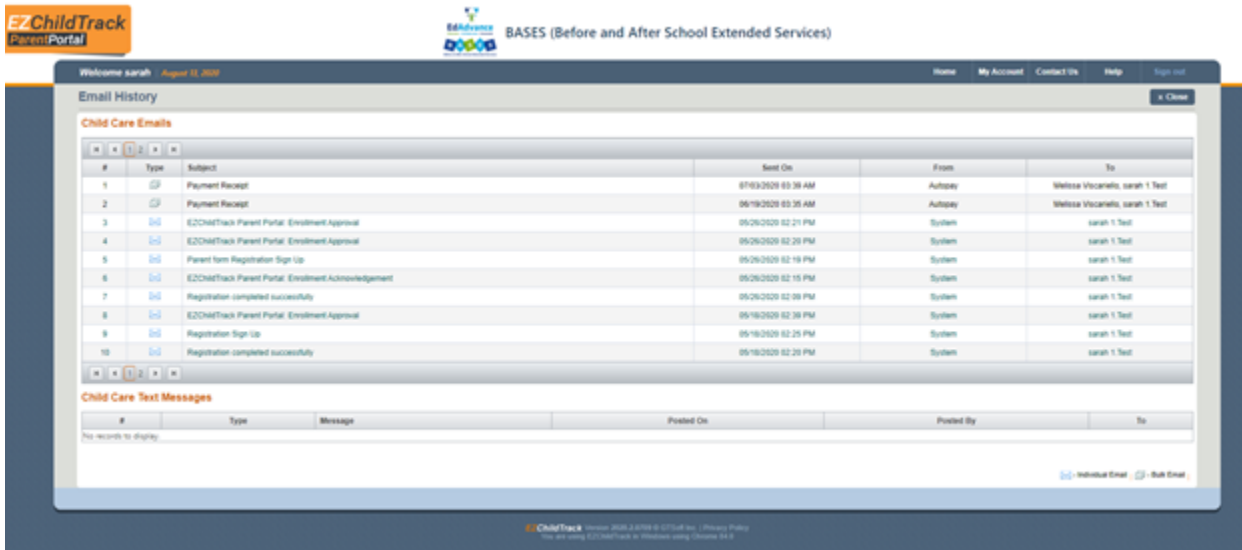
## EdAdvance BASES - 2021-2022 Family Handbook

To change schedule use schedule change form [link](#).

The Payment section is where parents/guardians can view statements, change banking information or make additional payments.



Parents/Guardians also have access to email history from the ez child track system.





## EZChildTrack - Editing Banking Information

### Select Change Autopay

Registration

Payments & Statements

Information

**BASES 20/21**

Lauren Test  
Registered on 05/26/2020

[+ Register New Child](#)

[View / Enroll](#)

**BASES Summer Program 2020**

Lauren Test  
Enrolled on 07/06/2020

[+ Register New Child](#)

**Account No : P40-A00173**

|                 |                         |
|-----------------|-------------------------|
| Current Balance | (\$144.00)              |
| Last Payment    | \$140.76<br>on 7/3/2020 |
| Payment Due     | \$0.00                  |

Pay Now

View Statement
Change Autopay

**Calendar** [View Calendar](#)

No Upcoming events set...

Email History

### Select Change Payment Method

The account P40-A00173 is enrolled in automatic payment using **VISA ending with #9936**. The payments will automatically be made on payment due date for each billing cycle.

Autopay start date : 06/19/2020 (For Period: 06/22/2020-06/26/2020)

Payment Method : **Credit Card**

Name on Card : **Melissa Viscariello**

Card Number : **VISA ending with # [REDACTED]**

**You can change the payment method for future payments.**

**Change Autopay Frequency**

If you wish to change the autopay frequency, please click on the button below to change autopay frequency

Change Frequency

**Change Payment Method**

If you wish to change the payment method, please click on the button below to change payment method.

Change Payment Method

### Choose the payment method you prefer.

Change Autopay
[How Automatic Payment Works ?](#)
x Cancel

**Select Payment Method**

Credit Card
>

Bank Account
>

## Enrollment

BASES serves children ages 5-12. Children may enroll in the program during the school year if openings are available. Paperwork is processed in the order that it is received, and spaces are awarded on a first come first serve basis in order of **completed** registrations. We make all efforts to start students as soon as possible. Parents will receive a confirmation email with a start date once a student's registration file is complete.

Families will not receive confirmation of your child(ren)'s enrollment unless and until the required registration form, a completed CT Health Assessment Record, payment information and any additional required medication forms have been received at the Litchfield Office (See Health Policy).

A file will be kept on site for every child who is enrolled in the program. This file may be digital. The file will include the child's registration forms and a copy of his/her most recent health form. A child will not be permitted to attend the program if his/her file is not complete or up to date. It is the parent/guardian's responsibility to provide the program with up to date information.

Students must be enrolled for permanent scheduled days. Due to licensing regulations, we cannot accommodate a varied schedule. If absent, regardless of notification, you are still required to pay tuition those days as enrollment reserves a space for your child in the program.

## Provisional Enrollment

The first 2 weeks of enrollment will be regarded as a trial period, in which case either party may terminate the contract without 10 school days written notice, however tuition will still be due for days attended. After the first 2 weeks of enrollment, see withdrawal policy.

## Payments

### Automatic Payment Policy

All families are required to enroll for automatic payments, where tuition is withdrawn from either a credit card or bank account. The account that families provide during registration is what will be used for tuition collection. Every Friday, the upcoming week's tuition will be withdrawn. Because not all weeks are the same exact amount; Families are encouraged to frequently login to the EzChildTrack parent portal to check their account status at: <https://www.ezchildtrack.com/Parent3/ParentLogin.aspx?c=edadvancebases>.

In this parent portal, families are able to see enrolled days as well as what balance is owed. The Friday your payment comes out, a receipt will be emailed to families.

We are aware that some families like to pay monthly or larger sums at once. Families may log in to the parent portal and make payments of any amount. If there is a credit after a submitted payment, it will appear in parentheses. Autopay will not resume until the credit runs out.

### Non Sufficient Fund Fees

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When a notice of non-sufficient funds is received from a family's bank, a fee of \$10 will be added to their tuition account to cover banking and processing fees. Please note that with the 1st notice of non-sufficient funds families will receive an email. A second non-sufficient fund alert will result in a notice from ez child track as well as the Administrative Coordinator, Lauren Jacob. If a third non-sufficient fund occurs, it will be required that at least 10% of tuition owed is paid and a payment plan has been agreed upon in order for the child(ren) to continue to attend the program

### **Scheduled Early Dismissal Fees (Up to two hours)**

When school has a planned early dismissal and the program is in session, there will be an additional \$15.00 for students enrolled on that day (regardless of attendance).

### **Extended Early Dismissal Fee (Over two hours)**

When school has a planned early dismissal and the program is in session, there will be an additional \$21.00 for students enrolled on that day (regardless of attendance).

### **Extended Morning Program Fee (Up to two hours)**

When school has a planned late start and the program is in session for the extended morning, there will be an additional \$15.00 for students enrolled on that day (regardless of attendance).

### **Search for Child Fee**

A \$10.00 Fee will be applied to your tuition payment account (see policy below).

### **Late Pick-Up Fee**

\$10.00 per every 15 minutes (Please see policy below).

## Schedule Change/Withdrawal

To make a permanent change in a child's schedule or to withdraw from the program, 10 school days written notice is required via our [Schedule Change Form](#). Tuition is payable for the 10 school days regardless of whether the family gives proper notification of withdrawal, and whether or not the child attends during that time.

To re-enroll during the current school year the parent/guardian only needs to submit a Schedule Change Form, a \$15 re-enrollment fee, and a new deposit.

If more than two schedule changes are made within the same school year, there will be a \$15.00 charge for each additional change to cover administrative fees.

Verbal schedule changes are not accepted, nor will they be honored at any time. Schedule Change Forms are required to be submitted to the Litchfield Office and may not be accepted by staff at the sites.

### **Schedule Change**

|  |  |
|--|--|
| Effective 1st Day of School:           | Forms received at the Litchfield Office before August 10 |
| Effective Monday After 10 School Days: | Forms received at the Litchfield office after August 10  |

### **Withdrawal of Registration**

## EdAdvance BASES - 2021-2022 Family Handbook

|                                      |  |
|--------------------------------------|--|
| Before August 10:                    | No fees  |
| August 11 through 1st Day of School: | Must pay tuition for the first two weeks of school |
| Effective 1st Day of School:         | A ten school day notice is required                |

### **Schedule Change & Withdrawal Forms Received After May 31**

Families will be financially obligated to pay for their child's current schedule through the rest of the school year. No changes, other than additional days (space permitting), will be processed.

## No Show/No Withdrawal

If a family is enrolled and does not notify BASES of a withdrawal, that family's tuition account will continue to be charged until notification of the withdrawal is received. Upon notice, the ten school day withdrawal policy will go into effect. No refunds will be made on tuition paid for a student that was not withdrawn from the program.

## Attendance

Parent(s)/Guardian(s) of children enrolled in the program are responsible for notifying both the school office and classroom teacher the days that their child(ren) is scheduled to attend. If a child is absent or there is a permanent change in the days they attend, it is the parent/guardian's responsibility to notify both the school and the program. Regardless of notification, enrollment reserves a space for your child in the program, therefore you are still required to pay tuition those days.

Proper notification is required if a child is going to be absent from the program. Parents may give written notice to the program staff, call the program phone, or send an email indicating that their child(ren) will be absent from the program.

### **If a child does not arrive at the program immediately upon school dismissal**

1. BASES staff will check with the school office to see if the child is on the absentee list, has been picked up by a parent, or has gone home on the bus. If the child will not be attending the program, staff will mark the child absent and note the reason on the attendance sheet.
2. If the child has gone home on the bus accidentally, school staff or BASES staff will make immediate arrangements with the bus company to bring the child back to the program, unless there is a responsible adult at the home when the child arrives.
3. If the office does not have information on the whereabouts of the child, BASES staff will contact the child's classroom teacher.
4. If the child is still in the classroom BASES staff will ask that, in the future, the classroom teacher notify them if the child stays in his/her classroom after school dismisses.
5. If the child is not in the classroom, BASES staff will contact the child's parent/guardian to notify them of their child's absence from the program.
6. If BASES staff is unable to contact a parent/guardian, they will call the alternative contacts listed on the child's registration in an effort to locate the child's parent/guardian. At this time, the BASES staff will also contact a member of the Administrative Team.
7. If BASES staff are still unable to locate the child or their parent/guardian, the local police will be contacted in an effort to locate the child.

## Search for Child

If at any time a staff must ask the school office, classroom teacher or call a parent/guardian to locate a child the parent will be charged a \$10.00 Search for Child Fee.

## Parent Involvement/Access to Program & Facility

We encourage parent involvement in BASES. We hope you take time to volunteer at some point during the year. Our program has an open-door policy in which Parents/Guardians shall always have access to BASES during the hours of operation.

Parents are encouraged to communicate any concerns they may have regarding their child to the program staff. Parents may also contact the program's Administrative Team with any concerns or problems that may arise.

## Closing

### **Scheduled Early Dismissals**

The programs will open at school dismissal and be available to all families who are registered for that day, until 6:00 PM, for an additional fee (i.e. parent/teacher conferences, teacher in-services).

### **Emergency Early Dismissals**

All after school programs are canceled and there will be no staff at the BASES sites (i.e. snowstorm, school closure due to extreme heat, power outage, etc.).

### **All After School Activities are Cancelled**

DOES NOT refer to the BASES. In the event that BASES does close, parents will be notified via e-mail or phone as soon as possible.

## Release of Children

No child will be released from BASES to anyone who is under 18, not listed on the child's Registration Forms as an authorized pick-up and/or does not show proper identification. It is the responsibility of the parent/guardian to inform BASES immediately, in writing, of any changes in the list of individuals who have permission to pick up their child(ren).

It is also the responsibility of the parent/guardian to inform the staff in the instance of a legal separation, custody agreements or restraining orders, and provide legal documentation. Any restricted persons should be identified to staff. If a parent or guardian is restricted from access to the child, CT State Office of Early Childhood licensing regulations require that the program have a current copy of the court documents on file. (See Divorced/Separated Parents Policy)

## Divorced/Separated Parents

We recognize that many families are in transition or have experienced divorce and separation. In these occurrences, the child's well-being is our main priority, and we strive to support families while maintaining good relations with both parents.

In an effort to minimize situations which may be uncomfortable for you, your child(ren) and our staff, we ask that parent(s)/guardian(s) refrain from talking about custody issues, visitation disputes and marital problems in front of the child(ren). It is helpful to discuss your child(ren)'s general feelings with the Site Coordinator at the program so that our staff are aware and may be appropriately responsive to their needs.

Without proper legal documentation, we cannot deny a parent access to their child(ren), or information regarding the student's progress, activities, tuition records and any other information located in the child's program file.

The parent/guardian who signs the registration paperwork is responsible for tuition payments unless otherwise stated in legal documents. If a child's account is in arrears for more than one week, the child may no longer be allowed to attend the program regardless of which parent's/guardian's tuition payment is due.

## Late Pick-Up

Child(ren) remaining after 6:00 p.m. will be supervised at the site by at least two staff members who are of age 18 or older for up to one hour. Parents who arrive after 6:01 p.m. (based on the school/program clock) will be charged a late pick-up fee of \$10.00 per every 15 minutes that they are late. For example, if a parent arrives:

Between 6:01 p.m. – 6:15 p.m., they will be charged \$10.00

Between 6:16 p.m. – 6:30 p.m., they will be charged \$20.00

Between 6:31 p.m. – 6:45 p.m., they will be charged \$30.00

Between 6:46 p.m. – 7:00 p.m., they will be charged \$40.00

If the child remains in the program after 6:00 p.m., the following steps will be taken to ensure your child's safety:

1. At 6:01 p.m., if the parent(s) has not contacted BASES, the staff will attempt to call the parent/guardians using the numbers provided.
2. At 6:15 p.m., if there is still no contact with the parent(s), a staff person will attempt to call the emergency and authorized, alternate adults provided by the parent/guardians at the time of enrollment
3. If no one has been reached and the child is not picked up by 7:00 p.m.:
  - a. The local police will be contacted, and if a police officer is available, he/she will transport the child to the local police station where the staff will remain with the child until such a time as the child is picked up. (If a police officer is not available, the Department of Children and Families will be contacted.)
  - b. A note informing the parent(s) of the child's whereabouts will be posted on the front door of the school building.

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- c. If a child is transported to the local police station the parent(s) will be charged \$40.00 per hour for the staff to remain with the child.

In the event step three is reached, the Administrative Team of the Program will be called and if necessary, will contact the CT Department of Children & Families.

Any child, whose parents are late for pick-up on a regular basis, may no longer be allowed to attend the program.

### Supervision

The staff/child ratio is 1 staff for every 10 children, with a minimum of 2 staff over the age of 18 present always. At no time should the group size exceed 20 children, even if ratios are being observed. Group size shall be observed in the classroom, gym, bathrooms, and outside. Children must always be supervised by sight and sound. Staff shall position themselves to see as many children as possible. No child/children should be left alone for any period of time.

Upon arrival, students will be signed in on the attendance roster and a head count will be taken by a staff member. For a full day program and before school programs, each child will be accompanied to the program by an adult who will sign the child(ren) into the program.

A copy of the attendance roster will be kept with the children at all times.

Staff must escort students to and from the bathroom and supervise from outside the door.

Playground/Outdoors: It will be the responsibility of all staff to ensure the safety of children on the playgrounds.

Supervision of children will include the following:

- A head count will be taken before leaving and re-entering the building, as well as outdoors.
- Staff may not leave children unattended.
- Children may not go inside unless accompanied by a program staff.
- All state mandated ratios and group sizes will be followed outside.

## Child Discipline

The goal of discipline is to help the child develop self-control and move toward appropriate social behavior. Examples of developmentally appropriate methods utilized for resolving conflicts are:

### **Positive guidance**

When disputes arise among children or between a child and staff, the staff will encourage a “talking out” process where the goal is to acknowledge feelings and find solutions using the children’s ideas wherever possible.

### **Setting clear limits**

Staff will encourage and model positive behavior, positive reinforcement, the use of peer support and clearly defined rules.

### **Redirection**

A child who may be aggressive or who is disruptive or destructive of other children’s work may be asked to make an activity choice in another area.

Staff will continuously supervise children during disciplinary actions.

Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No child will be physically restrained unless it is necessary to protect the safety or health of the child or others, using least restrictive methods, as appropriate.

Should a student behave in a manner that is unsafe for them, other student(s), and/or staff or if a student leaves the premises without permission and unaccompanied by a staff person, we will contact the proper authorities and the students’ parents/guardians immediately.

In case of more serious incidents or if discipline problems persist, parents will be asked to attend a conference with the staff to assist in working out a plan and solution to the problem. A parent's unwillingness to cooperate will result in the removal of the child from the program. If, after the conference, the problems persist, the child may be asked to leave the program. If a child is asked to leave the program, he/she will not be allowed back into the program without subsequent approval.

All events will be documented in an incident report. Incident reports will be placed in the child(ren)’s file. Parents will also receive a copy.

## Homework

BASES staff will provide a reasonable amount of time for the children to work on homework during the program every Monday-Thursday. The staff at the program will provide help/assistance when needed. Staff will not force the children to work on their homework, but rather with parent support, the staff can strongly encourage children to complete their homework. Children not working on homework will be given choices for another quiet activity.



## Snack

BASES will provide a nutritious snack daily to all the children enrolled in the program using the guidelines set up by the Connecticut Adult and Child Food Program.

A menu is posted on the bulletin board at each of the sites at least 2 weeks in advance. Any changes to the snack being served shall be reflected immediately on the posted menu.

Children and staff are not permitted to bring food and/or beverages from home (with the exception of water) without prior approval. Children will have access to water at all times while at the program.

## Student Electronics

Use of electronics will be permitted at the sites for limited time periods and at the site staff's discretion, unless specific arrangements are made for educational purposes, or to meet the specific needs of a child.

## Confidentiality

BASES strongly enforces the state law that any event or incident that involves the children or a staff member in the program is confidential and cannot be discussed with anyone who is not associated with the child/staff of the program. All staff must be professional when discussing program participants and events.

In order to maintain confidentiality, all information concerning the children is stored in a locked cabinet when the program is not in session.

## Photograph/Video Release

BASES staff may take photographs and videos of the children during program activities. These photographs and videos may be displayed at the sites, given to parents or used externally (newsletters, registration, Facebook etc.). No photographs or videos of the children will be used unless permission has been given by the parent/guardians via the Photo/Video Release in the registration form.

## Staff/Parent Social Media

Families and community members are encouraged to link with and follow the program directly on our social media pages. BASES staff and parents are asked to use discretion and remain professional when posting information on social media.

Parents of children enrolled in BASES are not permitted to post pictures of, or information about, the children enrolled in BASES unless it is in reference to their child only or they are sharing a BASES post.

Parents are not permitted to "friend" the staff of BASES, nor are staff allowed to "friend" the parents and/or students.

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BASES staff are not permitted to post pictures of, or information about, children enrolled in the program on their personal social media accounts. EdAdvance will take immediate disciplinary action for any violations.

BASES Facebook <https://www.facebook.com/EdAdvance-BASES-526707554138289>

BASES Instagram <https://www.instagram.com/edadvancebases/?hl=en>

BASES Pinterest <https://www.pinterest.com/EdAdvanceBASES/ saved/>

### Staff/Child Babysitting

BASES staff are not permitted to babysit child(ren) who are enrolled in BASES at any time for any reason. EdAdvance will take immediate disciplinary action for violations.

### Staff/Child Transportation

BASES staff are not permitted to transport child(ren) who are enrolled in BASES at any time, for any reason, in any motor vehicle. EdAdvance will take immediate disciplinary action for violations.

## Health & Wellness Components

To ensure the safety and well-being of each and every child, BASES has established a health policy to address emergencies and illness. In addition to staff trained in CPR and First Aid, a pediatrician/RN consultant and a dental consultant are on call.

If a child is diagnosed with a communicable disease, a Communicable Disease Notice will be issued to program parents. The child with the illness will remain anonymous. Parents may be asked to provide documentation that is signed and dated by a physician, advanced practice registered nurse or physician's assistant that their child is no longer contagious and can return to the program.

The following are guidelines you should follow in determining whether your child is healthy enough to attend the program. Children diagnosed as having a contagious illness must remain at home until all danger of contagion has passed.

When a child should stay home.....

- Runny nose that produces thick, persistent discharge, inhibiting normal activity
- Persistent, loose cough that produces discharge and/or worsens with activity
- Deep congestion in the chest, labored breathing
- Frequent loose bowels
- Temperature - A child must be fever free for 24 hours before returning to the program
- Eyes that are pink, sore, or crusty with a discharge
- Rashes of an undetermined nature, open blisters, oozing or bloody sore that cannot be covered
- Vomiting
- Head lice (child can not return until they have had effective treatment)
- Pinworms
- Infections treated by antibiotics unless medication has been given for at least 24 hours
- Other communicable diseases until after start of treatment & with physician permission to return to school

## Sick Care Plan

If a child becomes ill while at the program, BASES staff will supervise the child in an area that is located away from other children so that she/he may rest quietly. A staff person will remain with the child at all times.

Parents will be contacted immediately to arrange for the child to get picked-up from the program. If unable to reach parents, staff will notify authorized person(s) from the child's Emergency Card.

The illness will be documented on a Child Injury/Incident Report, a copy will be placed in the child's file and a copy will be given to the parent upon arrival.

## BASES Staff

Staff are certified in First Aid, CPR, Administration of Medication & Epi-Pens. (Each site is required to have at least 1 certified staff in each of these present at the program during operating hours.)

Staff are trained annually in emergency preparedness, Mandated reporting, organizing physical activities, preparing and serving healthy snacks.

BASES follows the State Department of Education and Department of Agriculture sponsored Connecticut Adult and Child Food Program's nutrition guidelines in order to ensure that healthy snacks are served at the programs.

A registered nurse is available to consult with BASES staff. The nurse visits each program at least twice a year to review all medications, medication administration paperwork, and children's health forms.

A nutritionist is available to consult regarding the snacks and meals served to the children.

### Health Assessment Record

Each child entering the program must have a State of Connecticut Department of Education Health Assessment Record, signed and dated by his/her pediatrician (less than 13 months old), including current immunization documentation.

It is the parent's responsibility to make sure their child's records are kept up to date, and that updated forms are received prior to expiration. Once a child's forms expire, that child will not be able to attend the program until updated forms are received.

### Medication Administration

BASES staff will administer medication in emergency situations such as asthma attacks and severe allergic reactions. Emergency medications that may be given include inhalers, nebulizers, epi-pens and emergency oral medications (i.e. Benadryl).

The parental responsibilities include providing the program with the proper medication authorization form (available online in Family Forms), and the medication. The medication administration form must be signed by the authorized prescriber and parent/guardian giving the center authorization to administer the medication. This form is available at the center.

The medication authorization form must include information, such as:

- The child's name, address, and birthdate
- The date the medication order was written
- Medication name, dose and method of administration
- Time to be administered and dates to start and end the medication
- Relevant side effects and prescribers plan for management should they occur
- Notation whether the medication is a controlled drug
- Listing of allergies, if any and reactions or negative interactions with foods or drugs
- Specific instructions from prescriber how medication is to be given
- Name, address, telephone number and signature of authorized prescriber ordering the drug
- Name, address, telephone number, signature and relationship to the child of the parents giving permission for the administration of the drug by a staff member.

There are many variations of the medication administration form that medical providers have access to. **It is the parent's responsibility to ensure that the medication administration form clearly states that it is for licensed childcare centers.** We cannot use medication forms meant for schools (see attachments).

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Child(ren) will not be permitted to attend the program unless and until all necessary paperwork and medications have been submitted and approved by certified BASES staff.

All medications must be given directly to a certified BASES staff person and cannot be left with a non-certified staff member or at the school office. All medications must be in their original child resistant safety container and clearly labeled with the child's name, name of prescription, date of prescription, and directions for use. Except for non-prescription medications, premeasured commercially prepared injectable medications (i.e. Epi-pens), glucagon and asthma inhalant medications, all medications will be stored in a locked container and, if directed by a manufacturer, refrigerated.

Staff responsibilities include, but are not limited to, ensuring the medication administration form is complete and that the medication being received matches the medication orders and stored as directed. Notifying parents when/if a child has been administered any prescription medication.

The staff will also keep accurate documentation of all medications administered. Included, but not limited to, in the documentation are:

- Name, address and DOB of the child
- Name of the medication and dosage
- Pharmacy name and prescription number
- Name of authorized prescriber
- The date & time the medication was administered
- The dose that was administered
- The level of cooperation of the child
- Any medications errors
- Food and medication allergies
- Signature of the staff administering
- Any comments

All unused or expired medication shall be returned to the parent/guardian or disposed of if it is not picked up within one week following the last day of attendance at the program, or if the prescription expires, in the presence of at least one witness. The program shall keep a written record, signed by both parties, of the medications that have been destroyed.

Connecticut Child Health Assessment Record



State of Connecticut Department of Education  
Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel most understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

|  |   |   |   |
|--|---|---|---|
| Student Name (Last, First, Middle)                   |   | Birth Date  | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address (Street, Town and ZIP code)                  |   |   |   |
| Parent/Guardian Name (Last, First, Middle)           |   | Home Phone  | Cell Phone  |
| School/Grade   | Race/Ethnicity  | <input type="checkbox"/> Black, not of Hispanic origin<br><input type="checkbox"/> White, not of Hispanic origin<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Other |   |
| Primary Care Provider                                | <input type="checkbox"/> American Indian/<br>Alaskan Native<br><input type="checkbox"/> Hispanic/Latino |   |   |
| Health Insurance Company/Number* or Medicaid/Number* |   |   |   |
| Does your child have health insurance? Y N           |   | If your child does not have health insurance, call 1-877-CT-HUSKY   |   |
| Does your child have dental insurance? Y N           |   |   |   |

\* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

|  |     |   |     |                                  |     |
|--|-----|---|-----|----------------------------------|-----|
| Any health concerns  | Y N | Hospitalization or Emergency Room visit | Y N | Concussion                       | Y N |
| Allergies to food or bee stings  | Y N | Any broken bones or dislocations        | Y N | Fainting or blacking out         | Y N |
| Allergies to medication  | Y N | Any muscle or joint injuries            | Y N | Chest pain                       | Y N |
| Any other allergies  | Y N | Any neck or back injuries               | Y N | Heart problems                   | Y N |
| Any daily medications  | Y N | Problems running                        | Y N | High blood pressure              | Y N |
| Any problems with vision   | Y N | "Mono" (past 1 year)                    | Y N | Bleeding more than expected      | Y N |
| Uses contacts or glasses   | Y N | Has only 1 kidney or testicle           | Y N | Problems breathing or coughing   | Y N |
| Any problems hearing   | Y N | Excessive weight gain/loss              | Y N | Any smoking                      | Y N |
| Any problems with speech   | Y N | Dental braces, caps, or bridges         | Y N | Asthma treatment (past 3 years)  | Y N |
| <b>Family History</b>  |     |   |     | Seizure treatment (past 2 years) | Y N |
| Any relative ever have a sudden unexplained death (less than 50 years old) |     | Y N                                     |     | Diabetes                         | Y N |
| Any immediate family members have high cholesterol                         |     | Y N                                     |     | ADHD/ADD                         | Y N |

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

\_\_\_\_\_

\_\_\_\_\_

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

\_\_\_\_\_

Please list any medications your child will need to take in school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

|   |                              |      |
|---|------------------------------|------|
| I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school. | Signature of Parent/Guardian | Date |
|---|------------------------------|------|

HAR-3 REV. 4/2017

To be maintained in the student's Cumulative School Health Record

**Part II — Medical Evaluation**

**Health Care Provider must complete and sign the medical evaluation and physical examination**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part I of this form

**Physical Exam**

**Note:** \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_ % \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_ % BMI \_\_\_\_\_ / \_\_\_\_\_ % Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

|                   | Normal | Describe Abnormal | Ortho   | Normal | Describe Abnormal |
|-------------------|--------|-------------------|---|--------|-------------------|
| Neurologic        |        |                   | Neck  |        |                   |
| HEENT             |        |                   | Shoulders   |        |                   |
| *Gross Dental     |        |                   | Arms/Hands  |        |                   |
| Lymphatic         |        |                   | Hips  |        |                   |
| Heart             |        |                   | Knees   |        |                   |
| Lungs             |        |                   | Feet/Ankles   |        |                   |
| Abdomen           |        |                   | *Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality:<br><input type="checkbox"/> Mild <input type="checkbox"/> Moderate<br><input type="checkbox"/> Marked <input type="checkbox"/> Referral made |        |                   |
| Genitalia/ hernia |        |                   |   |        |                   |
| Skin              |        |                   |   |        |                   |

**Screenings**

| *Vision Screening                      |       |      | *Auditory Screening                    |                               |      | History of Lead level   | Date |
|--|-------|------|--|-------------------------------|------|---|------|
| Type:                                  | Right | Left | Type:                                  | Right                         | Left | ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes |      |
| With glasses                           | 20/   | 20/  | <input type="checkbox"/> Pass          | <input type="checkbox"/> Pass |      |   |      |
| Without glasses                        | 20/   | 20/  | <input type="checkbox"/> Fail          | <input type="checkbox"/> Fail |      |   |      |
| <input type="checkbox"/> Referral made |       |      | <input type="checkbox"/> Referral made |                               |      | *HCT/HGB:   |      |
|  |       |      |  |                               |      | *Speech (school entry only)                                       |      |
|  |       |      |  |                               |      | Other:  |      |

TB: High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

**\*IMMUNIZATIONS**

Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

**\*Chronic Disease Assessment:**

**Asthma**  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
 If yes, please provide a copy of the *Asthma Action Plan* to School

**Anaphylaxis**  No  Yes:  Food  Insects  Latex  Unknown source

**Allergies** If yes, please provide a copy of the *Emergency Allergy Plan* to School

History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

**Diabetes**  No  Yes:  Type I  Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures**  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
 Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

|   |             |   |
|---|-------------|---|
| Signature of health care provider MD / DO / APRN / PA | Date Signed | Printed/Stamped <b>Provider</b> Name and Phone Number |
|---|-------------|---|

## EdAdvance BASES - 2021-2022 Family Handbook

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ HAR-3 REV. 4/2017

### Immunization Record

**To the Health Care Provider: Please complete and initial below.**

**Vaccine (Month/Day/Year)** Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

|               | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 | Dose 6  |
|---------------|--------|--------|--------|--------|--------|---|
| DTP/DTaP      | *      | *      | *      | *      |        |   |
| DT/Td         |        |        |        |        |        |   |
| Tdap          | *      |        |        |        |        | Required 7th-12th grade                       |
| IPV/OPV       | *      | *      | *      |        |        |   |
| MMR           | *      | *      |        |        |        | Required K-12th grade                         |
| Measles       | *      | *      |        |        |        | Required K-12th grade                         |
| Mumps         | *      | *      |        |        |        | Required K-12th grade                         |
| Rubella       | *      | *      |        |        |        | Required K-12th grade                         |
| HIB           | *      |        |        |        |        | PK and K (Students under age 5)               |
| Hep A         | *      | *      |        |        |        | See below for specific grade requirement      |
| Hep B         | *      | *      | *      |        |        | Required PK-12th grade                        |
| Varicella     | *      | *      |        |        |        | Required K-12th grade                         |
| PCV           | *      |        |        |        |        | PK and K (Students under age 5)               |
| Meningococcal | *      |        |        |        |        | Required 7th-12th grade                       |
| HPV           |        |        |        |        |        |   |
| Flu           | *      |        |        |        |        | PK students 24-59 months old – given annually |
| Other         |        |        |        |        |        |   |

Disease Hx \_\_\_\_\_  
of above (Specify) (Date) (Confirmed by)

Exemption: Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date: \_\_\_\_\_

Renew Date: \_\_\_\_\_

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.  
Medical exemptions that are temporary in nature must be renewed annually.**

### Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

#### KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*

#### GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

#### HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

**\*\* Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

|   |             |   |
|---|-------------|---|
| Initial/Signature of health care provider MD / DO / APRN / PA | Date Signed | Printed/Stamped <i>Provider</i> Name and Phone Number |
|---|-------------|---|



**Authorization for the Administration of Medication (Non-Emergency)**

**Authorization for the Administration of Medication by Child Day Care Personnel**

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

**Authorized Prescriber's Order** (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug?  YES  NO

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Medication Administration Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Known Food or Drug: Allergies?  YES  NO Reactions to?  YES  NO Interactions with?  YES  NO

If "yes" to any of the above, please explain \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Signature \_\_\_\_\_

**Parent/Guardian Authorization:**

I request that medication be administered to my child as described and directed above and attest that I have administered at least one dose of the medication to my child without adverse effects.

Name of Day Care Program \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

Relationship to Child:  Mother  Father  Guardian/Other explain: \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Signature of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

**Name of Childcare Personnel Receiving Written Authorization and Medication** \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink) \_\_\_\_\_

## Asthma Authorization & Doctor Care Plan



### Caring for a Child with Asthma

Child's Name: \_\_\_\_\_

#### Signs/Symptoms

The following signs/symptoms may be present when an asthma attack is developing:

- Coughing
- Wheezing
- Chest tightness, shortness of breath
- Increased pulse and respiratory rate
- Pale skin color

Additional Instructions from parent: (please include symptoms/triggers specific to your child)

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What to do if the child develops symptoms while at the program:

- Help the child stay calm
- Have the child sit in the position that they are most comfortable and rest
- Guide the child in relaxed, controlled breathing
- If applicable follow directions for Authorization of Administration of Medication
- Call 911 if child's breathing becomes more difficult or he/she is struggling to breathe or unable to speak
- Call the parent to inform of the asthma episode

The following medications have been prescribed for this child's diagnosis of asthma:

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Dear Parent:

Please assure that the steps above have been reviewed with you by EdAdvance BASES staff and that it is consistent with your wishes for care of your child while at he/she is attending the EdAdvance BASES Program and is in agreement with instructions from your child's health care provider. Please note any additional instructions in the section provided. Thank you.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Attention Staff! Please be sure that the following items are in the child's file:

- Completed Health Form
- Completed Administration of Prescription Medication Form
- Medication
- Completed Emergency Card

\_\_\_\_\_  
Staff Signature:

\_\_\_\_\_  
Date

**WRITTEN ORDER FROM AN AUTHORIZED PRESCRIBER/PARENT'S PERMISSION for an  
Emergency Medication**

If a Child Day Care Center, a Group Day Care Home or Family Day Care Home chooses to administer medications, the Connecticut State Law and Regulations require a physician, dentist, advanced practice registered nurses' written order and parent or guardian's authorization for a nurse, the director, teacher, or day care provider to administer medications. ***Prescription medications must be in the original pharmacy prepared containers and labeled with the name of the child, name of drug, strength, dosage, frequency, name of prescriber, and date of original prescription. Over the counter medication must be in the original container and labeled with the child's name.***

**PHYSICIAN, DENTIST, ADVANCED PRACTICE REGISTERED NURSE OR PHYSICIAN ASSISTANT**

**1. Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Condition for which medication is being administered during day care hours:** \_\_\_\_\_

**2. Medication:** \_\_\_\_\_ **Date of Order** \_\_\_\_\_

**3. Dose** \_\_\_\_\_ **4. Route:** \_\_\_\_\_ **5. Time** \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ **To** \_\_\_\_\_  
(Date) (Date)

Side effects to be observed, if any: \_\_\_\_\_ see package insert \_\_\_\_\_

Plan for management of side effects \_\_\_\_\_ call parent \_\_\_\_\_ call health care provider \_\_\_\_\_ other \_\_\_\_\_

Is this a controlled medication \_\_\_\_\_ Allergies to food or medication? If yes, list \_\_\_\_\_

Interaction of medication with food: \_\_\_\_\_

**Name of Licensed Prescriber** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
(Type or Print)

**Address:** \_\_\_\_\_

**Licensed Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF THE ABOVE MEDICATION:**

I hereby request that the above medication, ordered by the physician/dentist/advanced practice registered nurse for my child \_\_\_\_\_, be administered by the nurse, director, or teacher. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that I must supply the Child Day Care Center, Group Day Care Home or Family Day Care Home with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order.

I authorize my child care provider/program to contact the pharmacist or prescriber for more information, if necessary, about this drug and side effects: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Name Parent/Guardian (Print)** \_\_\_\_\_

**Parent Address:** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Controlled Substances, Child Care and parent/guardian must fill out following:**

**Amount/Quantity Received:** \_\_\_\_\_

**Child Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Certified Child Care Provider receiving and reviewing this for:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Asthma Medication Waiver



### Asthma Medication Waiver

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear Parent:

Please assure that the steps below have been reviewed with you by EdAdvance staff and that it is consistent with your wishes for care of your child while at he/she is attending the EdAdvance BASES Program and is in agreement with instructions from your child's health care provider. Please note any additional instructions in the sections provided.

I understand that my child has a medical condition that can require the use of asthma medications while he/she is attending the program. This is to inform you that I have chosen **not** to provide the EdAdvance BASES Program with this medication for my child to use during program hours. In the event of a medical emergency the staff will follow the steps for Caring for a Child with Asthma.

\_\_\_\_\_  
(Doctor, APRN, PA Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### Caring for a Child with Asthma

#### Signs/Symptoms

The following signs/symptoms may be present when an asthma attack is developing:

- Coughing
- Wheezing
- Chest tightness, shortness of breath
- Increased pulse and respiratory rate
- Pale skin color

Additional Instructions from parent: (please include symptoms/triggers specific to your child)

\_\_\_\_\_

\_\_\_\_\_

What to do if the child develops symptoms while at the program:

- Help the child stay calm
- Have the child sit in the position that they are most comfortable and rest
- Guide the child in relaxed, controlled breathing
- Call 911 if child's breathing becomes more difficult or he/she is struggling to breathe or unable to speak
- Call the parent to inform of the asthma episode



**Allergy Authorization & Doctor Care Plan**

**ALLERGY TREATMENT PLAN AND  
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION FOR ANAPHYLAXIS  
FOR USE BY CHILDCARE PROVIDERS, SCHOOLS, PRESCHOOLS, & CAMPS**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Primary Care M.D. \_\_\_\_\_

ASTHMA  Yes  No Allergy To \_\_\_\_\_

**IF INGESTION, CONTACT OR INSECT STING IS WITNESSED OR SUSPECTED CAREGIVER SHOULD:**

\_\_\_\_ Administer Adrenalin BEFORE symptoms occur EpiPen Jr \_\_\_\_ Adult \_\_\_\_ Auvi Q \_\_\_\_ mg Other Rx \_\_\_\_\_

\_\_\_\_ Administer Adrenalin IF symptoms occur EpiPen Jr \_\_\_\_ Adult \_\_\_\_ Auvi Q \_\_\_\_ mg Other \_\_\_\_\_

\_\_\_\_ Administer Benadryl dose \_\_\_\_\_ or Atarax dose \_\_\_\_\_

\_\_\_\_ Administer \_\_\_\_\_ For \_\_\_\_\_

\_\_\_\_ Call 911 Transport to Emergency Room if symptoms occur and/or adrenalin is administered

The severity of symptoms can change quickly.  
All symptoms of anaphylaxis can progress to  
a potentially life-threatening situation

\_\_\_\_\_  
Physician's signature Today's Date

Is this a controlled drug  yes  no Time of administration \_\_\_\_\_

Medication shall be administered during year \_\_\_\_\_

Relevant side effects to be observed, in any \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self administration of medication may be authorized by practitioner and parent/guardian and must be approved by facility/school nurse in accordance with facility/school board policy.

Prescriber's authorization for self administration  Yes  No \_\_\_\_\_  
Signature and Date

Parent's authorization for self administration  Yes  No \_\_\_\_\_  
Signature and Date

Nurse's approval for self administration of meds  Yes  No \_\_\_\_\_  
Signature and Date

**I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE ABOVE INFORMATION** \_\_\_\_\_  
Parent/Guardian Signature

**SYMPTOMS OF ANAPHYLAXIS**

Chest tightness, cough, shortness of breath, wheezing

Tightness in throat, difficulty swallowing, hoarseness

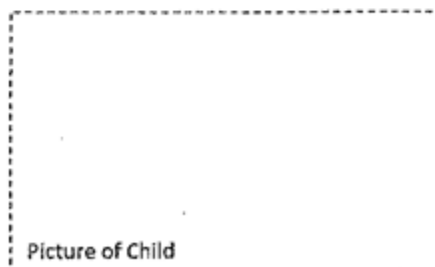
Swelling of lips, tongue, throat

Itchy mouth, throat, skin

Hives or swelling

Stomach cramps, vomiting, diarrhea

Dizziness, faintness, passing out



Renewal Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

## Anaphylaxis Allergy Medication Waiver



### Anaphylaxis Allergy Medication Waiver

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergen(s): \_\_\_\_\_

Dear Parent:

Please assure that the steps below have been reviewed with you by EdAdvance staff and that it is consistent with your wishes for care of your child while at he/she is attending the EdAdvance BASES Program and is in agreement with instructions from your child's health care provider. Please note any additional instructions in the sections provided.

I understand that my child has a medical condition that can require the use of an epi pen while he/she is attending the program. This is to inform you that I have chosen **not** to provide the EdAdvance BASES Program with this medication for my child to use during program hours.

In the event of a medical emergency the staff will follow the steps below for treatment of an anaphylaxis reaction.

\_\_\_\_\_  
(Doctor, APRN, PA Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

If child is exposed to allergen and exhibits the following signs and symptoms:

- Coughing, sneezing, or wheezing
- Difficulty breathing
- Tightness and swelling in the throat
- Tightness in the chest
- Severe itching, burning rash or hives
- Swollen face, tongue, mouth
- Nausea and vomiting
- Dizziness
- Abdominal cramps
- Blueness (cyanosis) around the lips and mouth
- Unconsciousness

**This is a life-threatening situation! Please do the following:**

- Call 911
- Tell dispatcher that this is an anaphylactic reaction (severe allergic reaction)
- Call parents
- Inform a supervisor at the EdAdvance main office at: **800-852-4314**.

**Medication Administration Record**

**MEDICATION ADMINISTRATION RECORD (MAR)**

*To be completed by a trained/certified provider when medication is received from the parent/guardian.*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Non-Prescription Topical Medication \*

Prescription / Non-Prescription Medication

Dose: \_\_\_\_\_ Method: \_\_\_\_\_ Time: \_\_\_\_\_

Medication Start Date: \_\_\_\_\_ Medication Stop Date: \_\_\_\_\_

Food/Medication Allergies: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Authorized Prescriber: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

Prescription # \_\_\_\_\_ Prescription Date: \_\_\_\_\_

Controlled Medication:      Yes      No      Quantity Received: \_\_\_\_\_

- Completed Medical Authorization Form
- Medication in Safety-Cap Container
- Original Prescription on Medication Container
- Name of Child is on Prescription Container
- Date on Prescription Container is current (*within one month for antibiotics and within expiration date for Medications which are also labeled*)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Provider who completed form & received Medication*

| Date | Time |    | Dose | Staff Signature | Comments | Controlled Medication |                   |
|------|------|----|------|-----------------|----------|-----------------------|-------------------|
|      | AM   | PM |      |                 |          | Count                 | Witness signature |
|      |      |    |      |                 |          |                       |                   |
|      |      |    |      |                 |          |                       |                   |
|      |      |    |      |                 |          |                       |                   |
|      |      |    |      |                 |          |                       |                   |
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|      |      |    |      |                 |          |                       |                   |
|      |      |    |      |                 |          |                       |                   |

# EdAdvance BASES - 2021-2022 Family Handbook

\*Non-Prescription Topical Medication as defined by state regulations to be: diaper creams free of antibiotics, antifungal or steroidal properties, teething medications, and medicated powders.

## MEDICATION ADMINISTRATION RECORD (MAR)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Medication Name: \_\_\_\_\_

| Date | Time |    | Dose | Staff Signature | Comments | Controlled Medication |                   |
|------|------|----|------|-----------------|----------|-----------------------|-------------------|
|      | AM   | PM |      |                 |          | Count                 | Witness signature |
|      |      |    |      |                 |          |                       |                   |
|      |      |    |      |                 |          |                       |                   |
|      |      |    |      |                 |          |                       |                   |
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|      |      |    |      |                 |          |                       |                   |
|      |      |    |      |                 |          |                       |                   |

Codes: A=Absent E=Early Dismissal F=Field Trip N=No Medication Available W=Dosage Withheld X=Program Closed  
Additional

comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unused Medication was:

- Returned to parent/guardian on \_\_\_\_\_ Staff Signature: \_\_\_\_\_  
parent/guardian Signature: \_\_\_\_\_
- Disposed of on \_\_\_\_\_ Staff Signature: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_



## Emergency Plans

### Medical Emergency

In case of a medical emergency, a qualified staff member will attend to first aid as needed. Another staff member will notify the family of the child. Attempts will be made to consult with the child's physician/dentist. If neither is available, the program's medical consultants will be contacted.

An ambulance will be called to transport the child and a staff member to the nearest hospital if:

- It is a serious life-threatening situation/illness/injury
- If the child requires treatment beyond what the staff can provide, and the parent is unable to pick up the child to take him/her for medical treatment.

If a child is transported in an ambulance; the child's Emergency Card and student file will be brought with them, and a staff member will notify the family or alternate pick-up person to meet the child at the emergency room. Additional staff will be called in if necessary, to maintain required ratios.

Children with any life-threatening allergies, including insect bites, food, or medication will be identified and staff will be knowledgeable of the steps to be taken in case of a reaction.

The Site Coordinator will notify a Program Administrator immediately of any medical emergency that has occurred. If there is any evidence of trauma to the body (ex. scrapes, bumps, bruises), the staff will complete an Accident Report Form that requires a parent signature.

### Fire Emergency

In the event of a fire, evacuation from the building will be through the closest fire exit. Staff will be responsible for supervising the children in attendance and leading them to the fire exit. Immediately, the group will walk the designated route to the outdoor play area safely away from the building. The staff will line up the children and take a name to face attendance. The Site Coordinator or person in charge will be responsible for taking the attendance sheets, emergency cards, first aid kit and cell phone with them. Should it not be possible to return to the building, the staff will walk the children to a designated alternate shelter and families will be notified.

### Weather Emergency

On snow days, or during other hazardous weather emergencies, the program will follow the town Public School closing, delay or early dismissal schedule.

BASES also reserves the right to close BASES before the start of school for the morning programs and before 6:00 pm for the afternoon programs, if warranted, by inclement weather or any other emergency that may arise after the site has opened. If a situation arises, parents will be notified via telephone as soon as possible and asked to come and pick up their child(ren) immediately. Ratios will be maintained at all times and two staff 18 years or older will remain on the premises with the children until all are picked up.

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In the event of other serious weather emergencies, such as tornadoes or hurricanes, staff and children will remain indoors away from windows and doors. First aid staff will be on hand to administer first aid, as needed, until emergency personnel can arrive. Parents will be notified after the immediate danger has passed.

Helpful Resources: <https://training.fema.gov/is/courseoverview.aspx?code=IS-36>  
[http://www.ct.gov/oec/lib/oec/early\\_childhood\\_emergency\\_response\\_plan.pdf](http://www.ct.gov/oec/lib/oec/early_childhood_emergency_response_plan.pdf)

### Evacuation

If the facility must evacuate, the appropriate authorities will call/inform the site to let the staff know what procedures to follow. The staff will walk the children to a designated alternate shelter. Advanced contact has been made with the town's Civil Preparedness Unit, adding BASES to their list for emergencies. Parents will also be notified to pick up their children. Ratios will always be maintained and two staff 18 years or older will remain with the children until all children are picked up.

# BASES Summer Program

BASES provides a full day Summer Program in Barkhamsted, Newtown, and Torrington for children ages 5-12 (children aged five must have completed Kindergarten) between 7:00 a.m. and 6:00 p.m., M-F, during the summer months. Activities include our version of STEAM: Science, Technology, Energy (physical activities), Arts and Measure-up (Cooking, with a little math stuck in there!). Also included in the program schedule is a field trip/fun day and swimming each week.

## Payments

### Automatic Payment Policy

All families are required to enroll for automatic payments, where tuition is withdrawn from either a credit card or bank account. The account that is provided during registration is what will be used for tuition collection. Every Friday, the upcoming week's tuition will be withdrawn. Because not all weeks are the same; to ensure what will be coming out of the account, log into EzChildTrack parent portal at:

<https://www.ezchildtrack.com/Parent3/ParentLogin.aspx?c=edadvancebases>.

In this parent portal, families can see enrolled days as well as what balance is owed. The Friday a payment comes out, a receipt will be emailed.

We are also aware that some families like to pay monthly or larger sums at once. Families have the flexibility to log in to the parent portal and make payments of any amount. If there is a credit after a submitted payment, it will appear in parentheses. Autopay will not resume until the credit runs out.

### Non Sufficient Fund Fees

When a notice of non-sufficient funds is received from a family's bank, a fee of \$10 will be added to their tuition account to cover banking and processing fees. Please note that with the 1st notice of non-sufficient funds an email will be sent. A second non sufficient fund alert will result in a notice from ez child track as well as our Administrative Coordinator, Lauren Jacob. If a third non-sufficient fund occurs, it will be required that at least 10% of tuition owed is paid and a payment plan has been agreed upon in order for the child(ren) to continue to attend the program.

## Attendance

If a child will not attend the program on a particular day/week that he/she is registered for, parents/guardians are responsible for notifying the program as soon as possible. Children can add days if space is available, however, **days cannot be switched or dropped once registration is submitted.**

## Pool/Swimming

The program will go swimming twice per week, weather permitting, and will travel by bus. Children will only be allowed in designated areas based on the swimming and diving permission given at registration. Staff will inform parents/guardians of any concerns they may have regarding their child's swim ability.

## Field Trips

The Summer Program will go on a field trip or plan a special event once per week. There is an additional charge for all field trips and special events. Parents/Guardians are responsible for the field trip/special event fee for each day their child(ren) is registered, regardless of whether or not they attend the trip/event.

All children scheduled on a field trip day must attend the trip.

\*All staff chaperone field trips, there will be no care on-site during field trip hours.

Children and staff must wear their Summer Program T-Shirt on all field trip days. T-Shirts will be handed out on a child's first field trip. If a child does not have their T-Shirt on a field trip day, there will be a \$3.00 fee to rent one for the day.

Lunch: A lunch in a disposable bag with the child's name on it is required.

\*Children are not allowed to bring money for any reason to the program.

## Grant Enrichment Programs

### National Police Athletic League

EdAdvance BASES has partnered with the Torrington Police Athletic/Activities League through a grant from the National Police Athletic/Activity League to provide a mentoring program at our Torrington after school sites called “NPAL”. Torrington Police Officers and screened mentors will be present at the programs on a regular basis to participate in mentoring activities with the enrolled students.

### CAP21

Through a 21st Century Community Learning Center Grant, BASES is able to implement an after-school program for Torrington Middle School students. The 21st Century Advantage+ Program (CAP21) supports the delivery of high quality after school programming for students and their families at no cost to participants. CAP21 expands students’ out-of-school learning time with engaging and evidence-based Science, Technology, Engineering, Arts, and Mathematics (STEAM), literacy, health and wellness enrichment opportunities that cultivate both academic and social emotional growth in students. The CAP21 program meets every Tuesday, Wednesday and Thursday that school is in session from school dismissal until 5:30pm.

#### **Attendance Policy**

When registering for CAP21, families are notified of the requirement to attend all days that the program is in session. Families sign that they agree to this requirement before the student starts attending the program. Any student that has more than 5 unexcused absences will be asked to withdraw from the program. A student from the waitlist will be notified to fill the vacant spot.

#### **Student Files and Health Forms**

A file will be maintained for each enrolled student. This file will be accessible both on paper and electronically. The file will contain (but is not limited to) a paper copy of the registration form/agreement, a copy of the students’ health form, any pertinent medication information and forms and an authorized pick up person list.

#### **Program Fees**

CAP21 does not charge families for participation in the program. There is a fee for late pick up (see late pick up policy).

#### **Custody Issues**

It is the responsibility of the parent/guardian to inform the staff in the instance of a legal separation, custody agreement or restraining order. Any restricted persons should be identified to staff.

#### **Release of the Students Policy**

No child will be allowed to leave CAP21 with anyone who is under 18, not listed on the student’s Registration Forms and/or Emergency Card and/or who does not show proper identification. Staff will have Registration Forms and Emergency Cards on hand for quick reference. It is the sole duty of the parent/guardian to inform CAP21 immediately, in writing, of any changes in the list of individuals who have permission to pick up their child(ren).

### **Emergency Early Dismissal Plan**

An emergency early dismissal is the closure of the school building prior to the opening of CAP21 due to unexpected circumstances (i.e. inclement weather, extreme heat or power outage). In the case of an emergency early closure of the school, all after school programs are canceled and there will be no staff at CAP21. Students will be dismissed from school as per their Early Dismissal Plan on file with the school.

### **Transportation Policy**

End of the day transportation is provided by individual families or a school bus. Sign-in/sign-out procedures are in place. No child will be allowed to leave CAP21 with anyone who is under 18, not listed on their Registration Forms and/or Emergency Card and who does not show proper identification. Staff will have Registration Forms and Emergency Cards on hand for quick reference. It is the sole duty of the parent/guardian to inform CAP21 of any changes in the list of individuals who have permission to pick up their child(ren).

### **Late Pick-up Policy**

The program ends at 5:30 p.m. Any child(ren) remaining at the program after 5:30 p.m. will be supervised by at least two staff members, who are 18 years or older, at the site for up to one half of an hour (6:00 p.m.).

Parents who arrive after 5:31 p.m. (based on the school/program clock) will be charged a late pick-up fee of *\$10.00 for every 10 minutes they are late*. This fee will increase by \$10.00 for every additional 10 minutes. For example, if a parent arrives:

Between 5:31 p.m. – 5:40 p.m., they will be charged \$10.00

Between 5:41 p.m. – 5:50 p.m., they will be charged \$20.00

Between 5:51 p.m. – 6:00 p.m., they will be charged \$30.00

*If a parent/guardian is late for pickup on more than three (3) occasions the child may no longer be able to attend the program.*

If the child(ren) remains in the program after 5:30 p.m., the following steps will be taken to ensure the child(ren)'s safety:

1. At 5:31 p.m., if the parent(s) has not contacted BASES, the staff will attempt to contact the parent(s)/guardian(s).
2. At 5:45 p.m., if there is still no contact with the parent(s)/guardian(s), alternative contacts listed on the Emergency Card will be contacted and asked to pick up the child(ren).
3. If no one has been reached and the child(ren) are not picked up by 6:00 p.m., the local police will be contacted. If a police officer is available, he/she will transport the child(ren) to the local police station where the program staff will remain with the child until such a time as the child is picked up. A note informing the parent(s) of the child(ren)'s whereabouts will be posted on the front door of the school building. If child(ren) are transported to the local police station at 6:00 p.m., the parent(s) will be charged per hour for the program staff to remain with the child.

### **Student Recruitment**

CAP21 administration will work with the school district and families to recruit students most in need of after school support and serve those same students consistently over the grant period. Space remaining in the program will be filled with students chosen via a lottery system. A multipronged recruitment plan to enroll 35 students and achieve a minimum daily attendance of 80% or above include outreach to students and families from school administrators, teachers, social workers and school counselors, as well as information posted on the EdAdvance, school and district websites, social media, hard copy flyers, and press releases for local newspapers and printed press. CAP21 follows all federal, state and local requirements including ADA requirements.

### **Meeting Students Needs**

Upon registration, each family gives the program permission to have staff speak with school personnel regarding their child. This allows the CAP21 staff to have ongoing communication with school administrators, teachers, counselors, social workers, and nurses regarding the needs and progress of the students enrolled in the program. Each teacher will receive a list of students enrolled in CAP21 to facilitate communication in the best interest of each student.

### **Accessibility and ADA Requirements**

CAP21 takes place at Torrington Middle School. This is a public school; therefore it is up to required codes for handicapped accessibility. All programming takes place on the main floor. This helps ensure that all students have easy accessibility to the program.

### **Program Improvement Policy**

CAP21 will seek to continuously improve the quality of the program using family feedback, surveys, APT tools, Quality Advisor feedback, as well as, by assessing the needs of the enrolled students and families.

### **Cultural Competency**

CAP21 plans activities that provide for the diverse interests and cultural backgrounds of all students. The program encourages involvement of diverse cultural groups in program activities and demonstrates equitable expectations in student achievement and opportunities. Specific religious activities will not be permitted.

### **Family Engagement and Communication Policy**

CAP21 encourages family involvement. Therefore, there is an open-door policy for families to visit, consult with staff and participate in activities with the children.

The CAP21 Parent Partnership Program reaches out to all families to augment and reinforce a common goal: the overall well-being and educational achievements of the students in the program. CAP21 encourages parent involvement at family events such as, "Lights on Afterschool", CT Science Center/Family Fun days, Parent/Family Evenings, trainings and meetings. In addition, through a partnership with Foothills Adult Education, class scholarships are offered to family members of enrolled students.

CAP21 will send out surveys and questionnaires for families to give feedback on current programming and offerings. Families will also have the opportunity to make suggestions for the future of the program by joining the Advisory Committee.

### **Staff Communication Policy**

Staff will remain informed of program and 21CCLC grant information via emails, texts, staff meetings and site visits. All staff will have open communication with each other, enrolled families and with the main office.

### **Emergency Drills**

CAP21 will follow the Torrington Middle School established procedural guidelines (i.e. evacuation and lockdown) in the event of an emergency. Crisis Response Drills and Fire Drills are scheduled throughout the school year. Evacuations, secure school, shelter in place, and lockdown drills are held at regular intervals. Students must follow emergency protocols and/or the adult in charge.

### **Accident/Injury Policy/Procedure**

If there is any evidence of trauma to the body (ex. scrapes, bumps, bruises), the staff will complete an Accident Report Form that requires a parent signature.

### **Medical Emergencies**

After determining the nature of the illness or injury, the staff will take the following steps:

1. If the child requires immediate or life-saving treatment (more than what the staff is able to provide) for the illness or injury, the staff will first call 911 for an ambulance to transport the child and a staff person to the hospital. The staff person will bring the child's medical permission form and student file. Other staff members will contact the parent to apprise them of the situation.
2. First aid will be administered by a certified staff member\* and based on the nature of the emergency, appropriate first aid measures will be followed.
3. A parent or guardian will be contacted and apprised of the situation.
4. If the child requires more treatment for the illness or injury than the staff is able to provide, and the parent is unable to pick up the child and take him/her for medical treatment, an ambulance will be called to transport the child to the hospital. The staff will not transport the child in his/her own vehicle. A staff person will accompany the child in the ambulance to the doctor or hospital bringing along the child's Emergency Card and student file. (Note: In a serious life-threatening situation, an ambulance will be called immediately.)
5. Children with any life-threatening allergies, including insect bites, food, or medication will be identified and staff will be knowledgeable in steps to be taken in case of a reaction.
6. The Site Coordinator will notify a Program Administrator immediately of any medical emergency that has occurred, and appropriate reporting forms will be completed.

\*Staff must have successfully completed an approved course in First Aid & CPR

### **Emergency Readiness Plans and Drills**

#### *Plan in Case of Fire*

In the event of a fire, evacuation from the building will be through the closest fire exit. Staff will be responsible for supervising the children under their care and leading them to the fire exit. Immediately, the group will walk the designated route to the outdoor play area safely away from the building. The staff will line up the children and take name to face attendance. The Site Coordinator (or person in charge) will be responsible for taking the attendance sheets and emergency cards, first aid kit and cell phone with them. Should it not be possible to



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return to the building, the staff will walk the children to a designated alternate shelter and families will be notified.

### *Weather Emergency*

If after school activities are cancelled by the school/district CAP21 will not run. In cases where the program is in session and an emergency occurs, parents are notified by phone, if possible and the children remain at the site. If phones are not operating, the proper authorities are notified by cell phone that the staff and children are at the site.

If an emergency evacuation is necessary, emergency numbers are called for assistance. Local authorities, including the police and the office of the Superintendent of Schools, are notified of the whereabouts of the group. A sign describing the whereabouts of the group is posted on the front door of the school. Parents will be notified to pick up their children due to early closing. Ratio will be maintained at all times and program staff remain on the premises with the children until they are all picked up.

If an emergency evacuation is necessary, authorities will call/inform the site to let the staff know what procedures to follow. Because the program is located at a public school, CAP21 is on the list to be notified in case of an emergency by the town's Civil Preparedness Unit.

### **Staff Records and Trainings**

Staff information including resume, proof of fingerprinting/background check, any certifications and emergency contact information, will be kept in individual staff files found in the Evidence Binder

Both certified and non-certified staff will attend two or more professional learning training sessions each year.

## Right and Responsibilities

### Parents

Parents have the right to:

- know their children are in a safe environment where they are free to select from a variety of activities.
- participate in all levels of decision-making concerning how their children spend the day.
- know what types of programs and activities are being planned, and to offer feedback on the kinds of activities the children enjoy.
- share concerns with the staff or EdAdvance Program Administrators at any time, about anything they are notified about their child's behavior, and to talk with the staff at any time concerning things they do not feel is in the best interest of the children.
- child's behavior.
- know if their child does not report to the intended program.
- voice special concerns and considerations not covered in this manual, and to discuss special cases where occasional exceptions may be made from the rules set forth in this manual.
- have their ideas and feelings respected.

Parents have the responsibility to:

- observe the rules of EdAdvance BASES as set forth in this manual and in any additional policy statements
- let the staff know if their child will not be attending for the day
- share their concerns with staff members or EdAdvance Program Administrators, if the program is not meeting their child's needs
- inform staff of any special needs or concerns, including but not limited to medical or behavioral issues, in order to best serve their child
- listen to concerns that staff members have about their child's behavior, and to work through an agreeable solution to any problems that might occur
- become familiar with any change in policy or procedure
- become familiar with the discipline policy of the center as explained in this manual
- replace any equipment that their child is responsible for misusing
- sign child in before school and/or out at the end of the day; to notify a staff member when taking the child from the center, and to notify a staff member when another authorized person is picking up a child
- inform staff if a child has been exposed to a contagious illness
- notify staff of planned vacation and other absences in advance
- submit a Schedule Change Form to the Litchfield Office 10 school days prior to withdrawal and/or any permanent change in a child's schedule
- pay fees on time
- keep the child's file up-to-date with any changes in phone numbers and addresses, and to provide a complete health record
- pick up child on time
- refrain from cursing, or other inappropriate use of language, threatening employees, children or other parents or adults as this will not be tolerated on center property at any time

## Students

Students have the right to:

- have a safe and reliable environment free of hazards
- use all the equipment and space on an equal basis; to find equipment where it is intended and in functioning condition
- have their ideas and feelings respected
- receive discipline that is fair, equal and respectful of them
- express their anger, frustration, disappointment, joy, etc., in an appropriate manner
- express their creative ability
- explore and discover
- continue developing to their full potential
- have an environment that offers a variety of choices: physical, quiet, indoor, outdoor, creative, and explorative
- have a right to voice their opinion on the rules and the activities
- be with staff members that care about them, enjoy being with them, and help them to grow

Students need to be responsible for:

- learning to take the consequences for their own actions
- respecting the rules that guide them during the school days and for controlling their feelings so that their actions do not harm anyone in the program
- not willfully destructing or harming any equipment or property in the building while they are in the program
- sharing equipment and facilities with all children in the program
- remaining with a staff member at all times and notifying a staff member when they need to be somewhere else
- coming immediately to the program room after school, unless they advise a staff member otherwise and are accompanied by a written note from the parent
- respecting the rules of EdAdvance BASES
- respecting all staff and students enrolled in the program
- dressing appropriately for indoor or outdoor play; having non-marking rubber-soled shoes available to wear in the gym
- returning materials and equipment to the place they found it for other children to find before taking out a new activity
- carrying out an activity that they commit themselves to

## Child Bullying Prevention Policy

EdAdvance is designated as a school district; therefore, we follow the policies and procedures in accordance with the Board of Education in each town where we hold EdAdvance BASES. The Connecticut legislature has passed an act concerning bullying behavior in schools (See an Act Concerning the Strengthening of School Bullying Laws). In addition to following this policy we also ask that parents/guardians immediately inform Melissa Viscariello, Program Director of EdAdvance BASES, at 1-800-852-4314 x 1143, as well as program staff, of any suspected bullying behavior directed against your child or another child.

### General Guidelines

EdAdvance's policy on bullying behavior seeks to accomplish the following goals:

- To promote a secure and safe environment free from threat, harassment, and all types of bullying behavior;
- To take action to prevent bullying from occurring;
- To require any staff member who witnesses acts of bullying or receives student reports of bullying allegations to notify school administrators in writing;
- To inform parents and students of the school's expectations through the published student code of conduct;
- To foster productive partnerships that promote a bully free environment;
- To notify students annually of their right to file an anonymous complaint;
- To enable students to make anonymous reports, verbal or written, alleging bullying to teachers and school administrators and be notified annually of the process for doing so;
- To enable parents or guardians to file written reports of suspected bullying;
- To maintain a recording and reporting system that documents verified incidents of bullying behaviors and make such available for public inspection;
- To establish procedures that require school administrators to investigate and respond to written complaints and review any anonymous reports of bullying except that no disciplinary action shall be taken solely on the basis of an anonymous report;
- To notify parents or guardians of the student(s) who commit acts of bullying and the parents or guardians of the student(s) against whom acts of bullying were committed of verified reports of bullying as well as the targeted students, and invite parents/guardians to attend at least one meeting;
- To make the staff aware of their in fostering the knowledge and attitudes that will be required to achieve the above goals;
- Include a prevention and intervention strategy for public school staff to deal with bullying;
- Direct the development of case by case intervention for addressing repeated incidents of bullying against a single individual or recurrently perpetrated bullying incidents by the same individual that may include both counseling and discipline; and identify the appropriate school personnel responsible for taking a bullying report and investigating the complaint. This should include coordination with the district Title IX Coordinator.

## EdAdvance Administrative Guidelines

The EdAdvance administrative staff will strive to create an atmosphere free of bullying behaviors by implementing procedures that ensure:

- Awareness and involvement on the part of staff, students and parents with regards to bully/victim problems;
- Data collection to document bully/victim problems to determine the nature and scope of the problem;
- Planned professional development programs addressing bully/victim problems;
- Provision of appropriate supervision by adult staff during recess, lunch and change of classes;
- Consistent and immediate consequences for aggressive behavior;
- An atmosphere that promotes pro-social and helpful behavior by students;
- Development of specific class rules against bullying and ongoing dialogue with students about the impact of bullying behaviors;
- Timely communication with bullies, with victims, and with the parents or guardians of both groups;
- A curriculum that promotes communication, friendship, assertiveness skills, and character education;
- Respectful responses to bullying concerns raised by students, parents or staff;
- Avoidance of sex-role stereotyping; (e.g. males need to be strong and tough)
- An atmosphere of team spirit and collaboration;
- Use of peers to help improve the plight of victims and include them in group activities;
- Modeling positive, respectful, and supportive behavior for students;
- Employing classroom strategies that instruct students how to work together in a collaborative and supportive atmosphere.

The above measures are considered part of an effective school wide anti-bullying program.

## Steps for Intervention

The District shall implement, as required by C.G.S. 10-221d, as amended, a prevention and intervention strategy which may include, but is not limited to:

1. Implementation of positive behavioral interventions and supports process or another evidence-based model approach for safe school climate or for the prevention of bullying identified by the Department of Education;
2. A school survey to determine the prevalence of bullying;
3. Establishment of a bullying prevention coordinating committee with broad representation to review the survey results and implement the strategy;
4. School rules prohibiting bullying, harassment, and intimidation and establishing appropriate consequences for those who engage in such acts;
5. Adequate adult supervision of outdoor areas, hallways, the lunchroom, and other specific areas where bullying is likely to occur;
6. Inclusion of grade-appropriate bullying prevention curricula in kindergarten through high school;
7. Individual intervention with the bully, parents, and school staff, and interventions with the bullied child, parents; and the school staff;
8. School wide training related to safe school climate; and

9. Promotion of parent involvement in bullying prevention through individual or team participation in meetings, training, and individual interventions.

## An Act Concerning the Strengthening of School Bullying Laws

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 10-222d of the general statutes is repealed and the following is substituted in lieu thereof (Effective July 1, 2011):

- A. As used in this section and sections 10-222g, as amended by this act, 10-222h, as amended by this act, and sections 4 and 9 of this act:

(1) "Bullying" means (A) the repeated use by one or more students of a written, oral or electronic communication, such as cyberbullying, directed at or referring to another student attending school in the same school district, or (B) a physical act or gesture by one or more students repeatedly directed at another student attending school in the same school district, that: (i) Causes physical or emotional harm to such student or damage to such student's property, (ii) places such student in reasonable fear of harm to himself or herself, or of damage to his or her property, (iii) creates a hostile environment at school for such student, (iv) infringes on the rights of such student at school, or (v) substantially disrupts the education process or the orderly operation of a school. Bullying shall include, but not be limited to, a written, oral or electronic communication or physical act or gesture based on any actual or perceived differentiating characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity or expression, socioeconomic status, academic status, physical appearance, or mental, physical, developmental or sensory disability, or by association with an individual or group who has or is perceived to have one or more of such characteristics."

Consistent with this law, we are asking that parents/guardians immediately inform school personnel (e.g., your child's teacher, program administrator) of suspected bullying behavior directed against your child or another child. You may formally notify the school personnel in writing or feel free to call either your child's teacher or program administrator.

It is also important for you to know that, consistent with this law, your child may anonymously report acts of bullying to our teachers, other educational personnel (e.g., school social worker) and /or program administrator. When possible, please encourage your son/daughter to make such reports if they fell, they have been bullied or if they have witnessed another student being bullied. Bullying behavior is prohibited by our student discipline policy/codes of conduct and may lead to disciplinary action, including suspension from school (or in more severe cases, expulsion by your child's school district). The new law requires us to notify parents/guardians of students who commit any verified acts of bullying and the parents/guardians of students against such acts were directed.

We are aware that incidents of bullying are rarely committed in view of supervising adults. Victims are most vulnerable in situations beyond the eyes of staff, such as the playground, buses, restrooms, and bus stops. The most likely adult to be informed by a victim is the parent. Parents are often reluctant to inform the school due to the student's fear of redress. Without parent input, the school personnel will be informed and unable to intervene to stop this behavior. It is vital that school staff and parents continue to work together to protect the safe environment of our school programs.

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The swift and consistent actions of the staff and administrators will contribute to building a social climate in which students feel they can trust that all adults are involved in their safety. Therefore, consistent steps of intervention must be taken upon initial awareness of an incident, and in a continued hostile situation.

EdAdvance believes that all students and staff have the right to attend a school that promotes a secure and safe school climate conducive to teaching and learning and free from threat, harassment and any type of bullying behavior. Therefore, it is the policy of the Board that bullying of a student by another student is prohibited.

## Child Abuse, Neglect, and Mandated Reporter Policy

As child care providers and mandated reporters of child abuse, it is the responsibility of the staff to prevent and report any suspicions of abuse whether it is physical, emotional, sexual or neglect. Abuse means that a child has had physical injuries inflicted upon him/her other than by accidental means or has injuries which are in variance with the history given to them. Neglect is if a child is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, and deprivation of necessities, emotional maltreatment, or cruel punishment.

Staff meetings and/or conferences/seminars will be offered to the staff for training and increasing awareness. These meetings/seminars include reviewing all the program's policies and procedures as well as training on recognizing the signs and symptoms of child abuse and neglect.

Any child suspected of having been abused or neglected who is in need of health care attention shall be provided such health care to the same extent it would be provided to any other child in need of such care.

If at any time an allegation of abuse is brought on a staff member, the parents, staff or anyone who accuses the person will call the Program Director or the Director of Operations who would launch an immediate investigation and notify DCF and the State Licensing Agent. The staff member will be immediately removed from the program and assigned to other duties during the investigation.

If the staff from a member district files a report of suspected abuse or neglect regarding an EdAdvance employee, the member district's designee will notify the Director of Operations and the same process as identified above will be used.

The State of Connecticut has approved a series of procedures for filing reports where a mandated reporter suspects abuse or neglect of a child.



## Child Abuse Reporting Laws

The following is an outline of the legal requirements of “mandated reporters,” those professionals who, because their work involves regular contact with children, are mandated by law to report suspected child abuse and neglect. Connecticut has enacted new laws to protect children from child abuse and neglect. These went into effect on October 1, 2002. Public Acts 02-106 and 02-138 can be obtained on the Department of Education’s website ([www.state.ct.us/sde](http://www.state.ct.us/sde)) under “Legal and Gov Affairs”, “Education Bills: 2002.”

### Who Must Report

|  |  |
|--|--|
| Battered Women’s Counselors  | Members of the Clergy  |
| Chiropractors  | Mental Health Professionals  |
| Child Advocate and any employee of the Office of the Child Advocate  | Optometrists   |
| Dental Hygienists  | Parole Officers (Juvenile or Adult)                                    |
| Dentists   | Persons Paid to Care for Children                                      |
| Department of Children and Families Employees  | Persons who Provide Services to and have Regular Contact with Students |
| Department of Public Health employees responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps. | Pharmacists  |
| Family Rel. Counselor Trainees (Judicial Dept.)  | Physical Therapists  |
| Family Relations Counselors (Judicial Dept.)   | Physician Assistants   |
| Family Services Supervisors (Judicial Dept.)   | Podiatrists  |
| Foster Parents   | Police Officers  |
| Judicial Department Employees (Family Relations Counselors, Family Counselor Trainees, Family Services Supervisors *as of 10-01-2010)                      | Probation Officers (Juvenile or Adult)                                 |
| Licensed/Certified Alcohol and Drug Counselors   | Psychologists  |
| Licensed/Certified Emergency Medical Services Providers  | Registered Nurses  |
| Licensed Foster Parents  | School Administrators  |
| Licensed Marital and Family Therapists   | School Coaches   |
| Licensed or Unlicensed Interns at Any Hospital   | School Guidance Counselors   |
| Licensed or Unlicensed Resident Interns  | School Paraprofessionals   |
| Licensed or Unlicensed Resident Physicians   | School Superintendents   |
| Licensed Physicians  | School Teachers  |
| Licensed Practical Nurses  | Sexual Assault Counselors  |
| Licensed Professional Counselors   | Social Workers   |
| Licensed Surgeons  | Substitute Teachers  |
| Medical Examiners  | Sexual Assault Counselors  |
|  | Social Workers   |
|  | School Coaches or Coaches of Intramural or Interscholastic Athletics   |

## What Must be Reported

Childcare providers are mandated by law to report **any suspicion** that a child is being neglected, abused or at risk.

Mandated reporters are required to report when they have reasonable cause to suspect that a child under the age of 18 is in danger of being abused, or has been neglected, has had non-accidental physical injury, or injury which is at variance with the history given of such injury inflicted upon him by a person responsible for the child's health, welfare or care, or a person given access to the child by the responsible person.

Mandated reporters are only required to report situations they become aware of through their professional capacity. They can and should report other situations.

When making a report, a mandated reporter is required to provide the following information, if known:

- names and addresses of the child and his parents or responsible caregiver
- child's age and gender
- nature and extent of injury(ies), maltreatment or neglect
- approximate date and time the injury, maltreatment or neglect occurred
- the circumstances in which it became known to the reporter
- information about previous injury, maltreatment or neglect of the child or siblings
- name of the person suspected to have caused the injury, maltreatment or neglect
- any other information the reporter believes would be helpful
- any action taken to treat or help the child

## How to Report

Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (form DCF-136)

Staff are protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT Statutes, Section 17a-101e).

All phone calls to DCF shall be documented and kept on file at the program site. A copy of all statements from staff and the DCF-136 shall also be kept on file.

The management of this program supports a zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a staff member abused or neglected a child.

The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program.

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Any staff member accused of abuse or neglect may be immediately removed from his or her position until DCF's investigation is completed. Based on whether the allegations were substantiated or not, the employee would either be dismissed from his/her position or allowed to return to work.

In the case of a report concerning an employee of a facility or institution that provides care for a child that is licensed by the State, a written report must also be sent to the executive head of the state licensing agency.

When an accusation of abuse or neglect by a staff member is made, the Director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to access the cause of a child's injuries and offer support and guidance.

### Abuse and Neglect Reporting Processes

The State of Connecticut has approved a series of procedures for filing reports where a mandated reporter suspects abuse or neglect of a child. All staff will adhere to the following procedures:

1. EdAdvance will identify all staff who will be mandated reporters.
2. All mandated reporters will receive training in the law.
3. EdAdvance will provide member districts a list of mandated reporters.
4. If an EdAdvance employee makes the decision to file a report the following steps will be taken:
  - a. The EdAdvance staff will verbally contact DCF within 12 hours and file the necessary written report (DCF 136) within 48 hours of suspecting a child has been abused, neglected or is in danger of being abused.
  - b. The staff will notify the Director of Operations of the filing of a report.
  - c. The Director of Operations will contact the member district's designee and inform him/her of the filing and determine any next steps. The steps may include:
    - i. Notification of the family of the report
    - ii. Direct intervention by the school district in regard to a school employee
    - iii. Further investigation, either jointly or individually
5. Documentation requirements and records to be maintained.

If the staff from a member district files a report of suspected abuse or neglect regarding an EdAdvance employee, the member district's designee will notify the Director of Operations and the same process as identified above will be used.

Staff are protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT General Statutes, Section 17a-101e).

All phone calls to DCF shall be documented and kept on file at the EdAdvance BASES Administrative offices (355 Goshen Rd, Litchfield, CT 06795). A copy of all statements from staff and the DCF-136 shall also be kept on file.

## Staff Training

Staff will be required to attend all staff meetings. At least once per year, all staff will complete a Mandated Reporter Training. This training will focus on the steps for reporting suspected abuse and neglect and the role of a mandated reporter. All new staff will be trained in these procedures.

## Provisions for Informing Families of Abuse and Neglect

A copy of this policy will be included in our Family Handbook and each family will be given a copy upon enrollment. A copy of this policy is also available on our website.

## Immunity and Penalty

Immunity from civil or criminal liability is granted to people who make required reports in good faith.

Anyone who knowingly makes a false report of child abuse or neglect may be fined up to \$2,000 or imprisoned for not more than one year, or both.

Employers may not discharge, discriminate or retaliate against an employee for making a good faith report or testifying in an abuse or neglect proceeding. The attorney general can bring a court action against any employer who violates this provision, and the court can assess a civil penalty of up to \$2,500 plus other equitable relief.

## Complaint Procedure

This procedure is for child day care programs which are licensed under the authority of Connecticut General Statute's 19a-79-1a through 19a-79-12.

Most problems within a day care center are non-life threatening and can be resolved by:

1. Discussing the problem with the teacher.
2. Discussing the problem with the program director.
3. If the problem is not resolved, you may contact Connecticut's Office of Early Childhood.

In case of emergency, notify Connecticut's Office of Early Childhood as soon as the emergency is under control.

In cases of abuse/neglect or life-threatening situations, contact the Department of Children and Families at 1-800-842-2288 and the Department of Public Health and Addiction Services - Day Care Licensing Unit.

**ALL INSPECTION REPORTS AND COMPLIANCE LETTERS ARE AVAILABLE FOR YOUR INSPECTION AT THIS DAY CARE PROGRAM OR BY CONTACTING THE DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES - DAY CARE LICENSING UNIT AT:**

|                         |                |
|-------------------------|----------------|
| 410 CAPITOL AVENUE      | (860) 509-8045 |
| P.O. BOX 340308         | (800) 282-6063 |
| HARTFORD, CT 06134-0308 | (800) 439-0437 |

**THE SAME PROCESS WORKS FOR COMPLIMENTS AS WELL!**

\* This procedure is from the State of Connecticut, Department of Public Health