BASEC

Belmont After School Enrichment Collaborative

Health Care Policy

BASEC @ Chenery

2026–2027

BASEC @ Chenery (Chenery Upper Elementary School)
95 Washington Street, Belmont, MA 02478
(617) 484-8030

Department of Early Education and Care — 102 CMR 7.00
Belmont Department of Public Health — 105 CMR 430.000

Contents

Program Information

BASEC @ Chenery (Chenery Upper Elementary School)
95 Washington Street, Belmont, MA 02478
(617) 484-8030

ALL STAFF ARE CPR / FIRST AID CERTIFIED

Directors

Site Director: Amanda Burke (Designated Supervisor)

Assistant Director and Chenery Operations Director: Blake Stensland (Designated Supervisor)

Executive Director: Andrew Mountford (Designated Supervisor)

Operations Director: Viviana Sanchez (Designated Supervisor)

Director of Impact: Annie Gladfelter (Designated Supervisor)

Specialists

- James Burke (Sports)
- Meghan Connors (Sports)
- Trevor Donahue (STEM)
- Anna Hellyar (Absence Management)
- Danya Mavor (Library Ops)
- Sydney Padgett (Environmental Science)
- Nicholas Peladeau (Visual & Performing Arts)
- Erin Pelham (Student Engagement)
- Catherine Scire (STEM)
- Ashley Smith (Operations)

Educators

Jaime Chernoch, Melissa Moran, Georgia Bitsikis, Lucky Namugenyi, Heather Sherman, Mica Rich, Bri Casey, Gaelen McGrail, Jairo Molina, Ishita Shailesh, Kate Rubin, Amandine DeSimone, Leyla Jebelli, Linda Medwar, Anthony Paolillo, Thamara Jean-Simon, Brad Harvey, Kyla Moretti, Katie Reynolds, Azure Wheelus-Dannels.

Assistant Educators

Brendan, Alberto, Jeffrey.

Health Care Consultant

BASEC Health Care Consultant: Rebecca Berger
266 School St., Belmont, MA 02478
617-993-5500

Emergency Procedures

Belmont Emergency Phone Numbers:

Police: 911 or (617) 484-1212

Fire / Ambulance: 911 or (617) 484-1300

Poison Prevention: (617) 232-2120 or 1-800-222-1222

Department of Children and Families: (617) 748-2000

DCF Child at Risk Hotline: (800) 792-5200

Belmont Emergency Hospital:

Children's Hospital
300 Longwood Ave.
Boston, MA 02115
(617) 735-6611

Emergency Procedure:

First Aid / CPR Certified Teachers:

- Assess all injuries and administer First Aid/CPR as needed.
- Call or direct other staff to call for emergency transportation, as needed (call 911).
- Call parent/guardians.
- Direct BASEC teachers to manage care of other students.
- Direct BASEC teachers to meet emergency transportation at the BASEC program entrance.
- Direct emergency responders to the site at which care is required (stay on the phone with 911 — the 911 operator should be the first to hang up).
- Accompany, if necessary, the student to the Emergency Care Facility.

Emergency Procedures If Parents Cannot Be Contacted:

- Call emergency contacts on the student's enrollment form.
- Review the enrollment form for other important information relevant to an emergency situation, such as allergies to medication or special medical services or contact information requests.
- Contact the health consultant for assistance.
- If ambulance service is necessary, the Site Director will determine who will accompany the student to an authorized medical facility in the ambulance and remain with the student until the parent/guardian or other authorized person arrives. If the Site Director is the person to accompany the student to the medical facility, the Assistant and Chenery Operations Director will supervise the site. If the Assistant Director is not available, the succession order for managing the site will be as follows:
  - Executive Director
  - Director of Impact
  - Operations Director
  - Operations Specialist
- BASEC will send enrollment and medication information with the child who is transported to the Emergency Care Facility.

Emergency Procedures When Off the Premises:

- Teacher always carries a first aid kit containing:
  - First Aid / medical supplies and prescriptions with release forms.
  - Phone number list including parent/guardian work numbers and emergency information.

- Two teachers must be with any group off premises.
- Follow emergency procedures described above.

Injury and First Aid

Procedures for Utilizing First Aid Equipment:

- First Aid Kit / Manual Locations: at each site's front desk area, located at each site's main space, is the site's first aid kit including PPE.
- First Aid is administered by staff members with Red Cross first aid/CPR training; first aid supervision and kit maintenance is administered by Site Director, Chenery Operations Director, and Operations Specialist.

First Aid Kit

First Aid kit contents:

- Non-perfumed soap
- Ice packs, hot/cold compresses
- Disposable non-latex gloves
- Rolled bandages / gauze bandage & sterile gauze squares
- Assorted bandages
- Adhesive tape
- Scissors
- Small splints
- CPR mouth barriers / 1-way valve
- Tweezers
- Health Care Policy
- Triangular muslin bandages
- Thermometer

COVID-19 or Other Infectious Disease PPE

- *Disposable gown*
- *Protective eyewear*
- *N95 masks*
- *Non-latex sterile gloves*
- *Temporal thermometer*
- *Hand sanitizer*
- *Adult and child-sized disposable masks*

Plan for Injury Prevention and Management

- Monitoring environment; repair/removal of hazards.
- Monthly checks of outlets, paints, stability of equipment, cleaning supplies, etc.
- Toxic substances (cleaning supplies, etc.) in kitchen closet and janitorial offices.
  - No child access to kitchen closet or janitorial offices.

Maintaining and Monitoring a Central Injury Log:

Incident/injury reports are kept in a log at the front desk. Completed forms are copied; one copy stays in the log, one is put in the child's file, one copy is delivered to parents, and one copy is for the licensing official (if necessary — see below).

Injury and First Aid Reporting Procedures to Parents:

- Teachers report all incidents and accidents to the Site Director; the Site Director or teacher fills out an injury report.
- Injury is documented within the hour of occurrence.
- Parents sign the injury form within 24 hours of the reported injury.
- One copy of the report is given to parents, one copy is kept in the student's file, and one copy is kept in the central log.

EEC & Belmont Health Department Reports:

- BASEC reports to the EEC and/or DPH within 5 business days of any and all serious injuries, in-patient hospitalizations, or death of a child while in the program.
- EEC and/or DPH must receive a copy of the injury report, the attending teacher's CPR and First Aid cards, and an account of the situation.
- EEC reports must be logged using the EEC LEAD Portal (see Executive Director for more information).
- **EEC contact:** Allison Anthony (allison.m.anthony@state.ma.us)
- **Belmont Health Department:** Belmont DPH: wchin@belmont-ma.gov

Infection Control and Monitoring

Teachers:

- Regular and thorough hand washing with soap and warm water before and after the following:
  - after bathroom use
  - before and after water play
  - before and after eating or handling food
  - after coming in contact with bodily fluids (including coughing)
  - before and after administration of medication
  - after performing cleaning tasks
- Gloves worn when administering first aid.
- Barrier used when administering CPR.

Children:

- Regular and thorough hand washing with soap and warm water before and after the following:
  - after bathroom use
  - before and after water play
  - before and after eating or handling food
  - after coming in contact with bodily fluids (including coughing)
  - before and after eating*

**Hand sanitizer will be available at all times to use when running water is not available.*

Reporting of Infectious Diseases

- BASEC shall report any case of reportable communicable disease occurring in a camp immediately to the local Board of Health. The report will be made by the Executive Director or the Director of Impact. The report will include the name and home address of any individual known to have or suspected of having such disease. Until action on such a case has been taken by the camp health care consultant, strict isolation shall be maintained. (105 CMR 430.157)
- The Director shall ensure that each suspected case of food poisoning or any unusual prevalence of any illness in which fever, rash, diarrhea, sore throat, vomiting, or jaundice is a prominent symptom is reported immediately to the local board of health and to the Massachusetts Department of Public Health, verbally or by telephone. (105 CMR 430.158)

Disinfecting Procedures:

Bleach solution is used for tables, sinks, toilets, and play structures. Children are not to use bleach solution at any time.

General Information

- Tables and high-touch surfaces washed/wiped down with bleach solution.
- Carpets will be vacuumed and disinfected regularly.
- School nurses and parents notify BASEC of any contagious condition or disease (flu, head lice, HFMD, etc.).
- Teachers are encouraged to receive a yearly flu shot and updated COVID booster unless advised otherwise by their health care providers.

Blood Spill and Bodily Fluid Disposal:

Employees must use disposable gloves and paper products to clean spills. These items are placed in a separate plastic bag and disposed of in program trash containers (all bodily fluids are treated as infectious).

- *Teachers take appropriate caution and wear PPE as needed when dealing with large amounts of bodily fluid.*

Cleaning Procedures:

<u>Cleaning</u>

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap and water to physically remove germs from surfaces. This process doesn't necessarily kill germs but removes them and lowers the risk of spreading infection.

What Gets Cleaned and How:

- Hands, any item that immediately appears dirty.
- If an item has visible dirt/grime, it must be cleaned before sanitizing or disinfecting.
- Clean using the proper soap and water. Surface cleaning requires disposable paper towels.

<u>Sanitizing</u>

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by cleaning and then sanitizing surfaces or objects to lower the risk of spreading infection. Surfaces used for eating and objects intended for the mouth must be cleaned and then sanitized both before and after each use.

What Gets Sanitized and How:

- Any cloth items should be sanitized using high heat.
- Eating surfaces and utensils with a sanitizing agent and/or high heat.

Disinfecting

Disinfecting kills germs on surfaces or objects using chemicals. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

What Gets Disinfected and How:

- Surfaces must be cleaned first before disinfecting.
- Use EPA-registered disinfecting wipes or spray for onsite disinfecting.* (*When disinfecting objects or surfaces, make sure children are not directly close to the process.)
- Disinfecting procedures must be done after programming, and materials/equipment should be left to air dry afterwards rather than wiped down.
- Electronics should be cleaned and disinfected based on recommendations by the manufacturer.
- High-touch surfaces like folding tables and mats should be frequently cleaned and disinfected.
- Gloves must be worn when using disinfectant.
- Items that need to be disinfected will be done before the arrival of students and at the end of the day once the children have left.
- Disinfecting of some items will also occur throughout the program day, and staff will take the proper precautions to avoid chemical exposure to students.

Tobacco, Alcohol & Marijuana Prohibition

Smoking / Tobacco Use

Massachusetts state law prohibits the use of any form of tobacco, including cigarettes, smokeless tobacco, and nicotine delivery devices like e-cigarettes, by staff, campers, or any person at the camp. Smoking is not permitted in any school building or on school property (playground, blacktop area, sidewalks, etc.). The use of tobacco is prohibited for any BASEC employee while on program grounds.

Alcohol and Recreational Marijuana Use

Use of alcohol and recreational use of marijuana in any form is prohibited at a recreational camp for children during camp operating hours.

Care of Ill Child

Parent or guardian is called for immediate pick up when a child has:

- A temperature of 100.0 degrees or above
- Evidence of infectious disease or condition
- Vomiting and/or diarrhea
- Extreme coughing
- Symptoms requiring extended one-to-one care

The child will rest quietly in a comfortable space with a staff member until a parent/guardian or designated pick-up person is available for pick up. Depending on circumstances, the child may be encouraged to wear a mask to prevent the spread of any infectious illness.

A child may return to the program when they are:

- *Fever-free for 24 hours without the use of fever-reducing medication;*
- *Experiencing improvement in symptoms; and*
- *Eligible for return to school.*

Exclusion Policy for Conditions Reportable to the Town Health Department

No child will attend BASEC without being fever-free for 24 hours without the use of fever-reducing medication..

Family Notification of Reportable Conditions

Parents/guardians will be notified of contagious and/or infectious conditions as outlined by the Town Health Department.

Traffic Control Plan

Drop Off and Pick Up / Dismissal

Drop Off

BASEC after school programming commences with students transitioning directly from their school-day classrooms. BASEC staff will check students into after school at this transition. Please note that it is extremely important to let us know if your child will be absent from programming. We manage this transition with an emphasis on expedient check-in and follow up with a multi-tiered search for students who do not check in as expected on their regularly scheduled days; therefore, having accurate communication about attendance is vitally important to our process and keeping all students safe.

Pick-Up

Children may be picked up by their parents or guardians, or by other authorized persons, at any time during the program day.

Designation of other individuals who are authorized to pick up students should be made in writing by a student's parents or guardians initially on our Enrollment Form, the access to which is delivered by an email including a link to the student's profile in our database prior to program matriculation.

Additional names of authorized persons may be provided, in writing, at any time, but must be submitted to a BASEC Director, Operations Director, Operations Specialist, or Family Engagement Specialist for processing compliant with the regulations that govern our licenses. Our duty of care requires us to strictly follow release plans made by parents/guardians and to not release children to any unauthorized persons. Older siblings must be at least 11 years of age to sign BASEC students out of our programs. For safety purposes, BASEC teachers will request and review identification from people unfamiliar to them who are sent to pick up children.

If there is anyone who is specifically prohibited from picking up your child from the program, including anyone designated pursuant to a 209A Commonwealth of Massachusetts Order (restraining order) or other court order, please notify the BASEC Site Director in writing, in advance.

A child may sign themselves out of the program and walk home on their own only if their transportation plan is properly documented in their enrollment form. Students must be at least nine years old to sign themselves out

of BASEC programs. If you wish to allow your child to sign out and walk home on their own, please complete and sign all fields in the “Consent for Child to Leave the Program” section of the Enrollment Form. If you plan to update or change your walking plans or have any questions about this permission, please speak with a BASEC Site Director.

BASEC @ Chenery: Authorized pick-up persons should use the right-side parking lot entrance that leads into the Chenery cafeteria. The BASEC sign-out desk is located in the back of the cafeteria, which can be seen upon entry. The sign-out desk is monitored and administered by a BASEC Director or Operations Specialist at all times.

Late Drop Offs & Early Pickups

If dropping off or picking up outside the designated times, please use the contacts listed below to arrange for your student to be checked in or escorted outside for pick-up.

Chenery: 617-484-8030

Unrecognized Persons

BASEC sites maintain the protocol to question any unrecognized persons entering a program or camp property. We recommend politely engaging with, “How can I help you?” Any non-parent/guardian picking up a student must show identification and must be approved with BASEC prior to release of the student.

Storage & Administration of Medication

Medication prescribed for BASEC students shall be kept in original containers bearing the pharmacy label showing:

- Date of filling
- Pharmacy name and address
- Filling pharmacist's initials
- Serial number of the prescription
- Name of the patient
- Name of the prescribing practitioner
- Name of the prescribed medication
- Directions for use and cautionary statements, if any, contained in such prescription or required by law
- If tablets or capsules, the number in the container

All over-the-counter medications for BASEC students shall be kept in the original containers containing the original label, which shall include the directions for use.

All medications (prescription and OTC) must be accompanied by a completed Medication Consent Form (part of a student's enrollment form).

All medication for BASEC students shall be kept in a secure manner. Storage cabinets are kept locked except when opened to obtain medication by BASEC staff trained to administer medication or to accompany a student when off-site (e.g., on a field trip). Medication requiring refrigeration shall be stored at temperatures of 36°–46°F.

- At Chenery, medications are located in the locked cabinet in the cafeteria.

Medication shall only be administered by a BASEC health care supervisor or by a licensed health care professional authorized to administer prescription medications. All BASEC health care supervisors complete Medication Administration training.

When no longer needed, medications shall be returned to a parent or guardian.

Allergies and Other Medical Information

Yearly family information forms require that all allergy and special medical conditions be reported. A list of all known allergies and conditions is posted in the BASEC offices and at the front desk areas by the phone and logged in the attendance book. See BASEC Allergy Protocol below.

Protocols for Management of Students with Life-Threatening Allergies (LTA)

Planning for the Individual Student with LTAs — Entry into BASEC

Prior to entry into BASEC programs (or, for a student who is already enrolled in programming, immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with BASEC Directors to develop an Individual Health Care Plan (IHCP).

The parent/guardian should work with the student's health care provider and BASEC to create a strategy for management of a student's food allergy.

This preparation includes completing BASEC's Medication Consent and IHCP forms, which are included in each enrolling student's enrollment packet. The IHCP reflects and accompanies an allergy action plan created by a healthcare provider.

It is important for the individual creating the IHCP to include:

- A description of the LTA, including all known allergens.
- Specific symptoms (if known) that the student will display if they come in contact with the allergen. This should include a description of the student's past allergic reactions, including triggers and warning signs.
- The medical treatment necessary while at BASEC.
- The potential side effects of treatment; and
- The potential consequences if treatment is not administered.

The Medication Consent form should be completed with information about the medication, as well as the plan for where it will be stored. BASEC provides space in all of its programs for quick and easy access to individual students' medications.

A BASEC student prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may self-administer and carry an epinephrine auto-injector with them at all times for the purposes of self-administration if:

- The student is capable of self-administration; and
- The health care consultant and student's parent/guardian have given written approval.

Please note that allergy plans that include inhalers, Benadryl, or other antihistamines as medication options or first steps for symptoms related to food allergies may mask dangerous anaphylaxis signs when monitored without the assistance of medical personnel. BASEC will work with families who have these options listed in their allergy plans to have those plans re-written by the healthcare providers. If creating a new plan is not possible, BASEC will work with the family on protective measures (that typically will include automatically calling to have a

child picked up from the program) if/when circumstances require that these alternative medications are administered, so that the child can be properly monitored for signs of anaphylaxis.

Implementing IHCPs into BASEC Programming

When forms are complete, the family will schedule a meeting with the BASEC Director to review the IHCP and the Medication Consent form. It is very important that both parties have full understanding of the medical condition and the steps that BASEC will take to prevent exposure to LTA and the treatment steps required if accidental exposure occurs. Discussion about the student's emotional response to the condition is also a part of this conversation, so that BASEC can best provide for the student's social and emotional needs. As partners, the family and BASEC develop an age-appropriate plan.

The BASEC Director discusses the information on the IHCP with all BASEC teachers at staff meetings to ensure that all teachers supervising the individual student understand the plan.

BASEC reads food labels when purchasing snacks to avoid known allergens; however, there are times when students bring their own snacks and lunches from home to its programs.

Students use proper hand-washing and sanitizing techniques before and after eating. Sharing or trading food at BASEC is prohibited.

A bleach solution, required by the EEC and DPH, is used to clean tables before and after meals. BASEC teachers use vigilance in keeping surfaces clear and free from allergens.

Response to Emergencies

All BASEC staff members are trained to use Epi-pens and have completed the Department of Early Education and Care's Medication Administration EEC Essential Training.

In the event of accidental exposure to an allergen or an anaphylaxis reaction, BASEC shall identify personnel who will:

- Remain with the student
- Assess the emergency at hand
- Notify the BASEC staff and Director of the emergency using our hand radios
- Refer to the student's IHCP
- Notify the emergency medical services
- Administer the epinephrine
- Notify the parent/guardians
- Attend to the student's classmates
- Manage crowd control
- Meet emergency medical responders at the program entrance
- Direct emergency medical responders to the site
- Accompany student to emergency care facility
- Assist in the student's re-entry into the program.

Returning to BASEC Programming after a Reaction

Students who have experienced an allergic reaction at BASEC need special consideration upon their return to the program. The approach taken by BASEC is dependent upon the severity of the reaction, the student's age, and

whether their classmates witnessed it. A mild reaction may need little or no intervention other than speaking with the student and parents and re-examining the IHCP.

In the event of a moderate to severe reaction, the following actions should be taken:

- Obtain as much accurate information as possible about the allergic reaction.
- Identify those involved in the medical intervention and witnesses.
- Meet with adults to discuss facts and dispel rumors.
- Explanations to other students should be age appropriate.
- Amend the student's IHCP, if necessary.

Child Abuse & Neglect Reporting

A Guide for Mandated Reporters

Introduction

Under Massachusetts law, the Department of Children and Families (DCF) is the state agency that receives all reports of suspected abuse and/or neglect of children under the age of 18. State law requires professionals whose work brings them in contact with children to notify DCF if they suspect that a child is being abused and/or neglected. DCF depends on reports from professionals and other concerned individuals to learn about children who may need protection; more than 75,000 reports are received on behalf of children each year.

The Department is responsible for protecting children from abuse and/or neglect. DCF seeks to ensure that each child has a safe, nurturing, permanent home. The Department also provides a range of services to support and strengthen families with children at risk of abuse and/or neglect.

As a mandated reporter, what are my responsibilities?

Massachusetts law requires mandated reporters to immediately make an oral report to DCF when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect. A written report is to be submitted within 48 hours.

In addition to filing with the Department, a mandated reporter may notify local law enforcement or the Office of the Child Advocate of any suspected abuse and/or neglect.

You are required to report any physical or emotional injury resulting from abuse; any indication of neglect, including malnutrition; any instance in which a child is determined to be physically dependent upon an addictive drug at birth; any suspicion of child sexual exploitation or human trafficking; or death as a result of abuse and/or neglect. In addition, you must report a death as a result of abuse and/or neglect to the local District Attorney and to the Office of the Chief Medical Examiner.

Mandated Reporters who are staff members of medical or other public or private institutions, schools, or facilities must either notify the Department directly or notify the person in charge of the institution, school, or facility, or their designee, who then becomes responsible for filing the report. Should the person in charge/designee advise against filing, the staff member retains the right to contact DCF directly and to notify the local police or the Office of the Child Advocate. (Ch. 119, § 51A) Under the law, mandated reporters are protected from liability in any civil or criminal action and from any discriminatory or retaliatory actions by an employer. The written report must be submitted to DCF within 48 hours after the oral report has been made.

Any person defined by law as a mandated reporter is required to assist DCF in its response under Ch. 119, § 51B, even if they are not the filer of the 51A report. Mandated reporters who are licensed by the Commonwealth are required to complete training to recognize and report suspected child abuse and/or neglect.

What if I fail to report?

Any mandated reporter who fails to make required oral and written reports can be punished by a fine of up to $1,000. Any mandated reporter who willfully fails to report child abuse and/or neglect that resulted in serious bodily injury or death can be punished by a fine of up to $5,000 and up to 2½ years in jail, and be reported to the person's professional licensing authority.

All mandated reporters who knowingly and willfully file a frivolous report of child abuse and/or neglect can be punished by a fine of up to $2,000 for the first offense, up to 6 months in jail for a second offense, and up to 2½ years in jail for a third offense.

How do I make a report of suspected child abuse and/or neglect? When must I file?

When you suspect that a child is being abused and/or neglected, you should immediately telephone the DCF Area Office and ask for the screening unit. You will find a directory of the DCF Area Offices at the end of this guide and on the DCF web site. Offices are staffed between 9 am and 5 pm weekdays. To make a report at any other time, including after 5 pm and on weekends and holidays, please call the Child-At-Risk Hotline at 800-792-5200.

As a mandated reporter you are also required by law to submit a written report to the Department within 48 hours after making the oral report. Mandated reporters are encouraged to utilize the online abuse/neglect report option available at mass.gov/dcf to submit the written report; however, written reports may be mailed or faxed to the Department within 48 hours of the oral report. The form for faxing/mailing this report can also be obtained from the DCF website: mass.gov/dcf.

Your report should include:

- Your name, address, telephone number, and relationship (if any) to the child(ren);
- All identifying information you have about the child and parent or other caregiver, if known, including emergency contacts and language(s) spoken;
- The nature and extent of the suspected abuse and/or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect;
- The identity of the person you believe is responsible for the abuse and/or neglect;
- The circumstances under which you first became aware of the child's injuries, abuse, maltreatment, or neglect, including dates and/or timeframes;
- What action, if any, has been taken thus far to treat, shelter, or otherwise assist the child;
- Any other information you believe might be helpful in establishing the cause of the injury and/or person responsible;
- Any concerns about alcohol/drug use/misuse by the parent/caregiver;
- Any information that could be helpful to DCF staff in making safe contact with an adult victim in situations of domestic violence (e.g., work schedules, place of employment, daily routines);
- Any concerns you have for social worker safety; and
- Any other information about the family's strengths and capacities you believe would be helpful in ensuring the child's safety and/or supporting the family to address the abuse and/or neglect concerns.

How does DCF define abuse and neglect?

Under the Department of Children and Families regulations (110 CMR, section 2.00):

Abuse means: The non-accidental commission of any act by a caregiver which causes, or creates a substantial risk of, physical or emotional injury or sexual abuse to a child; or the victimization of a child through sexual abuse or human trafficking, regardless if the person responsible is a caregiver. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting). DCF defines “sexual abuse” as any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible.

Neglect means: Failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care, including malnutrition or failure to thrive; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition.

Physical Injury means: Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such non-trivial injury; or soft tissue swelling or skin bruising, depending upon such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises.

Emotional Injury means: An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

Who is a caregiver?

A “caregiver” can be a child's parent, step-parent, guardian, or any household member entrusted with the responsibility for a child's health or welfare. In addition, any other person entrusted with the responsibility for a child's health or welfare, both in and out of the child's home, regardless of age, is considered a caregiver. Examples may include: relatives from outside the home; teachers or staff in a school setting; workers at an early education, child care, or afterschool program; a babysitter; foster parents; staff at a group care facility; or persons charged with caring for children in any other comparable setting.

When should a report involving domestic violence be filed?

Domestic violence is defined as a pattern of coercive controlling behaviors that one person exercises over another in an intimate relationship. Not every situation involving domestic violence merits intervention by DCF. Mandated reporters are encouraged to carefully review each family's situation and to identify any specific impact on the child(ren) when considering whether or not to file a 51A report with DCF. In some situations a report may actually create additional risks for the victim and the children. If possible, discuss the filing of a report with the caregiver who is a victim first and address the potential need for safety planning. A report is more likely necessary if the following higher-risk circumstances are current concerns:

- The alleged perpetrator threatened to kill the caregiver, children, or self and the caregiver fears for their safety;
- The alleged perpetrator physically injured the child in an incident where the caregiver was the target;
- The alleged perpetrator coerced the child to participate in or witness the abuse of a caregiver;
- The alleged perpetrator used or threatened to use a weapon, and the caregiver believes that the perpetrator intended or has the ability to cause harm.

For more information on this topic, please refer to the DCF Brochure, Promising Approaches: Working with Families, Child Welfare and Domestic Violence.

What happens when DCF receives a report of child abuse and/or neglect?

When DCF receives a report of abuse and/or neglect, called a “51A report,” from either a mandated reporter or another concerned citizen, DCF is required to evaluate the allegations and determine the safety of the children. During DCF's response process, all mandated reporters are required to answer the Department's questions and provide information to assist in determining whether a child is being abused and/or neglected and in assessing the child's safety in the household.

Here are the steps in the Child Protective Services (CPS) process:

- The report is screened. The purpose of the screening process is to gather sufficient information to determine whether the allegation meets the Department's criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted, and how best to target the Department's initial response. The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and also contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child's condition. DCF may also contact the family if appropriate.
- If the report is “Screened-In,” it is assigned for a Child Protective Services (CPS) Response to determine whether there is reasonable cause to believe that a child has been abused and/or neglected. “Reasonable cause to believe” means a collection of facts, knowledge, or observations which tend to support or are consistent with the allegations and, when viewed in light of the surrounding circumstances and the credibility of the persons providing the information, would lead a reasonable person to conclude that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received, a determination of current danger and future risk to the child, and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency, and well-being of their child.
- A determination is made as to whether the report is:
  - **“Unsupported”** — There is not reasonable cause to believe that the child was abused and/or neglected, or that the child's safety or well-being was compromised; or
  - **“Supported”** — There is reasonable cause to believe the child was abused and/or neglected; the actions or inactions by the parent(s)/caregiver(s) place the child in danger or pose substantial risk to the child's safety or well-being, or the person was responsible for the child being a victim of sexual exploitation or human trafficking; or
  - **“Substantiated Concern”** — There is reasonable cause to believe that the child was neglected and the actions or inactions by the parent(s)/caregiver(s) create the potential for abuse and/or neglect, but there is no immediate danger to the child's safety or well-being.
- DCF also determines whether Department intervention is needed to safeguard the safety and well-being of the children in the home. If DCF involvement continues, a Family Assessment and Action Plan are developed with the family.

Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the Safe Haven Act, and voluntary requests for services by a parent/family. These cases are generally referred directly for family assessment.

What are the timeframes for completing a Screening and/or Response?

- **Screening:** Begins immediately for all reports. For an emergency response it is completed within two hours. For a non-emergency response, screening is completed in one business day and may be extended for one additional business day in limited circumstances.
- **Emergency Response:** Must begin within two hours and be completed within five business days of the report.
- **Non-Emergency Response:** Must begin within two business days and be completed within 15 business days of the report.
- **Family Assessment:** May take up to 60 business days.

Will I be informed about the DCF determination?

If you are the mandated reporter who filed the report, you will receive a copy of the decision letter that is sent to the parents or caregiver. In that letter you will be informed of the Department's response, the determination, and whether DCF is opening a case for continued DCF involvement. If you submitted your written report online, you will also be able to see the screening decision online.

Does DCF tell the family who made the 51A report?

DCF regulations do not allow the Department to disclose the name of a reporter unless ordered by a court or required by statute, such as when the Department is required to provide the 51A report to the District Attorney or other law enforcement (CMR 12.00 et seq.).

Referrals to the District Attorney

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the District Attorney, who have the authority to file criminal charges.

Where can I obtain more information about child abuse and neglect?

- **Child Protection Information:** For more information about reporting child abuse and/or neglect: www.mass.gov/dcf for general information or to find a DCF Area Office.
- **Child-At-Risk Hotline:** 800-792-5200
- **DCF Ombudsman:** 617-748-2444 (9 am – 5 pm, weekdays) for inquiries about DCF programs, policies, or service delivery.

Guide for Head Lice

Head lice are parasitic insects that live in the hair and scalp of humans. They need human blood to survive. Head lice are spread easily from person to person by direct contact. Head lice can infect anyone, regardless of personal hygiene. Head lice are usually treatable with lice-killing shampoos and cream rinses. To prevent infection: 1) avoid direct contact with the head, hair, clothing, or personal belongings of a person with head lice, and 2) treat affected persons, their contacts, and their households.

What are head lice?

Head lice are parasitic insects that live in the hair and scalp of humans. The scientific name for head louse is Pediculus humanus capitis. Another name for infestation with head lice is pediculosis. Head lice develop in three forms: nits, nymphs, and adults.

- **Nits:** Nits are head lice eggs. They are hard to see and are often mistaken for dandruff or droplets of hairspray. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white. Nits take about 1 week to hatch.
- **Nymphs:** Nits hatch into nymphs. Nymphs are immature adult head lice. Nymphs mature into adults about 7 days after hatching. To live, nymphs must feed on blood.
- **Adults:** An adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white. In persons with dark hair, adult lice will look darker. Adult lice can live up to 30 days on a person's head. To live, adult lice need to feed on blood. If a louse falls off a person, it dies within 2 days.

How are head lice spread?

Head lice are spread easily from person to person by direct contact. People can get head lice by:

- Coming into close contact with an already infested person. In children, contact is common during play, while riding the school bus, and during classroom activities in which children sit in groups close to each other.
- Wearing infested clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons.
- Using infested combs, brushes, or towels.
- Lying on a bed, couch, pillow, carpet, or stuffed animal that has been contaminated.
- Lice do not jump or fly. Lice are not spread to humans from pets or other animals.

What are the signs and symptoms of head lice?

- Itching — the body's allergic reaction to the bite.
- Irritability.

How is head lice infestation diagnosed?

- Head lice infestation is diagnosed by looking closely through the hair and scalp for nits, nymphs, or adult lice.
- Nits are the easiest to see. They are found “glued” to the hair shaft. Unlike dandruff or hairspray, they will not slide along a strand of hair. If you find nits more than 1/4 inch from the scalp, the infection is probably an old one.
- Nymphs and adults can be hard to find; there are usually few of them, and they can move quickly from searching fingers. If lice are seen, finding nits close to the scalp confirms that a person is infested.

If you are not sure if a person has head lice, the diagnosis should be made by the local health department or a health-care provider, school nurse, or agricultural extension service worker.

Who is at risk for head lice?

Anyone can get head lice. Pre-school and elementary-school-aged children and their families are infested most often. Girls get head lice more often than boys, and women more often than men.

What complications can result from head lice?

Scratching can lead to skin sores and skin infections.

What is the treatment for head lice infestation?

- Getting rid of head lice requires treating the individual, the family, and the household.
- Treat the individual and the family: This requires using an over-the-counter or prescription lice-killing medicine. Treat only persons who are infested.
- Remember that all lice-killing products are pesticides. Follow these treatment steps:
  - Remove all clothing.

  - Apply lice-killing medicine, also called pediculicide, according to label instructions. If the affected person has extra-long hair, you may need to use a second bottle.
  - WARNING: Do not use a cream rinse or combination shampoo/conditioner before using lice-killing medicine. Do not re-wash hair for 1–2 days after treatment.
  - Have the affected person put on clean clothing after treatment.
  - If some live lice are still found but are moving more slowly than before treatment, do not re-treat. Comb dead and remaining live lice out of the hair. The medicine sometimes takes longer than the time recommended on the package to kill the lice.
  - After treatment, if no dead lice are found and lice seem as active as before, the medicine may not be working. See your health-care provider for a different medicine. Follow treatment instructions.
  - Remove nits and lice from the hair shaft using a nit comb; often found in lice-killing medicine packages. Flea combs used for cats and dogs can also be used.
  - After treatment, check, comb, and remove nits and lice from the hair every 2–3 days.
  - Re-treat in 7–10 days.
  - Check all treated persons for 2–3 weeks until you are sure all lice and nits are gone.

Treat the household:

- To kill lice and nits, machine-wash all washable clothing and bed linens that the infested person touched during the 2 days before they were diagnosed. Wash clothes and linens in the HOT water cycle (130°F). Dry items on the hot cycle for at least 20 minutes.
- Dry clean clothing that is not washable (coats, hats, scarves, etc.); OR
- Seal all non-washable items (clothing, stuffed animals, comforters, etc.) in a plastic bag for 2 weeks.
- Soak combs and brushes for 1 hour in rubbing alcohol or Lysol, or wash with soap and hot water.
- Vacuum the floor and furniture. Do not use lice sprays; they can be toxic if inhaled.

Cautions:

- Women who are pregnant or breastfeeding should not use head-lice medications.
- Consult a health-care provider before using lice-killing products on a person who has allergies, asthma, or other medical conditions.
- Do not use extra amounts of lice-killing medicines.
- Do not use lice-killing medicines on the eyebrows or eyelashes.

How can head lice be prevented?

- Educate parents and schools about head lice. All parents should know that outbreaks of head lice have nothing to do with a family's income, social status, or level of personal hygiene.
- Avoid direct contact with a person who has lice, or with their clothing or personal belongings.
- Watch for signs of lice, such as frequent head scratching. Nits do not cause symptoms, but they can be seen on the hair shaft; they are yellow-white and oval-shaped.
- Teach children not to share combs, brushes, scarves, hair ribbons, helmets, headphones, hats, towels, bedding, clothing, or other personal items.
- Examine household members and close contacts of a person with head lice, and treat if infested.
- Make sure schools, camps, and child-care centers provide separate storage areas (cubbies or lockers) and widely spaced coat hooks for clothing and other personal articles. They should assign sleeping mats and

bedding to only one child and store these separately. They should wash dress-up clothes and play costumes between uses by different children. During an outbreak, costumes should not be used in the classroom.

- BASEC follows guidelines made by the American Academy of Pediatrics and does not exclude children with head lice from programming.

Meningococcal Disease

What is Meningococcal disease?

Meningococcal disease is caused by infection with bacteria called Neisseria meningitidis. The two most common types of meningococcal infections are meningitis and bloodstream infections. With meningococcal meningitis, the bacteria infect the lining of the brain and spinal cord and cause swelling. With a meningococcal bloodstream infection, the bacteria enter the blood and damage the walls of the blood vessels. This causes bleeding in the skin and organs.

The most common symptoms of meningitis include:

- Fever
- Headache
- Stiff neck

There are often additional symptoms, such as:

- Altered mental status (confusion)
- Nausea
- Photophobia (eyes being more sensitive to light)
- Vomiting

Symptoms of a bloodstream infection may include:

- Cold hands and feet
- Diarrhea or nausea with or without vomiting
- Fatigue (feeling tired)
- Fever and chills
- Rapid breathing
- Severe aches or pain in the muscles, joints, chest, or abdomen (belly)
- In the later stages, a dark purple rash

How is meningococcal disease spread?

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

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV, and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an

inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits, are at greater risk from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are not considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine for meningococcal disease?

There are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. Meningococcal serogroup B vaccine protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

It depends. Meningococcal conjugate vaccine is routinely recommended at age 11–12 years with a booster at age 16. In addition, these vaccines may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is not recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare at-risk health conditions (examples: persons with damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high-risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at a higher risk of infection should discuss vaccination with the child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is through frequent hand-washing, respiratory hygiene, and cough etiquette. Individuals should:

- Wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water, or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
- Cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve;
- Not share food, drinks, or eating utensils with other people, especially if they are ill;
- Contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick. Obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health, or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunizations at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.

Respiratory Viruses

COVID-19, Influenza, RSV, and other respiratory illnesses cause significant health impacts. The following preventative measures can help protect the BASEC community:

- Staying up to date with vaccination to protect people against serious illness, hospitalization, and death. This includes flu, COVID-19, and RSV if eligible.

- Practicing good hygiene by covering coughs and sneezes, washing or sanitizing hands often, and cleaning frequently touched surfaces.
- Taking steps for cleaner air, such as bringing in more fresh outside air, purifying indoor air, or gathering outdoors.

Vaccinations

All BASEC students and teachers are strongly encouraged to receive the seasonal influenza vaccine and COVID boosters when available.

Isolation Policy

When people get sick with a respiratory virus, the updated guidance recommends that they stay home and away from others. For people with COVID-19 and influenza, treatment is available and can lessen symptoms and lower the risk of severe illness. The recommendations suggest returning to normal activities when, for at least 24 hours, symptoms are improving overall, and if a fever was present, it has been gone without use of a fever-reducing medication.

Once people resume normal activities, they are encouraged to take additional prevention strategies for the next 5 days to curb disease spread, such as taking more steps for cleaner air, enhancing hygiene practices, wearing a well-fitting, high-grade mask, keeping a distance from others, and/or getting tested for respiratory viruses.

Emergency Preparedness Plan

BASEC @ Chenery · 2026–2027

Communication with Authorities & Families

Program Directors will contact the appropriate authorities.

Belmont Police (non-911): (617) 484-1212

Belmont Fire (non-911): (617) 993-2200

Massachusetts Emergency Management Agency (MEMA) / Local EMD: David DeStefano — ddestefano@belmont-ma.gov

Families will be notified via:

- AP Notify via the Rediker database: delivers a robo-call, text, and email message to pre-established lists of participating students (e.g., a specific weekday BASEC @ Chenery after school group), in which a custom message can be entered and immediately sent to all contacts simultaneously.
- Phone calls.
- Voicemail recording on the BASEC line.
- Backup: staff cell phones, email, school communication systems, posted signage.
- Student information will be printed and maintained in an emergency folder, including attendance records, sign-out authorizations, parent contact information, and approved pick-up lists. This information will also be available through the Rediker database on electronic devices with remote access and will be updated on a monthly basis to ensure accuracy.

Power, Heat & Water Plan

In the event of a sudden loss of power, heat, and/or water, BASEC will evacuate the building if conditions are deemed unsafe to continue programming. BASEC will implement the following emergency evacuation and relocation procedures.

If Chenery Upper Elementary School is evacuated, students will be relocated to Burbank Elementary School (266 School Street, Belmont). Students will walk under the direct supervision of BASEC staff.

Staff will bring attendance records, emergency contacts, first aid kit, and student medications. Attendance will be taken at all transition points.

Attendance Monitoring & Evacuation

- Staff will use the daily attendance record to account for all students and staff during evacuation, at the designated safe area, and upon return to the building.
- Student information (attendance records, sign-out authorizations, parent contacts, and approved pick-up lists) is maintained in the emergency folder and via the Rediker database.

Evacuation Procedures

- Students will exit the building using the nearest safe exit under the direct supervision of BASEC staff and proceed immediately to the designated safe area at the outdoor basketball courts.
- Students signed out to non-BASEC programs (e.g., PTO clubs, classrooms, after-school sports) will exit the building with their supervising adult. Under no circumstances should students return to BASEC locations during an evacuation. These students will remain with their supervising adult at the outdoor location until a BASEC staff member connects with them.

Designated Safe Area Procedures

Upon arrival at the outdoor basketball courts:

- Students will line up in grade-level attendance groups with their lead teacher.
- Lead teachers will take attendance immediately to ensure all students are accounted for.
- Missing students will be reported to the Program Directors immediately.

Each group will communicate attendance status using both radios and visual indicators:

- **Green card:** All students present and accounted for.
- **Red card:** One or more students missing.

If any students are unaccounted for:

- The Program Directors will assign two staff members to conduct a perimeter search of the building.
- Staff will circle the building in opposite directions to locate students exiting from alternate areas.
- Staff will remain in communication via radio at all times.

Relocation

If the program is relocating, students will walk to Burbank Elementary School (266 School Street, Belmont, MA 02478). Attendance will be taken upon arrival.

Secondary Relocation Site

A non-school location, the Beech Street Center, is approximately a 15-minute walk. Additional alternatives include the Belmont Public Library (approximately a 20-minute walk) and First Church Unitarian Universalist (approximately a 22-minute walk).

Family Reunification

Students will only be released to individuals listed as authorized contacts. Identification may be required at the time of dismissal, and all student releases will be carefully documented in our attendance log. If a parent or guardian is unavailable at pickup, staff will contact the student's designated emergency contacts.

Lockdown

A lockdown will be implemented when there is a potential or immediate threat inside or in close proximity to the building and it is unsafe to evacuate.

Initiating a Lockdown

- Any BASEC staff member who identifies a threat may call for a lockdown using radios.
- Communication will be clear and direct (no codes) to avoid confusion.

- The Program Directors will contact 911 and coordinate with emergency responders.

Lockdown Procedures

Staff Responsibilities — Specialists / Educators / Assistant Educators:

- Immediately gather all students in their area and move students to the nearest safe, securable location.
- Lock doors, turn off lights, and cover windows if possible.
- Keep students quiet, calm, and out of sight (students are moved away from doors and windows).
- Take attendance and note any missing students.
- Maintain supervision and reassure students throughout the emergency.

Program Directors:

- Contact emergency responders (911).
- Oversee communication with staff and families.
- Account for all students and staff before, during, and after the incident.

Teachers may use professional judgment to determine if evacuation is safer than lockdown, based on proximity to the threat and ability to safely exit the building.

Designated Lockdown Locations for BASEC @ Chenery

Staff will move students to the nearest appropriate secure location:

- Gym: boys'/girls' locker room.
- Library: Library, Rooms 202 and 204.
- Cafeteria: Large and Small Community Rooms, Kitchen Storeroom, and Kitchen Bathroom, and nearby classrooms.

Family Communication

- Families will be notified as soon as it is safe to do so.
- Communication will be coordinated by the Program Directors.

Shelter in Place

Shelter-in-place will be implemented when conditions outside the building are unsafe and it is safer for students and staff to remain indoors. This may include severe weather, environmental hazards, or other external emergencies.

Decision to Shelter-in-Place

- The Program Directors will determine when to initiate shelter-in-place.
- Information will be gathered from local authorities (police/fire), school administration, and weather alerts and emergency notifications.
- Staff will be notified via radios using clear and direct communication.

Shelter Locations

Students will be moved indoors to designated safe interior locations, away from windows and exterior doors. Locations may include:

- Interior classrooms, the Library, and the Small & Large Community Room.

- Hallways without windows.
- Cafeteria interior spaces.
- Other designated “safe zones” within the building.

Staff Responsibilities

Teachers:

- Gather all students immediately and move students to designated shelter areas.
- Take attendance upon arrival and monitor continuously.
- Keep students calm, supervised, and engaged.

Program Directors:

- Monitor situation and communicate with authorities.
- Provide updates to staff.
- Coordinate communication with families.

School Custodial Staff:

- Shut off electricity, gas, or water if necessary.

Student Accountability, Safety, and Care

- Attendance will be taken immediately upon entering the shelter location.
- Attendance will be re-checked periodically throughout the event.
- Any missing students will be reported immediately to the Program Directors.
- All students and staff will remain indoors until the “all clear” is given.
- Doors and windows will be closed and secured as appropriate.
- Students will remain away from windows and exterior walls when possible.

If sheltering extends beyond a short duration, staff will utilize BASEC emergency supplies, including food and bottled water, first aid supplies, student medications, and blankets or additional materials as available. Staff will provide quiet activities to keep students engaged, maintain a calm and supportive environment, and continue to reassure students.

Missing Child

If a child is unaccounted for at programming or on an off-site activity, staff will respond immediately to locate the child while maintaining supervision of all other students.

Search Procedures at Programming

- The Program Directors will be notified immediately.
- Staff will confirm attendance to ensure the child is in fact missing and not signed out or in another approved location, by using the school's PA system and a megaphone and/or microphone in outdoor spaces and/or the cafeteria.
- The Program Directors will assign specific staff to conduct a search in each designated space as well as the school building; all other staff will continue active supervision of remaining students.

- Directors and/or staff will begin on the lowest level of the building, search all classrooms, bathrooms, common areas, and closets, call the child's name while searching, and continue floor-by-floor, working upward through the building.
- If the child is not located inside, staff will expand the search to outdoor areas, including the parking lot, playground, sports fields, and all exterior spaces surrounding the building.

Escalation & Notification

- If the child is not located promptly, the Program Directors will contact the Belmont Police Department.
- Families/guardians will be notified by the Program Directors as soon as possible.

Search Procedures Off-Site

If this occurs off-site, assigned staff will conduct a systematic search of the designated location:

- The teacher will notify the Program Directors immediately.
- Staff will quickly confirm attendance to ensure the child is not with another group or staff member.
- One teacher will remain with the full group to maintain supervision.
- Directors and/or staff will conduct an immediate and focused search of the surrounding area: retrace steps along the group's recent route; check nearby restrooms, buildings, and common areas; call the child's name and look for familiar or preferred locations.
- Staff will remain in communication via cell phone or radio (if available).
- If the child is not located within a short period of time, the Program Director will contact local police (911 or local jurisdiction), and the child's parent/guardian will be notified as soon as possible.

Staff Training & Practice Drills

All BASEC staff will receive training on the Emergency Preparedness Plan:

- During new staff orientation, prior to working with students.
- Annually for all returning staff.
- Whenever significant updates are made to emergency procedures.

Training dates and attendance records will be documented and maintained for EEC review.

Practice & Evacuation Drills

BASEC will conduct regular emergency practice drills to familiarize staff and students with emergency procedures and ensure effective implementation of the Emergency Preparedness Plan. During drills, staff will use the daily attendance record to account for all students and staff. Attendance will be verified during evacuation, at the designated safe area, and upon return to the building.

The Program Directors will document the date and time of the drill, exit route used, number of students and staff participating, length and effectiveness of the evacuation, and any concerns, lessons learned, or needed improvements.

Lockdown & Shelter-in-Place Drills

BASEC may also conduct lockdown and shelter-in-place drills periodically to ensure staff and students are familiar with emergency procedures. Families may be informed prior to drills when appropriate.

Emergency Plan Review

The Emergency Preparedness Plan will be reviewed annually by BASEC leadership to ensure procedures remain current, site-specific, and responsive to the needs of all students and staff. Updates to the plan will be shared with staff, families/guardians, and the EEC, when required.