



## GREENFIELD RECREATION DEPARTMENT

20 Sanderson Street, Greenfield, MA 01301  
PHONE (413) 772-1553 ☎ FAX (413) 773-0115  
[www.greenfieldrecreation.com](http://www.greenfieldrecreation.com)



### GREENFIELD RECREATION FEBRUARY VACATION WEEK INFORMATION

Dear Parents:

*Welcome* to our February Vacation Week! Please read the following important information and go over with anyone who may be caring for your child during the week.



#### **LOCATION:**

Our program will be held at the Youth Center on 20 Sanderson Street, Greenfield, MA 01301 in the First Floor Dance Hall.

#### **TIMES:**

Our regular day program is from 9:00 AM to 4:00 PM, Tuesday through Friday (Monday is President's Day). Early Care from 7:30AM-9:00AM and Late Care from 4:00PM-5:30PM is available for an additional fee (pre-registration required). Please do not drop your child off early or pick him/her up late. These are the times our staff members are on duty for supervision.

#### **TYPICAL DAY:**

Early care begins at 7:30am. During this time, children participate in free choice activities. The regular program day begins at 9:00am and starts with a morning meeting. Scheduled activities are then planned throughout the day including field/outdoor games, playground time, snack, lunch, arts and crafts, etc.

#### **ARRIVAL:**

Parents/guardians must sign their children in each morning. Please park in the parking lot and walk your child in to the Dance Hall where you will sign in.

**We Create Community Through People, Parks, & Programs!**

**ABSENCE:**

If your child will not attend for any reason, please call 772-1553 by 9 AM or inform staff onsite of any schedule change. Children who are registered and fail to arrive for a given days activities shall be marked absent.

**CHILD RELEASE/ PICK-UP POLICY:**

Parent / Caregivers need to sign children out each day for their safety. Included in the child information form is a section regarding authorized pick-ups. You must provide the name and contact information of any person you give permission to pick up your child at the end of the day. Children will only be released to those listed on the form. Everyone, even parents/ guardians, must show an ID before a child will be released in order to ensure the child's safety. Once staff members come to recognize parents/guardians, an ID may not be required. Pick-up will be located in the Dance Hall. Children must be signed out on the designated sign out sheet each day to ensure safety for all program participants. At the time of pick-up, please collect all of your child's belongings, notices, and/or artwork from their day's activities.

If anyone other than those approved on your pick-up authorization form will be picking up your child, staff must have a signed and dated note from the parent or guardian prior to pick-up specifying the name of the individual who is authorized to pick-up for that specific day. The person will be asked to show their ID.

**LATE PICK-UP POLICY:**

The official closing time of the program is 4:00pm for regular day and 5:30pm for late care. All employees scheduled hours revolve around this time. Parents/guardians are expected to pick-up their children on time. In the event that you will be late for pick-up, you must abide by the following rules:

1. Parent/ guardian must call the program to let staff know what time they will expect to arrive or to inform staff of alternate transportation arrangements that have been made.
2. Parent/guardian will be charged a late fee of \$1.00 per minute per child after 4:05pm/ 5:35pm payable the next working day to the Recreation Department office.
3. In the event that the program does not receive a prior phone call from the parent/guardian, the following procedures will be immediately implemented
  - a. A staff member will try contacting parent/guardian. If contact cannot be made, a staff member will call the Emergency Contact list to arrange for pick-up. (Parent will still be assessed the late fee per minute, per child)
  - b. If by 6:30pm contact cannot be made to the child's parents/guardians or emergency contacts, a call will be placed to the Department of Children and Families (DCF) Emergency Unit to report an abandoned child. Staff members will then follow DCF instructions for any necessary arrangements. Parents will be informed to contact DCF for further instructions.

### **LUNCH/SNACKS:**

All staff and children must wash their hands before having a snack and leaving the bathroom. Every effort will be made to encourage the children to eat their snack and lunch; however, children's appetites vary and it is not the program's responsibility to be certain every bite is eaten.

**Morning Snack:** The Greenfield Recreation Department will provide a nutritious snack daily. Fruits, vegetables, whole grains, and dairy products are commonly used within the program. Water, juice, or milk will be served with snack. Please be sure to bring any allergies or dietary restrictions to the attention of the staff as soon as possible so we can plan to accommodate your child's needs. An allergy list is confidentially posted for staff to refer to. The staff will take every precaution to keep the children safe from allergic reactions. We will provide a separate table for children with allergies so that they have a safe place to eat and enjoy the company of their friends. Parents/Guardians may prefer to provide a snack for their child.

### **Lunch and Afternoon Snack:**

Children must bring their own lunch and afternoon snack. We do not have the capacity to store perishable items, so send only non-perishable food and beverages. No glass containers for anything!

### **Water:**

Please pack a water bottle that your child can refill at the Program as needed.

### **CLOTHING:**

Please send children with appropriate winter clothing including boots, hats, snow pants, winter jacket, gloves, etc. In addition, please provide sneakers to wear during indoor activities. It is recommended that you pack an extra set of clothes and label your child's belongings. We also are planning to walk to Beacon Field for Sledding as weather allows, so we encourage children to bring sleds, ice skates, and helmets.

### **PARENT/GUARDIAN-STAFF COMMUNICATION:**

It is very important to keep the lines of communication open between parents/guardians and staff. Please notify staff if there is pertinent information we should know regarding your child to better ensure their success in the program. Children are encouraged to talk with staff members if they have a need, question, problem, etc. Please feel free to contact us if you have any questions or concerns. By having the parents/guardians and staff work together, we can create an environment that is a positive experience for all.

Parents/Guardians are welcome to visit the program at any time during our hours of operation. Our staff members strive to communicate with parents on a daily basis at pick-up time; however, the staff's main function is to provide care to the children in the program. You may want to schedule an appointment with the staff to discuss any concerns that you may have. Suggestions and comments regarding the program are always welcome.

### **PARENT/GUARDIAN PROTOCOLS:**

1. Parents are not allowed to ask staff to babysit their child at any time
2. Parents are not allowed to take pictures and/or videos of any child during program hours.
3. Parents and children are not allowed to contact staff on Facebook, Twitter, Instagram, or any other form of social media.
4. Any behavior by a parent/guardian that is deemed inappropriate or adversely affects the program and/or its operation may result in termination from the program upon notice.

### **ILLNESS:**

For the protection of other children and staff, please keep your child at home if he or she is ill. Any child who is sent to the program ill or becomes ill while in the program will be sent home immediately. A staff member will contact the child's parent/guardian or emergency contact to arrange for pick-up. Staff will make your child as comfortable as possible until someone arrives to take him/her home. Mildly ill children will be escorted to a "quiet area" by a staff member where they will be given a chance to rest.

### **PLAN FOR INFECTION CONTROL AND MONITORING:**

The program staff must be notified immediately if your child is diagnosed with a contagious disease. All parents/guardians of program participants will be notified of any diagnosed communicable diseases or outbreaks. To prevent outbreaks, proper hand washing is required prior to handling and/or eating of food by children and staff. The sharing of drinking cups and utensils is prohibited. Any surface that is soiled is required to be cleaned with an antiseptic solution.

1. Any participant who appears to have a contagious illness or injury as evidenced by the following will be kept in a separate area until parent/guardian is contacted and child is picked up. Staff members exhibiting the same will be sent home immediately.
  - Fever
  - Diarrhea
  - Vomiting
  - Copious Nasal Discharge
  - Red, Crusty, Weepy Eyes
  - Wound with Significant Redness, Swelling, and Drainage
  - Lice or any Nits
  
2. Any participant or staff member who has had any of the following medical conditions may not attend the program until being symptom free for 24 Hours:
  - Fever > 99.5
  - Diarrhea
  - Vomiting
  
3. If your child has any of the following communicable diseases, you are required to keep him/her home for the duration of the illness (or until it is no longer contagious to other children)
  - **Strep Throat:** May return 48 hours after antibiotic is administered
  - **Chicken Pox:** Minimum exclusion, one week. Your child cannot return until the rash is completely dry or crusted.
  - **German Measles:** May return after rash disappears
  - **Mumps:** 9 days after onset of swelling
  - **Measles:** 5 days after rash begins
  - **Lice:** After treatment has been completed and all eggs (nits) are gone from the hair.
  - **Hepatitis:** 3 weeks after onset of jaundice

- **Conjunctivitis:** May return day after prescribed medication is applied
- **Impetigo:** Children may not return until all symptoms of the disease have cleared up. A physician's release form is required before returning.

### **INJURY AND EMERGENCY:**

Staff members are certified in First Aid and CPR and will take care of very basic first aid needs. First Aid supplies are located in med kits carried by staff members and a larger first aid kit is kept on site.

Any injury requiring first aid attention will be documented. All injuries will be reported to parents/guardians by phone or at time of pick-up depending on the nature of the injury.

In the event that immediate medical attention is required, the following procedures will be implemented:

1. 911 will be called (*all ambulance fees will be the responsibility of the parents/guardians*)
2. The parents/guardians or designated emergency contacts will be called.
3. A staff member will accompany the child to the hospital

### **MEDICAL CONDITIONS:**

If a child has a known medical condition (allergies, asthma, diabetes, seizure disorder, etc.), please be sure that the staff is made aware at the start of the program. This will allow for a quick response if a problem should occur during program hours. If medication needs to be dispersed or available on site, please make sure that the appropriate forms have been completed.

Please consider an allergy/medical alert bracelet or necklace for your child so that every adult has immediate recognition of your child's medical/allergy condition. If your child has severe airborne allergies a medical alert bracelet or necklace is required.

### **MEDICATION:**

If your child needs medication administered during program hours, including emergency medications such as inhalers or Epi-pens, you must complete the authorization to administer medication form. Medications will be dispensed only if they are in the original prescription container, together with specific instructions written on a signed authorization form. This must be given to the program staff before any medication can be dispensed. Medications will be stored in a lock box on site. Emergency medications such as inhalers and Epi-pens will be kept with a staff member at all times. Any leftover medication will be returned to parents or destroyed.

No aspirin or other non-prescriptive medicines will be administered by the staff (unless noted with permission by your child's doctor). Over the counter medication must be accompanied by specific instructions from your child's physician. The instructions must state the dose, time, and reason for the medication. Staff cannot make any medical determinations.

### **GUIDANCE AND DISCIPLINE POLICY:**

We expect good and courteous behavior, and respect for all others. We do not allow the use of improper language, teasing that may hurt someone, bullying, and any kind of physical or verbal abuse. A child who exhibits this kind of behavior will be spoken to by the staff. If the staff is unable to reach a satisfactory resolution, parents will be contacted and may be required to pick up their child immediately.

1. To ensure safe and enjoyable programs and facilities for all participants, the Greenfield Recreation Department has developed and will institute program rules with all participants. These rules are influenced by the standards put forth by the Recreation Department as well as suggestions by the program participants in the beginning of the program. Staff will encourage positive behavior by giving positive reinforcement and close supervision.
2. Children will be redirected into another activity if infrequent, minor behavior problems occur. Continued or more severe behavioral problems will be dealt with using a "take a break" where the child will be asked to sit out of the activity for a few minutes until he/she is ready to return to the activity.
3. Discipline and guidance will be fair and consistent and based on the understanding of each child's individual needs. At no time will a child be disciplined in an inappropriate, demoralizing, humiliating, or abusive manner. No child will be denied food as a form of punishment. No child will be punished for soiling or wetting his/her clothes.
4. Parental input may be asked to curb inappropriate behaviors. Parents may be asked to attend a conference if necessary.
5. Staff will complete an incident report to document when any of the reasons mentioned below occur. A conference will be scheduled to discuss the issue(s) at hand after the second written warning. Suggestions for a solution to the problem will be discussed together between the staff and parent/guardian. Should outside help be required, the staff will inform the parent/guardian of appropriate referral services.
  - Inappropriate behavior is displayed on a consistent basis.
  - Inability of a child to adjust to the routine and/or requirements of the program.
  - A child physically or verbally harms another child or a staff person.
  - A child purposely damages Town property or property of another individual.
  - A child uses foul language.
  - A child refuses to follow a staff person's instructions.
  - Any other instance deemed necessary that is not listed

**SUSPENSION & TERMINATION POLICY:**

Suspension or permanent termination may be deemed necessary under certain situations. The program staff will make the final decision to suspend or terminate a child. All cases will be reviewed by the Recreation Director. Suspension or termination could result in the following instances:

1. If a child receives 3 incident reports.
2. When a child continues to endanger him/herself, the safety of another child, or a staff member.
3. When the program cannot meet the child's needs. (such as behavioral, emotional, cognitive, language or physical needs)
4. When a parent/guardian consistently does not follow the policies of the program.
5. In other extreme instances not listed in this information packet.

**IDENTIFYING AND REPORTING ABUSE AND NEGLECT:**

All children enrolled in Greenfield Recreation Programs shall be protected from abuse and neglect. The Department of Children and Families requires the program to report suspected cases of child abuse. This includes the reporting of parents who appear to be impaired by drugs or alcohol.

Suspected cases of abuse or neglect will be reported to the Recreation Director in writing with all factual information and observations of the child in question immediately. The report will be signed, dated and true to the best of the staff person's knowledge. All staff are considered mandated reporters and must report any suspicion of abuse or neglect to the Director who will report the suspected case immediately to the Department of Children & Families, pursuant to M.G.L. c.119, ~51A.

The program will cooperate with all investigations of abuse and neglect. This may require disclosing personal information to the Department of Children and Families and other persons or agencies specified as necessary for the prompt investigation of allegations and for the protection of the child.

Any staff person under investigation will be removed from direct care responsibilities until the Department of Children & Families investigation is complete. If the investigation proves the complaint is valid, the staff member will be dismissed immediately.

Thank you in advance for your cooperation.

If you have any questions please speak with the staff at your child's site or call/ e-mail:

Christy Moore, Recreation Director, [christy.moore@greenfield-ma.gov](mailto:christy.moore@greenfield-ma.gov), 413-772-1553

Kelly Jenkins, Program Supervisor [kelly.jenkins@greenfield-ma.gov](mailto:kelly.jenkins@greenfield-ma.gov) , 413-772-1553

Maddy Benjamin, Program Supervisor [maddy.benjamin@greenfield-ma.gov](mailto:maddy.benjamin@greenfield-ma.gov) , 413-772-1553





**GREENFIELD RECREATION DEPARTMENT  
FEBRUARY VACATION WEEK CONTACT FORM 2018**

*IF NO CHANGES FROM SUMMER CAMP 2017 OR GRASP 2017-2018, YOU DO NOT NEED TO COMPLETE THIS FORM*

**CHILD INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_

\_\_\_\_\_

Does your child carry a lifesaving medication (inhaler, EpiPen®)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*PLEASE NOTE: If your child carries a life saving medication, one must be supplied to the program

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please attach  
a current  
photograph  
of your child.**

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best # to Reach: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best # to Reach: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are there any custody agreements, court orders, or restraining orders pertaining to your child that staff should be aware of? YES  NO  If yes, please attach a copy

**ADDITIONAL PICK-UP CONSENT**

In the event that I cannot pick up my child, I authorize the program to release my child to the following individuals:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

**EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED.**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_ Health Insurance Carrier & Policy #: \_\_\_\_\_

**CONSENT**

I authorize Greenfield Recreation staff to give my child first aid when appropriate. If my child requires further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, one of the emergency contacts will be notified. If my child needs to be taken to the nearest medical care facility or to my preferred hospital listed above by ambulance, one qualified staff person will accompany my child to the hospital. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

Parent/Guardian (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION PACKET ACKNOWLEDGEMENT**

I have read and understand all of the policies in the Greenfield Recreation Vacation Program Information Packet. I agree to follow the policies accordingly. I do understand that all policies listed in this information packet will be enforced, and failure to comply with the policies, is reason for immediate termination.

Parent/Guardian (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLICITY/PHOTO RELEASE**

I understand that my child may be photographed or videotaped by the Greenfield Recreation Department for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child to be photographed/videotaped. INITIALED: \_\_\_\_\_

Please return this form to the Greenfield Recreation Department, 20 Sanderson Street, Greenfield, MA 01301

Phone: (413)772-1553 Fax: (413)773-0115 Website: [www.greenfieldrecreation.com](http://www.greenfieldrecreation.com)