

# Barre Town Early Education Program

## 2020-2021



### Barre Town Middle & Elementary School

70 Websterville Road, Barre, VT 05641-9029

Tel 802-476-6617 Fax 802-479-5723

<http://www.btmes.org>

#### Classroom Staff:

Room 107

Kelsey LaPerle, Early Childhood Educator

Amber Cheney, Classroom Paraeducator

476-6617 x 6107

[klapebte@buusd.org](mailto:klapebte@buusd.org)

Room 110

Samantha Knudsen, Early Childhood Educator

Lori Bullis, Classroom Paraeducator

476-6617 x6110

[sknubte@buusd.org](mailto:sknubte@buusd.org)

Room 112

Jessie Casavant, Early Childhood Educator

Morgan Williams: Classroom Paraeducator

476-6617 x6112

[jcasabte@buusd.org](mailto:jcasabte@buusd.org)

#### Other Early Education Staff:

Lisa Campbell, Early Childhood Special Educator

476-6541

[lcampbce@buusd.org](mailto:lcampbce@buusd.org)

Melinda Schmalz, Early Childhood Special Educator

476-6617

[mschmbsu@buusd.org](mailto:mschmbsu@buusd.org)

Bonnie McIntosh, Speech Language Pathologist

476-6617

[Bmcinlbte@buusd.org](mailto:Bmcinlbte@buusd.org)

Maggie Fagan, Speech Language Pathologist

476-6617

[Mfagabsu@buusd.org](mailto:Mfagabsu@buusd.org)

<b>Table of Contents</b>	<b>Page</b>
Welcome	3
Philosophy	3
Enrollment	3
Orientation	3
Prekindergarten Hours of Operation and Calendar	3
Typical Daily Schedule	4
Vermont Early Learning Standards	4
Child Progress	4
Educational Support	4
Attendance	4
Department of Health Exclusion Policies	5
Emergency School Closing/Delay	6
Bus Transportation	6
Confidentiality	7
Reporting Child Abuse	7
Communication	7
Positive Guidance and Behavior Management	8
Health	9
Injuries/Accidents	10
Wellness	10
Learning to be Independent	11
Nutrition and Snacks	11
Hazing, Harassment & Bullying	11
Medication	11
Technology	12
Clothing	12
Evacuations and Safety Drills	12
Concerns	12
ADA, Early Childhood Special Ed & Section 504	12-13
Resources for Families	13-24

## **Welcome**

Welcome to the Barre Town Early Education Program! Our program is a not-for-profit, state licensed prekindergarten program located at the Barre Town Middle and Elementary School. The Barre Town Early Education Program has earned five stars in Vermont's Step Ahead Recognition System (STARS), which means that our program is rated as "outstanding in all five (practice) areas."

## **Philosophy**

We believe the most engaging learning experiences are those that allow children to ask questions, communicate their thoughts, explore materials and discover their role in the world around them. Our curriculum balances child-initiated exploration with purposeful teacher-directed activities, addressing the developmental needs of the whole child. In our classrooms, children engage in experiences that integrate the arts, literature, numeracy skills, and scientific discovery within a social context that supports the development of self control, cooperation, and self confidence.

## **Enrollment**

Children whose parents or legal guardians are residents of Barre Town are eligible to enter prekindergarten at the beginning of the school year provided they have reached the age of three (3) on or before September 1st of that year.

NOTE: Children whose parents or legal guardians are residents of Barre Town are eligible to enter kindergarten at the beginning of the school year provided they have reached the age of five (5) on or before September 1st of that year. Children who are age eligible for kindergarten will not be retained or enrolled in prekindergarten.

The enrollment process is completed with our school registrar. After all registration paperwork (including proof of residency, immunizations, and documentation of the child's date of birth) has been submitted, your child's teacher will be in contact with you to confirm your child's start date. Enrollment in our preschool program is done on a first come, first serve basis.

## **Regional Enrollment Agreement Regarding 5 Year Old Students**

A regional agreement with the Winooski Valley Superintendents Association, of which the BUUSD is a part, outlines enrollment processes for children who turn 5 before the September 1 cut-off date. The agreement states:

"Five-year-old students who are otherwise eligible for public kindergarten will not be enrolled in public school PreK programs except in extraordinary circumstances as determined by the child's evaluation team (IEP, 504, EST). When considering retention, the team should review data and consider increased instructional time and access to Special Education services in the kindergarten settings."

## **Orientation**

Our process for entering the prekindergarten program allows for a gradual start so that everyone becomes familiar with the program. This process usually begins in the spring

with Prekindergarten Screening & Open House. In August, a “Meet & Greet” offers a visit to your child’s classroom. When school begins, half of the class starts on one day and the other half starts the next day. This smaller group size allows children and staff time to get to know each other before the full group attends. We encourage families to visit our library and playground, to help your child become familiar with the school building and outdoor areas.

When children enroll after the start of the year, a visit to the classroom with a parent/guardian is scheduled. The child is invited to attend 2-3 days in a week before attending the full week program thereafter.

### **Prekindergarten Hours of Operation and Calendar**

The Barre Town Prekindergarten program closely follows the Barre Town Middle & Elementary School calendar included in the BTMES Parent/Student Handbook and online, except for the start of the year and during family conferences. Please see the prekindergarten newsletters or blog from your child’s teacher for additional dates the program is closed.

The Barre Town Prekindergarten program’s hours of operation are as follows:

Monday/Tuesday Session 8:30-2:00

Thursday/Friday Session 8:30-2:00

### **Typical Daily Schedule**

Each day, your child will have choice time, teacher-directed time, physical activity, meeting/circle, and snack/breakfast and lunch. Please see your child’s teacher for more specific information about the classroom schedule.

### **Vermont Early Learning Standards**

Our curriculum is based on the Vermont Early Learning Standards (VELS). These standards emphasize the importance of learning through play and exploration. We have copies of the standards on hand and the Agency of Education has additional information on the internet. You can learn more about the VELS at:

<https://education.vermont.gov/sites/aoe/files/documents/edu-early-education-early-learning-standards.pdf>

### **Child Progress**

In our program, we use a tool called Teaching Strategies GOLD® to track your child’s progress. With this information, teachers are able to guide their student’s learning by planning engaging experiences that are responsive to individual and group needs. Teachers will discuss your child’s progress during family-teacher conference times, which are offered twice per year. You may request a meeting with your child’s teacher at any time to discuss any questions or concerns you may have.

## **Educational Support**

The Early Education team is committed to a comprehensive system of educational services that will result in all children succeeding in the classroom. Your child's teacher may discuss additional supports and services, instructional strategies or accommodations if there are concerns. Additionally, your child's teacher is available should you have any concerns.

## **Attendance**

For safety purposes, families should call the school by 8:00am if their child is going to be absent. If you do not contact the school, the office will verify the absence by a telephone call to the home or work that morning.

## **Stay Home When Sick: Exclusion/Inclusion Policies from the Vermont Department of Health** (As of 09/01/2020)

The health department encourages all providers and families to coordinate decision making around your child's care with your child's healthcare provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.

- Children who travel to or arrive from out-of-state must follow Agency of Commerce and Community Development (ACCD) and Health Department guidance around quarantine before returning to school, which includes travel out-of-state at any point during the year. More information is available on the Vermont Department of Health's COVID-19 travel site and the ACCD website.
- Children will be excluded from in-person activities, if they:
  - Show symptoms of COVID-19
  - Have consulted with their healthcare provider about current symptoms, COVID-19 testing was recommended, and they are awaiting test results.
  - Have been in close contact with someone with confirmed COVID-19 in the last 14 days
  - Have a fever (temperature greater than 100.4°F)

If above signs and symptoms begin while in our program, your child will be sent home. Children are required to be excluded from our program until they are no longer considered contagious. Families should consult with their child's healthcare provider. Based on clinical judgment, your child's healthcare provider will be able to help you determine what medical course to take (e.g. whether or not they think COVID-19 testing may be necessary).

A medical note is not required for anyone to return to care in cases in which COVID-19 is not suspected.

Children and staff with a fever greater than 100.4°F, no specific diagnosis, and COVID19 is not suspected by the healthcare provider must remain at home until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).

Healthy children with the following symptoms/ conditions are not excluded from in-person activities:

- Allergy symptoms (with no fever) that cause coughing and clear runny nose may stay if they have medically diagnosed allergies and follow medical treatment plans.
- Well-controlled asthma

A child with new symptoms of congestion/runny nose should be excluded and your child's healthcare provider should be contacted. Your child should not return until no longer contagious. Children with documented allergies or well-controlled asthma do not require a medical clearance note from the child's healthcare provider to attend the program. However, a child with a new diagnosis of asthma does require written confirmation from the child's healthcare provider.

The Health Department is currently drafting symptoms and testing protocol to support return-to-care determinations for children with COVID-like symptoms. Once finalized, this will be posted on the Health Department website.

### **Emergency School Closing/Delay**

Any school closing or delay due to inclement weather will be broadcast on the following radio and TV stations: WSNO at 1450 AM, WSKI at 1240 AM, WDEV at 550 AM, WEZF at 92.9 FM, WCVR at 102.1 FM, WWFY at 100.9 FM as well as on WCAX television station. The Barre Unified Union School District has adopted an electronic notification system whereby families will be notified of such events as school closings, and other emergencies as deemed appropriate by school administration. Success of this program is completely dependent on accurate and updated contact information provided to the school by families. You may also check the website listed below for up-to-date closing information: [corp.sover.net/schoolclosings](http://corp.sover.net/schoolclosings).

### **Bus Transportation**

Due to health and safety restrictions related to COVID-19 for this specific age group, the BUUSD is not currently transporting prekindergarten students.

### **Confidentiality**

Please be assured that any personal information relating to your child/family shall remain in confidence and shall only be released by written consent of those involved. In order to protect the confidentiality of each child, please do not take pictures of any child except for your own.

### **Reporting Child Abuse**

Vermont law requires all Barre Town Middle & Elementary School staff report any suspected incidents of child abuse and/or neglect to the Department for Children and Families within 24 hours of receiving a report of abuse/neglect or a suspicion of abuse/neglect. For more information, please see the Barre Unified Union School District's policy titled Child Abuse & Neglect Reporting Policy CODE: JLF.

### **Communication**

We emphasize the importance of communication between parents, families, teachers and

children. The Home/School Folder is one of the primary modes of communication that is used in our program. Each child will have a folder that travels between school and home. At school, any notes about your child and updates about his/her learning will be placed in this folder. Families can also use the folder or email to tell us about what is happening at home or communicate any questions or concerns. Please feel free to call or email the teaching staff in your child's classroom if you have an immediate concern. All families will be offered at least two Family-Teacher conferences: one in the fall and another in the spring.

### **Positive Guidance and Behavior Management**

In prekindergarten, we emphasize and teach age-appropriate social skills and behaviors to all children. Each staff member establishes a positive, supportive relationship with each child and provides children with good role models of appropriate behavior. Clear, consistent behavioral expectations are established including being kind to each other and being respectful of others and of the environment. The prekindergarten staff use a variety of ways to help young children learn self-control, independence, and cooperation. Some of these strategies include:

- Redirection, encouragement and reinforcing appropriate behaviors
- Allowing children to make choices within the behavioral guidelines.
- Modifying the environment to minimize potential conflicts and to promote learning.
- Guiding and assisting children in learning ways to solve problems/conflicts themselves i.e. using their words (talking), changing materials or moving to another space.
- "Take a break" allows children to calm themselves in a safe manner. This might look like a child doing a quiet activity at a table, reading a book or sitting quietly away from the group.

If a child exhibits a challenge with behavior, the following steps are taken:

- The teacher talks with the child about the problem behavior, why it is a problem.
- The teacher then offers alternative behaviors, strategies, materials, and gives the child choices within the behavioral guidelines.
- The teacher observes, assesses the child, the group and the environment and makes changes accordingly.
- The teacher discusses the situation with the child's family via telephone call or note home (or both).

If a student's behavior becomes unmanageable and threatens his or her safety, the well-being of others, or is destructive toward property, a safe space will be utilized in accordance with techniques by personnel trained in state-approved physical intervention techniques. Please see the BTMES Student Handbook for more detailed information.

### **Health**

Your prekindergarten child should come to school in good health and be fully able to participate in all activities, including outdoor play. Any prekindergarten student who is ill



or injured may be dismissed through the Health Office. The school nurse will notify families of the child's illness/injury and if required, dismissal should occur as soon as possible. Appendix B is a complete list of common signs and symptoms of infectious diseases, as well as those illnesses which require children to be "excluded" from the group, which means they cannot attend prekindergarten. Children will be excluded from the program if they have:

- Sign or symptoms of COVID-19 or exposure to someone with COVID-19 as detailed on page 5
- a cold that results in behavior change, child looks/acts very ill, is having difficulty breathing, has red or purple rash;
- a cough that is severe, results in rapid or difficult breathing, are wheezing, or skin appears blue,
- diarrhea and the stool is not contained in the diaper; is causing accidents; exceeds more than twice above normal for the child; contains blood/mucus; is abnormal color; no urine output in 8 hours; child is jaundice; child has fever with behavior change or looks/acts very ill.
- difficult or noisy breathing that is accompanied by behavior changes, or the child looks/acts very ill or is having difficulty breathing; has blood red or purple rash,
- an earache that makes them unable to participate or limits the staffs' ability to care for other children or have a fever with behavior change,
- a fever with behavior change or child is unable to participate or limits the staff's ability to care for other children **Do not send your child to school if he/she has or had fever over 100.0°F within the past 24 hours.** Your child may return to school when they have been symptom free for 24hrs **without medications** or with a doctor's note.
- a headache and the child is unable to participate,
- itching due to chickenpox, scabies and impetigo; NOTE: you will be notified if your child has ringworm and you will need to seek treatment before having your child return to school,
- mouth sores that result in steady drooling,
- a rash with behavior changes or fever; is oozing/open wound; has bruising, has joint pain; child is unable to participate; or tender/red skin increasing in size or tenderness,
- sore throat that causes inability to swallow; excessive drooling with difficulty breathing; fever with behavioral change,
- a stomach ache with severe pain causing the child to double over or scream; abdominal pain after surgery; bloody/black stools; no urine output for 8 hours; diarrhea; yellow skin/eyes; fever with behavior change or child looks/acts very ill.

Barre Town Middle and Elementary School recognizes that the psychological, social and economic impact of head lice infestations can create an impact on the community. As a school we work with families on reducing the stigma associated with head lice as well as providing education and resources on head lice transmission and treatment. Barre Town Middle and Elementary school will utilize the recommendations from the Vermont Department of Health and the American Academy of Pediatrics on management of head lice



in schools in an effort to reduce the loss of school time to those affected and promote prompt and thorough treatment.

#### **BTMES Head Lice Procedures**

1. Any staff member who suspects that a student has head lice should report this to the school nurse.
2. When live lice or suspected untreated nits are identified the school nurse will contact the parent and discuss treatment options. The school nurse may collaborate with the family and/or physician in persistent cases or as needed.
3. The school nurse may perform head checks on students in close contact with the identified student, including classroom staff, students, siblings and bus partners.
4. Verbal contacts (when possible) and written instructions on treatment will be given to family members of each student identified with an active case.
5. Students with head lice may return to school after the first treatment within written or verbal confirmation that the initial treatment was completed.
6. Each returning student will be examined by the school nurse to look for evidence that the treatment was successful.
7. The school nurse will provide in-service education as necessary for staff with emphasis on decreasing stigma associated with head lice as well as diagnosis, treatment, and control plans.
8. The school nurse will provide educational information and resources for students and families as needed.
9. Information regarding confirmed cases of head lice will be treated as confidential.

Please note that you will receive a notice from the school nurse if your child has been exposed to a reportable communicable disease.

#### **Injuries/Accidents**

In the event of an accident or injury, first aid will be administered by the classroom teacher or school nurse. The nurse or teacher will complete an accident report. If the injury is minor, you will be notified at the end of the day through the accident report. If there is a serious accident, you or the emergency contact will be called immediately and/or appropriate emergency care will be sought. If warranted, emergency medical services will be called or your child will be transported to emergency care. For any injury that requires a visit to a medical or dental professional, a copy of the accident report will be sent to Child Care Licensing within two (2) working days.

#### **Wellness**

All students must be in compliance with state immunization requirements and annual well child exams. BTMES must have a copy of these medical services on file. Please provide the school nurse with any updates changes in your child's health information, such as an updated annual exam, new immunizations, medications, or allergies. If you have questions regarding your child's health and attendance please call the school nurse at 476-6617 x6196.

The prekindergarten program does not allow hand sanitizer to be carried with your child. Accidents can happen, including children spilling the bottles on the bus. Children are required to wash their hands upon arrival, after using the bathroom, before/after eating and after blowing their noses.

Your child's daily program will include outside play (except when the temperature is below 10 degrees, factoring in the wind chill). If you choose to use sunblock, we ask that you apply this at home. If you want reapplication at school, please send in a labeled bottle with your signature and written directions of when you want the sunscreen applied (for example: "during the fall and spring months"). This permission must be updated annually. Children are not permitted to apply sunscreen independently. Please note that aerosol sprays are not permitted in the prekindergarten program.

### **Learning to be Independent**

Independence is an important concept for children and each child develops at his/her own pace. We will make every effort to partner with families on the toilet training process. When your child comes to school wearing a diaper, we will check it at least every two hours. It's common for three-year-olds to use the toilet with some assistance for clothing and wiping. It's common for four-year-olds to use the bathroom completely on their own and they may start requesting privacy. When your child uses the bathroom independently, we will offer time, space and privacy throughout the day. Your child's confidence will grow as s/he becomes successful and independent in self-care such as dressing, toileting, washing hands, and eating. Prekindergarten staff are committed to promoting independence in the school setting so please communicate any specific requests with us. **Please note:** if your child wears diapers or pull-ups, you must supply the diaper/pull-up AND wipes.

### **Nutrition and Snacks**

Both sessions will have a snack/breakfast and lunch. From September through December 31st, 2020 the BUUSD has been granted a waiver from the USDA to be able to provide free meals to all students. You may choose to access free breakfast and lunch or send healthy options from home.

We will encourage children to open packages and feed themselves. When you send food to school with your child, please be sure to follow the school's wellness policy outlined in the Parent/Student Handbook. Children are not allowed to bring candy into school. If your child is sent to school with candy, the candy will be sent back home.

### **Hazing, Harassment & Bullying**

BTMES is committed to providing all of its students with a safe and supportive school environment in which all members of the school community are treated with respect. For

more information, please see the Barre Unified Union School District's policy titled "Policy on the Prevention of Harassment, Hazing and Bullying of Students" CODE: F20.

### **Medication Policy**

The Barre Town Middle and Elementary School medication policy requires the use of a written physician's order for school administration of prescription medication; also a written permission from a parent/guardian to have the medication administered in school. The permission form and detailed prescription medication procedure are included in the Parent/Student Handbook. The following information that must be provided: name & date of birth of the child, any medication allergies, name of medication and dosage as well as administration schedule and route (mouth, nose, inhalation), reason for medication, start and end dates of medication and any special instructions.

If non-prescription medication is to be used during school hours, the school nurse must be notified and a written permission with instructions for administration from the parent/guardian must accompany the medications. Medications may not be transported to school by your child.

For further information regarding health concerns, refer to the Parent/Student Handbook.

### **Technology**

You may see a Smart Board or use of a computer or tablet in some of the classrooms. Tablets are sometimes used to take pictures and/or to record child progress. The use of Smart Boards and computers (screens) will be limited to developmentally appropriate and educationally relevant and will be supervised by teaching staff. Children who use assistive technology as part of their Individual Education Plan will have consistent access to their devices.

### **Clothing**

Prekindergarten children go outside and get messy regularly. Please make sure your child is appropriately dressed, including safe and comfortable shoes (not flip flops or shoes with high heels). Our Vermont winters require proper outerwear- hat, mittens, snowsuit and boots. Please mark all clothing and boots with your child's name or initials. You must provide an extra set of clothing (including shirt, pants, underwear and socks) to be kept at school or in their backpacks as we are required to have this on hand. As children grow and the seasons change, the change of clothes may need to change. Please check your child's extra set of clothing periodically and replace items as necessary. If you need support in providing this, please let your child's teacher know.

### **Evacuations and Safety Drills**

Your child will be participating in different kinds of evacuations and safety drills each month during the school year. Prekindergarten staff will follow school procedures for these drills. We will notify you after a drill occurs. Please remember these drills happen without

warning. Children do not have time to get a coat or to change into safe walking shoes. We ask that your child wear sneakers with a secure fit to preschool. Flip flops, crocs, shoes with a heel, and dress shoes are unsafe and prohibit preschoolers from moving quickly when necessary. If you need help with clothing or footwear, please let your child's teacher know. We may be able to help. Thank you for helping us keep your child safe.

### **Concerns**

Should you have questions or concerns about the program, about school procedures, or if you need assistance regarding your child, please talk with your child's prekindergarten teacher or special educator. Should further assistance be needed please contact the Early Education Director. We are interested in knowing your thoughts, questions, concerns, and suggestions.

### **Special Education & Child Find**

School Districts are responsible to identify, locate and evaluate any child who may have a disability. This is done through "child find" activities, such as public notices in newspapers and social media, communication with other community agencies and through developmental screenings. When a referral for evaluation is needed, the responsibility is determined by the child's age.

- Children aged birth-to-three are referred to Children's Integrated Services-Early Intervention.
- Children aged 3 through 5 are evaluated by the local educational agency (LEA) where the child resides. If eligible, services are offered based on the outcome of the child's IEP meeting for students in the public school setting and in the private schools within the school district boundary
- Students aged 5 through 21 who are parentally placed in independent elementary and secondary schools outside their LEA of residence, are provided Child Find by the LEA where the independent school is located.

When a child is found eligible for an Individualized Education Plan (IEP), the school district is responsible for offering services within the boundaries of the school district. If a parent declines these services or places their child in a program outside of the school district, there is no obligation for service provision.

For more information, visit:

<http://education.vermont.gov/student-support/special-education>

**Section 504** of the Rehabilitation Act of 1973 is a federal civil rights statute prohibiting discrimination against students with disabilities and guarantees them a free and appropriate public education. Every entity, including public and independent schools, that receives federal funding, directly or indirectly is subject to the requirements and there is no federal or state funding provided to assist schools in complying with Section 504 yet public and Independent Schools receiving federal funds, directly or indirectly, are individually responsible for compliance with Section 504. Federal regulations prohibit schools and private programs from excluding students with disabilities for whom they are able to provide an appropriate education with "minor adjustments." Section 504 is a civil rights statute and not a special education statute, and thus has a broader scope than the

Individuals with Disabilities Education Act (IDEA). Students with disabilities receiving special education services are protected under Section 504 but not all Section 504 students are eligible for special education. With regard to prekindergarten, the PreK program that the child attends, not the school district, is the responsible party for Section 504. For more information, visit: <https://sites.ed.gov/idea/>

### **Evaluation Referrals**

The first step in supporting a family and child with potential disability is making a referral. This can be done directly by the parent/guardian or by another person on behalf of the child (with the guardian's permission). The referral starts the process of determining if a child has a disability which qualifies her/him for an IEP or 504 Plan. If you have any questions or concerns about the development of a child, please contact the School District's Director of Special Services or Principal.

### **Resources for families**

The staff at Barre Town is available to help and support families with information and resources about child development, behavior, and other concerns. The prekindergarten program does have a small lending library available with books pertaining to child development and parenting. If you would like to check out one of these books, please let your child's teacher know.

**Vermont 2-1-1** is the number to dial to find out about hundreds of important community resources, like emergency food and shelter, disability services, counseling, senior services, health care, child care, drug and alcohol programs, legal assistance, transportation agencies, educational and volunteer opportunities, and much more.

[www.vermont211.org](http://www.vermont211.org)

- 2-1-1 is not an emergency number like 9-1-1, nor is it directory assistance like 4-1-1
- 2-1-1 is your first step toward solving everyday problems or when you are facing difficult times.
- It's a free service. It's confidential. It's 24/7.

Vt. Agency of Human Services  
([www.screendoor.vermont.gov](http://www.screendoor.vermont.gov))

The Family Center of Washington County  
383 Sherwood Drive  
Montpelier, VT 05602  
(802) 262-3292  
Child Care Referral line: 262-3292 x122, or toll-free 1-877-705-9008

Children with Special Health Needs/Child Development Clinic  
Vermont Department of Health  
108 Cherry St, PO Box 70  
Burlington, VT 05401

(802) 863-7338 or 1-800-660-4427

Capstone Community Action Head Start  
1-800-639-1053  
jboyd@capstonevt.org

Washington County Mental Health  
802-229-0591

Child Development Division  
Department for Children and Families  
103 South Main St  
2 & 3 North  
Waterbury, Vt 05671-5500  
1-800-649-2642

Child Care Consumer Line: 1-800-649-2642 or 802-769-6152

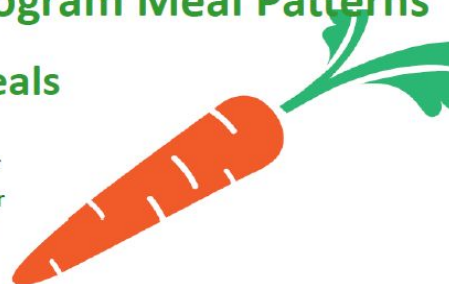


United States Department of Agriculture

# NEW Child and Adult Care Food Program Meal Patterns

## Child and Adult Meals

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the new child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the new meal patterns by October 1, 2017.



\* \* \* \* \*

### New Child and Adult Meal Patterns

#### Greater variety of vegetables and fruits:

- \* The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- \* Juice is limited to once per day.

#### More whole grains:

- \* At least one serving of grains per day must be whole grain-rich;
- \* Grain-based desserts no longer count towards the grains component; and
- \* Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).



#### More protein options:

- \* Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- \* Tofu counts as a meat alternate.

#### Age appropriate meals:

- \* A new age group to address the needs of older children 13 through 18 years old.

#### Less added sugar:

- \* Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- \* Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

#### Making every sip count:

- \* Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;
- \* Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- \* Yogurt may be served in place of milk once per day for adults only.



#### Additional improvements:

- \* Extends offer versus serve to at-risk afterschool programs; and
- \* Frying is not allowed as a way of preparing foods on-site.

See a side-by-side comparison of the old and new child and adult meal patterns on the other side. For more information on the new CACFP meal patterns visit: <http://www.fns.usda.gov/cacfp/meals-and-snacks>.

April 22, 2016

## Appendix A





United States Department of Agriculture

## Old and New Child and Adult Meal Patterns: Let's Compare



### Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Old	New	Old	New	Old	New	Old	New
<b>Milk</b>	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
<b>Vegetables, fruit, or both</b>	¼ cup	¼ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
<b>Grains</b>	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	1 oz eq*	2 servings	2 oz eq*

\*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.

Oz eq = ounce equivalents

### Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Old	New	Old	New	Old	New	Old	New
<b>Milk</b>	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
<b>Meat and meat alternates</b>	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
<b>Vegetables</b>	¼ cup	⅙ cup	½ cup	¼ cup	¾ cup	½ cup	1 cup	½ cup
<b>Fruit</b>		⅙ cup		¼ cup		¼ cup		½ cup
<b>Grains</b>	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	2 servings	2 oz eq

\*A serving of milk is not required at supper meals for adults

Oz eq = ounce equivalents

### Snack Meal Pattern

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Old	New	Old	New	Old	New	Old	New
<b>Milk</b>	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
<b>Meat and meat alternates</b>	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
<b>Vegetables</b>	¼ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
<b>Fruit</b>		½ cup		½ cup		¾ cup		½ cup
<b>Grains</b>	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	1 serving	1 oz eq

Select 2 of the 5 components for snack.

Oz eq = ounce equivalents

**Note:** All serving sizes are minimum quantities of the food components that are required to be served.

April 22, 2016

## Appendix A



Signs and Symptoms Chart						
<i>Symptom</i>	<i>Common Causes</i>	<i>Complaints or What Might Be Seen</i>	<i>Notify Health Consultant</i>	<i>Notify Parent</i>	<i>Temporarily Exclude?</i>	<i>If Excluded, Readmit When</i>
Cold Symptoms	<i>Viruses (early stage of many viruses)</i> <ul style="list-style-type: none"> <li>• Adenovirus</li> <li>• Coxsackievirus</li> <li>• Enterovirus</li> <li>• Parainfluenza virus</li> <li>• Respiratory syncytial virus</li> <li>• Rhinovirus</li> <li>• Coronavirus</li> <li>• Influenza</li> </ul>	<ul style="list-style-type: none"> <li>• Runny or stuffy nose</li> <li>• Scratchy throat</li> <li>• Coughing</li> <li>• Sneezing</li> <li>• Watery eyes</li> <li>• Fever</li> </ul>	Not necessary	Yes	No, unless: <ul style="list-style-type: none"> <li>• Fever accompanied by behavior change.</li> <li>• Individual looks or acts very ill.</li> <li>• Individual has difficulty breathing.</li> <li>• Individual has blood red or purple rash not associated with injury.</li> <li>• Individual meets other</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>

## Appendix B

Signs and Symptoms Chart						
Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
	<i>Bacteria</i> • Mycoplasma				exclusion criteria	
<b>Cough</b> (May come from congestion anywhere from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.)	<ul style="list-style-type: none"> <li>• Common cold</li> <li>• Lower respiratory infection (eg, pneumonia, bronchiolitis)</li> <li>• Croup</li> <li>• Asthma</li> <li>• Sinus infection</li> <li>• Bronchitis</li> </ul>	<ul style="list-style-type: none"> <li>• Dry or wet cough</li> <li>• Runny nose (clear, white, or yellow-green)</li> <li>• Sore throat</li> <li>• Throat irritation</li> <li>• Hoarse voice, barking cough</li> </ul>	Not necessary	Yes	<p>No, unless:</p> <ul style="list-style-type: none"> <li>• Severe cough</li> <li>• Rapid and/or difficult breathing</li> <li>• Wheezing if not already evaluated and treated</li> <li>• Cyanosis (i.e., blue color of skin and mucous membranes)</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>
<b>Diarrhea</b>	Usually viral, less commonly bacterial or parasitic	<ul style="list-style-type: none"> <li>• Frequent loose or watery stools compared to child's normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.)</li> <li>• Abdominal cramps.</li> <li>• Fever.</li> <li>• Generally not feeling well.</li> <li>• Sometimes accompanied by vomiting.</li> </ul>	For one or more cases of bloody diarrhea or 2 or more children with diarrhea in group within a week	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> <li>• Stool is not contained in the diaper for diapered children.</li> <li>• Diarrhea is causing "accidents" for toilet-trained children.</li> <li>• Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation.</li> <li>• Blood/mucus in stool.</li> <li>• Abnormal color of stool for child (eg, all black or very pale).</li> <li>• No urine output in 8 hours.</li> <li>• Jaundice (i.e., yellow skin or eyes).</li> </ul>	<ul style="list-style-type: none"> <li>• Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by <i>Shigella</i>, <i>Salmonella</i>, or <i>Giardia</i>.</li> <li>• Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents.</li> <li>• Able to participate.</li> </ul>

Signs and Symptoms Chart						
Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Difficult or Noisy Breathing	<ol style="list-style-type: none"> <li>Common cold</li> <li>Croup</li> <li>Epiglottitis</li> <li>Bronchiolitis</li> <li>Asthma</li> <li>Pneumonia</li> <li>Object stuck in airway</li> </ol>	<ol style="list-style-type: none"> <li>Common cold: Stuffy nose, sore throat, cough, and/or mild fever.</li> <li>Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in.</li> <li>Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down.</li> <li>(and 5.) Bronchiolitis and Asthma: Individual is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in.</li> </ol>	Not necessary	Yes	<p>• Fever with behavior change.</p> <p>• Looks or acts very ill.</p> <p>Yes, if</p> <ol style="list-style-type: none"> <li>Fever accompanied by behavior change.</li> <li>Individual looks or acts very ill.</li> <li>Individual has difficulty breathing.</li> <li>Individual has blood red or purple rash not associated with injury.</li> <li>The individual meets other exclusion criteria.</li> </ol>	<p>• Exclusion criteria are resolved.</p>

## Appendix B

Signs and Symptoms Chart						
Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
		5. See above. 6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). 7. Object stuck in airway: Symptoms similar to group (2 above)				
Earache	1. Bacteria or viruses 2. Often occurs in context of common cold	1. Fever 2. Pain or irritability 3. Difficulty hearing 4. "Blocked ears" 5. Drainage 6. Swelling around ear	Not necessary	Yes	No, unless: <ul style="list-style-type: none"> <li>• Unable to participate.</li> <li>• Care would compromise staff's ability to care for other children.</li> <li>• Fever with behavior change.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion criteria are resolved.</li> </ul>
Eye Irritation, Pinkeye	1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) 2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) 3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 4. Chemical irritation of the membrane covering the eye	1. Bacterial infection: Pink color instead of whites of eyes <i>and</i> thick yellow/green discharge. May be irritated, swollen, or crusted in the morning. 2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection. 3. (and 4.) Allergic and chemical irritation: red, tearing, itchy eyes; runny nose, sneezing; watery discharge.	Yes, if 2 or more children have red eyes with watery discharge	Yes	<i>For bacterial conjunctivitis</i> No. Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most individuals with pinkeye get better after 5 or 6 days without antibiotics.  <i>For other forms</i> No, unless: <ul style="list-style-type: none"> <li>• The individual meets other exclusion criteria.</li> </ul> Note: One type of viral	<ul style="list-style-type: none"> <li>• <i>For bacterial conjunctivitis</i>, once parent has discussed with health professional. Antibiotics may or may not be prescribed.</li> <li>• Exclusion criteria are resolved.</li> </ul>

## Appendix B

Signs and Symptoms Chart						
Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
	and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution)				conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.	
Fever	<ul style="list-style-type: none"> <li>Any viral, bacterial, or parasitic infection</li> <li>Overheating</li> <li>Reaction to medication (e.g., vaccine, oral)</li> <li>Other noninfectious illnesses (e.g., rheumatoid arthritis, malignancy)</li> </ul>	<p>Flushing, tired, irritable, decreased activity</p> <p>Notes</p> <ul style="list-style-type: none"> <li>Fever alone is not harmful. When a individual has an infection, raising the body temperature is part of the body's normal defense against outside attacks.</li> <li>Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents</li> </ul>	Not necessary	Yes	<p>No unless:</p> <ul style="list-style-type: none"> <li>Behavior change.</li> <li>Unable to participate.</li> <li>Care would compromise staff's ability to care for other children.</li> </ul> <p>Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for individuals older than 4 months are</p> <ul style="list-style-type: none"> <li>100°F (37.8°C) axillary (armpit)</li> <li>101°F (38.3°C) orally</li> <li>102°F (38.9°C) rectally</li> <li>Aural (ear) temperature equal to oral or rectal temperature</li> </ul>	<ul style="list-style-type: none"> <li>Able to participate</li> <li>Exclusion criteria are resolved.</li> </ul>

## Appendix B



Signs and Symptoms Chart						
Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Re-admit When
		<p>should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures.</p> <p>Warning: Do not give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).</p> <ul style="list-style-type: none"><li>• Fired and irritable</li><li>• Can occur with or without other symptoms</li></ul>			Get immediate medical attention when infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour.	
Headache	<ul style="list-style-type: none"><li>• Any bacterial/viral infection</li><li>• Other noninfectious causes</li></ul>		Not necessary	Yes	No, unless: <ul style="list-style-type: none"><li>• Individual is unable to participate</li></ul> <p>Note: Notify health professional in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her "belly button" (putting chin to chest) – different from soreness in the side of the neck.</p>	<ul style="list-style-type: none"><li>• Able to participate</li></ul>
Itching	<ol style="list-style-type: none"><li>1. Ringworm</li><li>2. Chickenpox</li><li>3. Pinworm</li><li>4. Head lice</li></ol>	<ol style="list-style-type: none"><li>1. Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp.</li><li>2. Chickenpox: Blister-like</li></ol>	For infestations such as lice and scabies; if more than one	Yes	For chickenpox, scabies, and impetigo Yes	<ul style="list-style-type: none"><li>• Exclusion criteria are resolved.</li><li>• On medication or treated as recommended by a</li></ul>

## Appendix B

Signs and Symptoms Chart						
Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
	5. Scabies 6. Allergic or irritant reaction (eg, poison ivy) 7. Dry skin or eczema 8. Impetigo	spots surrounded by red halos on scalp, face, and body; fever; irritable. 3. Pinworm: Anal itching. 4. Head lice: Small insects or white egg sheaths (nits) in hair. 5. Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes. 6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). 7. Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection. 8. Impetigo: Areas of crusted yellow, oozing sores. Often around mouth or nasal openings.	child in group has impetigo or ringworm; for chickenpox		<i>For ringworm and head lice</i> Yes, at the end of the day <ul style="list-style-type: none"><li>Individual should be referred to a health professional at the end of the day for treatment.</li></ul> <i>For pinworm, allergic or irritant reactions, and eczema</i> No, unless: <ul style="list-style-type: none"><li>Appears infected as a weeping or crusty sore</li></ul> Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.	health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most individuals with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.
Mouth Sores	1. Oral thrush (yeast infection)	1. Oral thrush: White patches on tongue and	Not necessary	Yes	No, unless: <ul style="list-style-type: none"><li>Drooling steadily related</li></ul>	<ul style="list-style-type: none"><li>Able to participate</li><li>Exclusion criteria are</li></ul>

## Appendix B

Signs and Symptoms Chart						
Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
	2. Herpes or coxsackie virus infection 3. Canker sores	along cheeks 2. Herpes or coxsackie virus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips 3. Canker sores: Painful ulcers on cheeks or gums			to mouth sores. • Unable to participate. • Care would compromise staff's ability to care for other children.	resolved
Rash	Many causes 1. Viral: roseola infantum, fifth disease, chickenpox, herpes virus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 2. Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) 3. Severe bacterial infections: meningococcus, pneumococcus, <i>Staphylococcus aureus</i> (MSSA, MRSA)	Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks. 1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance. 2. Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, pus. 3. Severe bacterial infections: Rare. These children have fever with	For outbreaks	Yes	No, unless: • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury • Has joint pain and rash • Unable to participate • Tender, red area of skin, especially if it is increasing in size or tenderness	• Able to participate in daily activities. • On antibiotic medication at least 24 hours (if indicated). • Exclusion criteria are resolved.

## Appendix B



Signs and Symptoms Chart						
Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Sore Throat (pharyngitis)	<ol style="list-style-type: none"> <li>1. Viral – common cold viruses that cause upper respiratory infections</li> <li>2. Strep throat</li> </ol>	<p>rash and may be very ill.</p> <p>1. Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion.</p> <p>2. Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection.</p>	Not necessary	Yes	<p>No, unless:</p> <ul style="list-style-type: none"> <li>• Inability to swallow.</li> <li>• Excessive drooling with breathing difficulty.</li> <li>• Fever with behavior change.</li> <li>• The individual meets other exclusion criteria.</li> </ul>	<ul style="list-style-type: none"> <li>• Able to swallow.</li> <li>• Able to participate.</li> <li>• On medication at least 24 hours (if strep)</li> <li>• Exclusion criteria are resolved.</li> </ul>
Stomachache	<ol style="list-style-type: none"> <li>1. Viral gastroenteritis or strep throat</li> <li>2. Problems with internal organs of</li> </ol>	<p>1. Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach</p>	Not unless multiple cases in same group within 1 week.	Yes	<p>No, unless:</p> <ul style="list-style-type: none"> <li>• Severe pain causing child to double over or scream</li> <li>• Abdominal pain after injury</li> </ul>	<ul style="list-style-type: none"> <li>• Pain resolves.</li> <li>• Able to participate.</li> <li>• Exclusion criteria are resolved.</li> </ul>

## Appendix B

## ***Overview of ADA, Early Childhood Special Education and Section 504***

**The Americans with Disabilities Act (ADA) and Americans with Disabilities Act Amendments Act (ADAAA)** is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services, and telecommunications.

For more information, visit: <https://www.ada.gov/>