



# **The Children's Center**

## **Parent Handbook**

**Effective September 2024**

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## ***Greeting Parents/Guardians:***

Welcome to The Children's Center Early Head Start, Head Start and Early Care and Education Programs.

The Children's Center is a nonprofit agency offering high-quality, affordable childcare for children ages six weeks to five years. Highly qualified staff and low ratios help ensure the best possible care for your child. The Children's Center also offers behavior support services, early intervention, and pediatric therapy on-site.

Through Early Head Start, the Children's Center provides family-centered services to low-income pregnant women and families with children under the age of three. Home-based services as well as family advocacy support are offered to all Early Head Start families.

The Children's Center Head Start program provides family-centered services to low-income families with children ages 3 to 5. Studies of the Head Start programs found that Head Start increases educational achievement, also assisting parents in making progress toward their educational, literacy, and employment goals. Our Early Head Start and Head Start families who need transportation are supported in completing a transportation ranking scale to determine if they qualify for transportation services to attend center-based care.

Head Start's philosophy is to provide a safe and healthy environment for your child. Staff will provide a variety of developmentally appropriate individualized activities for each child enrolled in our Head Start program. Parents will support these activities by reinforcing them at home. We encourage the entire family to become involved in the Head Start program. Parents are viewed as the first and primary educator of their children and therefore, should be integrally involved in the education of their child by volunteering in the classroom, attending parent committee meetings, and assisting with special activities at the center.

We hope that this handbook will guide you through the many opportunities you will experience with your child in The Children's Center's Early Educational Care and Head Start Programs. We look forward to our partnership to help ensure that you and child have the most rewarding experience during these most important formative years!

**ENJOY YOUR YEAR!**



## **Mission Statement**

**We nurture and educate children and their families.**

### **SHARED VALUES**

Because children deserve our best efforts...

- We serve children of all levels of ability, including children with disabilities.
- We celebrate diversity in all our programs.
- We recognize the family as the best teacher and decision maker for their children.
- We embrace the community as our partner in serving children.

### **OUR PROGRAMS**

#### **Early Head Start & Head Start**

The Children's Center is the grantee for Early Head Start and Head Start programs in Western Tidewater, which provide family-centered services to low-income pregnant women and families with children birth to five. The Early Head Start & Head Start promotes the physical, cognitive, social, and emotional growth of young children and support the parents' roles as primary caregivers and educators.

#### **Early Care and Education**

At the Texie Camp Marks Children's Center located in Franklin and the Suffolk Children's Center, we offer licensed childcare services for children six weeks of age through the age of five. The Children's Center seeks opportunities to serve children of different cultures, races, genders, socio-economic backgrounds, and ability levels.

#### **Early Intervention**

The Early Intervention offers developmental services to infants and toddlers' birth to age three with developmental delays and disabilities.

#### **Pediatric Therapy**

The Children's Center offers speech therapy and occupational therapy services to infants through young adults twenty-one years of age. The Center is licensed by the Virginia Department of Health to provide these services.



We nurture and educate children and their families.

### **Civil Rights Statement: Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD- 3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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[www.childrenscenterva.com](http://www.childrenscenterva.com)



## **INCLEMENT WEATHER PROCEDURES**

### **Communication plan for possible delays or closings**

- Alert Text Blast will be sent - *Have you signed up for this?* o You can register by informing HR.
- Website, Facebook @ **The Children's Center Official Page**, and WLQM 101.7 will be updated with schedule changes.

### **Procedures for possible delays or closings**

- *If the public schools in your area are on a 1-hour delay*, EHS/Head Start classes will open at regular time.
- *If the public schools in your area are on a 2-hour delay*, EHS/Head Start classes and transportation will be on a 1-hour delay.
- *If the public schools in your area are closed*, transportation will not run, and you will need to call your child's center for opening information.

300 Executive Ct.  
Suffolk, VA  
757-538-2523

Suffolk Head Start  
860 Davis Blvd  
Suffolk, VA  
757-809-5557

700 Campbell Ave. &  
507 W. Third Ave.  
Franklin, VA  
757-562-6808

Smithfield EHS & Head Start  
757-356-1015

Southampton EHS & Head Start  
757-653-9792

**These plans are subject to change.  
Please continue to check our website, Facebook, and phones for updates!**

## **PARENT ACCESS TO CHILD'S RECORDS**

The Children's Center, Head Start / Early Head Start will give full rights to either parent to access their child's records, unless the program has been provided with evidence that there is a court order, state statute or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes those rights.

## **TRANSPORTATION POLICY**

The Children's Center shall assure safe and punctual transportation of all children and adults in its programs using trained, qualified staff.

- o A child must be ready to be picked up at the scheduled time.
- o Children can board the bus only if an adult accompanies them to the bus.
- o Any person that is to receive a child must always have photo identification with them and be listed as an authorized pick-up person (Form 1520).

Head Start/Early Head Start is not required to provide transportation to all children. However, The Children's Center tries its best to provide Transportation to families who are in need based on the transportation ranking scale.

## **REPORTING SUSPECTED CHILD ABUSE & NEGLECT**

It is a policy of The Children's Center that any suspected case of abuse or neglect of a child served by the agency shall be reported immediately to the Child Protective Services Unit of the local Department of Social Services or to the State Child Abuse Hotline in accordance with the Code of Virginia Chapter 12.1 Child Abuse and Neglect Law, Section 63.1 - 248.3.

### **ARRIVAL AND DEPARTURE PROCEDURE**

It is the policy of The Children's Center that all children will safely enter and exit the building. All children must be signed in upon arrival and out by parent, transporter, or teacher for departure.

### **RELEASE OF CHILDREN**

It is the policy of The Children's Center that written authorization is required for the release of children to anyone other than the parent or guardian. Parents shall submit names of individuals authorized to pick-up their child on the registration form (Form #1713). For the child's safety, picture identification may be required for individuals unknown to staff.

For children transported by The Children's Center, the individual receiving the child at drop off must be authorized by the parent on Form #1713. If an unauthorized adult or child is at the home for drop off, the transporter will not release the child, the child will be returned to the main Center and the procedures for late pick-up will be followed. According to Virginia State Law, children will be released to either parent unless a court order has been provided restricting visitation and custody.

### **LATE PICK-UP PROCEDURE**

It is the policy of The Children's Center that all children in childcare programs shall be picked up by the end of the program day. The Center will reach out to parents/guardians and any emergency contacts listed for the child. If the Center cannot arrange transportation or custody of the child with parents or identified emergency contacts, the police department for the child's city or county will be notified after 1 hour. Refer to Form 1538 for progressive action steps. For children enrolled in the Community Childcare program, there will be a \$5 charge for each minute after closing. (See form 1339d for current rates.)

## **EMERGENCY PREPAREDNESS PLANS**

Each center has their own plan in the event of an emergency (i.e., fire, tornado, etc.). These individual plans will be reviewed with each parent during the enrollment orientation. All emergency plans are posted in each classroom of the center. (Please see Emergency Plan)

## **CONFIDENTIALITY**

The Children's Center assures the confidentiality and protection of individual rights to privacy for clients, families, and employees. The individual dignity of clients, families, and employees shall be respected and always protected in accordance with the law.

Information about clients, families, or employees shall not be divulged to anyone other than persons who are authorized to receive such information. This policy extends to both internal and external disclosure.

## **CONSTRUCTIVE DISCIPLINE**

It is the policy of the Children's Center to provide children with positive, constructive discipline at all times. Positive, constructive discipline helps children learn to control their own behavior, and it provides a safe environment for all children at the Center. Discipline will help the child become a confident individual who can relate to other people in a healthful and caring way.

Parents are encouraged to visit and observe the Center at any time. If parents are experiencing disciplinary problems in the home, the Children's Center staff is always willing to discuss the concerns and work with parents to develop a consistent approach for home and school.

***The following actions or threats thereof are forbidden:***

1. Physical punishment, striking a child, roughly handling, or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment.
2. Enclosure in a small, confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, highchairs, and safety gates when used with children preschool age or younger for their intended purpose.
3. Punishment by another child.
4. Separation from the group so that the child is away from the hearing and vision of a staff member.
5. Withholding or forcing of food or rest.
6. Verbal remarks which are demeaning to the child.
7. Punishment for toileting accidents; and
8. Punishment by applying unpleasant or harmful substances.

## **CURRICULUM**

Curriculum is a written plan that includes:

- Goals for children's development and learning
- Experiences through which they will achieve these goals
- What staff and parents do to help children achieve these goals.

We use the STREAMin3 for all Programs. STREAMin3 is an engaging, interactions - based curriculum for children ages birth through five. STREAMin3 is grounded in developmental and early education research. It focuses on six STREAM and 5 (five) core skills to promote children's development an early learning.

## **CLASSROOM SCHEDULE**

The classroom's teachers work cooperatively to create a daily schedule and plan activities that meet each child's developmental abilities and needs. The daily schedule and activities create a balance between active and quiet times; large and small group, and individual activities; small and large muscle activities; indoor and outdoor play times; as well as times for self-selection and teacher-directed activities. Consistency from day-to-day is particularly important to the overall well-being of the children and classroom environment. Children thrive on consistency! Routines will be maintained whenever possible for arrivals and departures; meals and snacks; resting or nap times; personal care routines like diapering/toileting and hand washing; and transitions.

Posted at each classroom, we have daily schedules, menus, lesson plans, and other pertinent information about the daily routine or as required by Department of Education.

## **MEALS/SNACKS**

All meals, snacks, and in the case of infants, the center's chosen brand of formula will be provided for children while at the center. The menu for the month will be posted in the program ECE room and distributed to parents monthly.

- Infants enrolled in Early Care & Education program: Parents are responsible for providing bottle/ formula/ breast milk and provide bottles that are marked clearly with the child's name.
- EHS infants- the formula will be provided by the center.

Parents who wish to bring store bought items for special celebrations or field trips must contact the Site Supervisor or Center Based Coordinator.

- All children in center-based programs receive a USDA approved breakfast, lunch and snack.
- Menus are provided monthly and posted in classrooms.

- Infants are fed expressed breast milk or an iron fortified formula for the entire first year. Infants are held during bottle feeding.
- Breastfeeding mothers are offered a quiet, nurturing environment in which to feed their infant.
- Children receive formula/food appropriate to their nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern, and infants are fed on demand.
- Food is never used as a reward or punishment.
- Meals are served family style with adults and children eating the same foods which include a variety of cultural and ethnic preferences. All children are assisted by staff to serve themselves as they are developmentally able and are encouraged to taste or eat foods but are not forced to do so. Children are allowed sufficient time to eat. When finished eating, each child may leave the table and is encouraged to clear plates, silverware, and cups as developmentally appropriate.
- Teachers plan time after at least one meal for oral care as per policy # 558.
- Children participate in meal service and food activities as developmentally appropriate.

### **FOOD ALLERGIES**

Menu substitutions are made to meet a child's dietary needs. If your child has food allergies or intolerances a statement for a special diet prescription form will need to be completed by their doctor before your child begins center-based care. Once completed, the form will be reviewed and given to our Health Services Manager and a special menu will be created for your child. Menu substitutions can also be made based on religious or personal beliefs. Outside food is **not** allowed.

## **DEVELOPMENTAL SCREENINGS**

The Children’s Center uses the Ages & Stages Questionnaire, 3<sup>rd</sup> Edition (ASQ-3) and the Ages & Stages Questionnaire, Social-Emotional, 2<sup>nd</sup> Edition (ASQ:SE-2) to help us keep an eye on children’s development. This is a great opportunity for families to provide information about their child, and it gives us a “snapshot” of how a child is developing. We work closely with families when children may benefit from referral for further assessment or supports.

Families receive links to complete the ASQ-3 and the ASQ:SE-2 in the “ASQ Online” system. This is a secure and confidential system, so your responses are safe. You are the expert on your child—your input is hugely valuable! Teachers will talk with you about any potential concerns identified on the screenings. We always want to empower families to understand options and choose the best next steps for their child.

## **BEHAVIORAL HEALTH SERVICES**

If you have concerns or questions about your child’s behavior or emotions, or if you are looking for ideas for how to respond to challenging behavior, we are here to support you!

Our behavioral health team is available as a resource to all families and staff.

In addition to leadership staff with graduate degrees in mental health fields, we have “Behavior Support” staff who can provide nurturing support to children in classrooms.

We use a positive, team-based approach to help understand a child’s strengths and needs. We work closely with families and teachers to help children successfully participate in routines and activities.

Services are individualized based on what each child or family needs—anything from designing a special helper job for a child in the classroom, to arranging

additional training for teachers or families, to supporting families with a referral for more intensive services in the community.

If you'd like to set up a time to chat with a member of our behavioral health team, please call your child's center. We are here to help!

### **PHYSICAL EXAMINATION AND IMMUNIZATION CERTIFICATE**

The Children's Center shall maintain current records of physical examination and immunization certificates for all children participating in Center-based programs and early intervention.

Immunization records will be updated every six months for children birth to two years and then once between the child's fourth and sixth birthday.

Children participating in other Children's Center programs who use the day care, even occasionally, as well as all early intervention clients must comply with this policy.

Early intervention clients' immunization records will be updated at each assessment by telephone contact with the child's physician. Current immunization will be documented in the Health Surveillance portion of the child's assessment.

### **ORAL CLEANING**

It is the policy of The Children's Center to promote good oral hygiene by facilitating oral cleaning of the children's gums and teeth daily while preventing cross contamination between children.

Tooth decay is a common disease of childhood in the U.S. Facilitating and modeling good oral hygiene practices through tooth brushing is a key strategy in oral health promotion.

Beginning as soon as teeth emerge and are visible in the mouth, staff will assist with brushing each child's teeth once daily using a toothbrush with fluoride toothpaste.

- Staff will use standardized hand washing procedures before and after handling toothbrushes and use gloves as appropriate.
- Each child with teeth will have her/his own labeled toothbrush.
- Toothbrushes will be stored away from diapering tables, food preparation areas or cleaning product storage areas.
- Toothbrushes will be replaced every 4 months.
- Refer to Form 1558 for technical assistance and special instructions for tooth brushing.

### **INJURY AND INCIDENT REPORTS**

It is the policy of The Children's Center that Incident Report Form # 1432 shall be completed following any unusual incident or accident.

The incident report Form #1432 will be completed following an incident by staff member most directly involved in the care of the child at the time of the incident and by the witness. This form is to be completed immediately following resolution of the event.

The original incident report form shall be filed in the center's incident binder. A copy shall be given to the child's parent/guardian.

Any incident relating to the operation of the Children's Center's programs which results in serious injury or death shall be investigated by the Children's Center, appropriately reported to local authorities and reported to the appropriate Office(s) of Licensure.

## **MEDICAL & MENTAL HEALTH EMERGENCIES**

It is the policy of the Children’s Center to respond quickly and appropriately to health or mental health emergencies that require rapid response on the part of staff or immediate medical attention.

Staff will follow procedures detailed on Policy # 436, including any necessary actions dependent on the situation at hand such as delivering first aid, contacting parents, calling 911 (as appropriate), contacting program leadership, and reporting the incident to outside entities as required within specified timeframes.

When a child or adult poses a significant danger to self or others, staff will use their best judgement to deescalate the situation in a safe manner. Staff will attempt to support children to return them to a state of emotional-behavioral regulation and work together to keep everyone safe. Parents will be contacted when a child’s emotional-behavioral state presents a significant safety concern that is not responsive to staff attempts to support the child, and program staff will support families in obtaining needed mental health services in the community

When a child or adult presents with signs of a mental health emergency that is dangerous or life-threatening such that immediate emergency action is needed, staff will work together and select the most appropriate resource or action including the following: Suicide & Crisis Lifeline (988), 911 or following lockdown procedures.

## **ADMINISTRATION OF MEDICATION**

It is the policy of the Children’s Center that prescription and non-prescription medications (including diaper cream, sunscreen, and insect repellent) may be administered to children when medically necessary or requested by parents in accordance with the Code of Virginia, Virginia Department of Social Services, Minimum Standards for Licensed Child Day Centers, and standards approved by the Children’s Center.

1. Any staff member who gives medication must possess a current Medication Administration Training (MAT) certification. Documentation of MAT certification will be kept in the staff member’s personnel file.

2. Staff shall follow Policy # 821, Determination of Health Status, to help identify which children require medications onsite. For children who require emergency/rescue medication based on determination from a medical professional, staff shall follow Rescue Medication Policy # 746.
3. Staff shall follow the steps outlined on the Medication Administration Checklist (Form # 1741a) related to required documentation, receipt of medication, case conferences, and ongoing monitoring.
4. Administration of all medication accompanied by a MAT form shall be documented on the MAT Log of Medication Administration Form # 1742.
5. Parents are required to provide all medications and supporting documentation. The program will assist families in obtaining the required documentation and medication as needed. For rescue/emergency medications (e.g., inhalers, epi-pens), the Center will follow the procedures specified in the Rescue Medication Policy # 746.
6. Should an adverse reaction or medication error occur, the Lead Teacher (or MAT-certified staff member) shall immediately notify the Center-based Coordinator and the parent. In the event of accidental
7. overdose or ingestion of a wrong medication, Poison Control will be contacted. If symptoms warrant, EMS will be activated. For guidance on documentation refer to the Medication Administration Checklist.

### **SPECIAL CIRCUMSTANCES**

If a parent or childcare staff believes that special circumstances require exception to this procedure, either may request a full case conference with parents, lead teacher, and the Childcare Health Consultant. An individualized plan may be

developed if appropriate. The center's first concern shall be the safety of children attending childcare.

### **RESCUE MEDICATION**

It is the policy of the Children's Center that children identified by a medical professional with health conditions requiring rescue/emergency medication have needed rescue medications to attend center-based care.

Parents will be required to provide the medication prior to the child attending center-based care. The program will assist the families in obtaining the required documentation and medication when needed.

1. Documentation Requirements: The Site Supervisor will contact the newly accepted family and advise them of these requirements prior to the child beginning center-based care:

- a) The medication must be accompanied by a current MAT form in order to administer the medication.
- b) The rescue medication must be available in the class prior to the child attending.
- c) That the medication must be delivered in the original pharmacy packaging/box and that the prescription sticker must include:

- i. the child's name
- ii. the medication names
- iii. the dose and timing
- iv. the physician's name and contact phone number
- v. an expiration dates

2. Case Conferences: The Site Supervisor (or designee) will advise the Health Manager, Family Advocate, and Teacher(s) that the child has been accepted in the program and that the case conference will occur with the family to ensure appropriate care. Site Supervisor will call needed staff together for the case conference.

3. Receipt of Medication: The Site Supervisor (or designee) will make appointments with the families to obtain medication(s) once the Written Medication Consent form(s) (MAT Medication Consent Form #1741) has been received from the medical professional, to ensure that medication and documentation will be on site before the child begins classroom services.
4. Expiring Medication: In the event that medication expires during the program year, Site Supervisor will advise parents of the need to refill the medication within 14 days prior to the expiration of the medication. Expired medication will not be administered.

### **ADMINISTRATION OF SUNSCREEN AND INSECT REPELLANT**

It is the policy of The Children's Center to administer sunscreen or insect repellent to children when requested by parents.

Whenever possible, parents shall be responsible for administering sunscreen or insect repellent to their own child/children. Staff members will administer sunscreen or insect repellent in accordance with this policy in the absence of the parents.

#### **1. THE PARENTS HAVE THE FOLLOWING RESPONSIBILITIES:**

Provide written notice to staff requesting application of sunscreen or insect repellent using the MAT Written Medication Consent Form # 1741. #1-#23 must be completed. Section #18 should be omitted. This documentation must include any known reactions & be completed annually and when there is a change in the brand of insect repellent or sunscreen. Provide sunscreen with a minimum SPF of 15 in the original container labeled with the child's name.

#### **2. FOR COMMUNAL USE**

If the Children's Center supplies one bottle of sunscreen or insect repellent to be applied to a group of children, the Center will provide parents with the brand name of the sunscreen or insect repellent to be supplied. In order to use the supplied sunscreen or insect repellent, the parents must provide written notice to staff authorizing application of the specific brand of sunscreen or insect repellent by completing #1-#23 of the MAT Written Consent Form # 1741. #18 should be

omitted. This form should be completed annually and when there is a change in the brand of sunscreen or insect repellent. If the brand changes, the Center will again notify the parents, and parents will be required to again provide written notice to staff authorizing application of the changed brand of sunscreen or insect repellent on the MAT Written Consent Form # 1741.

### **DETERMINING CHILD SICKNESS/EXCLUSION**

When children in center-based care exhibit symptoms of illness, staff will adhere to the Determining Child Sickness Policy # 512.

The following exclusion criteria will be followed:

- a) Fever greater than 101 (equivalent to 100 under the arm)
- b) Vomiting
- c) Diarrhea -stool is not contained in diaper or underwear
- d) Suspected pink eye or other communicable disease as per the Virginia Department of Health (VDH) Communicable Disease Reference Chart
- e) Considerations:
  - 1. Child cannot comfortably participate in routine activities.
  - 2. Staff cannot adequately meet child's needs.

### **PARENT FEEDBACK**

Parent feedback is invaluable in developing quality programs. There are times when a parent has concerns about an incident, policy or the way we do things. We hope that most concerns will be handled by talking with your child's teacher, family advocate or home visitor. If you are not satisfied with how your concerns are addressed, please speak with a supervisor.

If you are not satisfied with how your concern is addressed at the supervisory level, please request, complete, and turn in Form # 1536 at the front desk to be shared with the Center Based Coordinator or Home-Based Manager so that your concern can be fully addressed.