

2019-20 PARENT HANDBOOK



156 Broad Street
Lynn, MA 01901
781.581.7220
leoinc.org



Leading through Empowering Opportunities

Dear Parents/Guardians,

Welcome to LEO Inc. Head Start. We are excited you have chosen our agency for the care and education of your child. Our staff will help your family build the foundation necessary to be successful in school and in life.

Please refer to this handbook often to answer questions about our programs. If your answers cannot be found here, our staff can direct you to additional information. We are happy to explain the information in this handbook if you need assistance.

Throughout your time in Head Start, you will be strongly encouraged to become involved in your child's education. We need your participation in all areas: monthly parent meetings, workshops and trainings, classroom activities, and community outreach. The success of our program is modeled on parents as teachers and active community members.

Your voice is important and will help us maintain high-quality education and care. We look forward to working with you and your child.

Sincerely,

Ms. Gerri Bertrand
Program Director
LEO Head Start Programs

Blossom Street Child Care Center (Ages 3-5)

110 Blossom Street
Lynn, MA 01902
781.309.5570

Broad Street Classrooms (Ages 3-5)

156 Broad Street
Lynn, MA 01901
781.581.7220

Jack Robinson Child Care Center (Ages 3-5)

38 Commercial Street
Lynn, MA 01905
781.309.5540

Stepping Stones Family Child Care Center (Birth-3)

35 Waitt Avenue
Lynn, MA 01902
781.309.5531

EHS Home-Based Program (Birth-3)

156 Broad Street
Lynn, MA 01901
781.581.722

TABLE OF CONTENTS

- LEO Inc. 2**
 - Overview 2
- LEO Early Education and Care Options 2**
- LEO Head Start..... 4**
 - General Information 4
 - Family Engagement and Staff/Parent Partnerships 4
 - Parent Fee and Payment Policy 4
 - Parent/Guardian Rights and Responsibilities 6
 - Parent Volunteers..... 7
 - Staff/Parent Partnerships 7
 - Starting the Program 9
- LEO Head Start Curriculum..... 10**
 - Children with Special Needs 11
 - Classroom Design and Schedule 11
 - Hand Washing..... 13
 - Rest Time 13
 - Supportive Child Development Services..... 13
 - Toileting 15
 - Toothbrushing 16
 - Transitions 16
- Child’s Well Being 17**
 - Child Abuse and Neglect..... 17
 - Child Health 18
 - Child Safety 20
 - Health Restrictions..... 24
 - Medication Administration Policy 26
 - Nutrition 30
- Operations 32**
 - Child Drop-Off and Pick-Up Policy 32
 - Emergency Notification System..... 33
 - Hours of Operation 34
 - Weather Policy..... 34
- Appendix..... 35**
- 2018-2019 Program Year ClosuresInside Back Cover**

LEO INC.

OVERVIEW

LEO Inc. works to alleviate the immediate impact of poverty, while providing pathways to financial stability for individuals, families, and for the benefit of the community of Lynn and its surrounding towns. LEO provides services in Lynn, Lynnfield, Marblehead, Nahant, Saugus, Swampscott and Wakefield.

LEO programs include:

- Head Start, Early Head Start, Home-Based Program
- Parent Programming (ESOL classes, resume and interview preparation, parenting classes, health and nutrition seminars, financial literacy classes, and more)
- Home Heating and Fuel Assistance
- Utility Discounts
- Weatherization
- Energy Conservation
- Food Distribution (family and elderly)
- Emergency Assistance
- Referrals to Partner Community Services Agencies

LEO works for **you**. Find out more at leoinc.org. Call us at 781.581.7220.

LEO EARLY EDUCATION AND CARE OPTIONS

Early Head Start and Head Start Slots: Early Head Start and Head Start slots serve children birth to 5 years of age. These slots are funded through the federal government and are for children who meet age, income, and residency requirements. Criteria is established based on community needs, family income, homelessness, foster care, special education, and other related services and relevant risk factors. Early Head Start center-based services are provided 6 hours per day, year-round. The Head Start program runs one program 4 hours per day, September-May, and a second program 10 hours per day, year-round.

Early Head Start Home-Based Slots: Infants and toddlers in home-based slots receive their Head Start services in their homes. A Home Visitor provides a 90-minute weekly visit with activities, information and support. At least twice a month families have activities and socialization groups at the Early Head Start center while their children spend time with peers.

Pregnant Women Slots: Women who are pregnant receive support and information from Early Head Start staff through home visits and at monthly parent activities in the center. After delivery, the mother may continue to receive services through the Home-Based Program or a Center-Based Early Head Start slot once the baby is 6 weeks old.

LEO's Full-Day, Year-Round Slots: LEO's Jack Robinson Child Care Center offers full-day (10.5 hours), full-year services. To be eligible for these slots a family must meet Head Start requirements as well as one of these options:

- **DCF Supportive Slots:** You must have an open case with the Department of Children and Families (DCF). A referral must come from the DCF "gate keeper" daycare area coordinator directly to LEO.
- **EEC Contract Slots:** You must be on the Massachusetts Department of Early Education and Care (EEC) Centralized Waiting List and contact the LEO Enrollment Specialist directly in order to access these slots. Eligibility is based on a family's service need and income as determined by EEC. Parent fees are based on family size and household income.
- **Homeless Slots:** You must have a homeless referral approved by the Massachusetts Department of Housing and Community Development, Division of Housing Stabilization (DHCD). Parent fees are based on family size and income.
- **Vouchers:** LEO Head Start accepts child care vouchers through Resource and Referral Agencies like Child Care Circuit, Lawrence. Parent fees are based on family size and household income.

Regulatory Agency: Parents may contact EEC for information regarding a center's regulatory compliance through the Department of Early Education and Care, Region 3.

Northeast Lawrence Office:
360 Merrimack Street, Building 9 – 3rd Floor
Lawrence, MA 01843
Phone: 978.681.9684
Fax: 978.689.7618

For more information on early education and care options at LEO, call 781.581.7220 and ask for the Enrollment Specialist.

For child care information in Lynn and the surrounding communities, call Child Care Circuit of Lawrence at 978.686.4288.

LEO HEAD START

GENERAL INFORMATION

Admission: LEO Head Start does not discriminate against, nor give preferential treatment to, any child or family because of race, religion, cultural heritage, political beliefs, age, sex, national origin, disability, marital status, or sexual orientation. Acceptance to the program is based on eligibility policies developed by the Administration for Children and Families for all Head Start programs and Early Head Start and by the Massachusetts Department of Early Education and Care. The eligibility policies for each center include a child's age at time of enrollment, income and residency requirements.

Commitment to Quality: Each center is licensed by the Massachusetts Department of Early Education and Care (EEC). All of our centers also participate in the Quality Rating Improvement System (QRIS) through EEC.

Mission: LEO shares the National Head Start mission: To be the untiring voice that will not be quiet until every vulnerable child is served with the Head Start model of support for the whole child, the family and the community; and to advocate for policy and institutional changes that ensure all vulnerable children and families have what they need to succeed.

FAMILY ENGAGEMENT AND STAFF/PARENT PARTNERSHIPS

Parent engagement in the education of a child benefits the entire family. A strong commitment from parents and families is needed at each of our centers. Start by volunteering in the classroom! Participate in program governance, events, workshops, and celebrations. LEO Head Start has an "open door" policy. Parents are welcome to visit and participate in all aspects of the program. The learning environment must be respected and visitors are expected to follow directions from LEO staff.

PARENT FEE AND PAYMENT POLICY

Billing: Billing will fluctuate monthly based on the number of days in the month. During a scheduled full day, a full-day parent fee is billed. A part-time fee is charged for a part-time scheduled day as provided by Massachusetts Department of Early Education and Care (EEC).

Co-payment for Approved Closures: Parents must pay the appropriate co-payment for every approved day the program is closed, in accordance with the schedule approved by EEC on an annual basis. **The list of approved closures for 2019-2020 is on the inside back cover.** Staff will remind families of upcoming closures.

Co-payment for Child Absences:

- i. **Parent Fees for Child Absences UP TO 45 Day Limit**
Parents must pay the appropriate parent fee for every day that care is available and for all explained and unexplained absences. Please note: EEC defines **excessive unexplained absences** as failure to attend a subsidized child care program for **more than three consecutive days** without contacting the provider. To avoid having unexplained absences, you must make sure to contact the center every day that your child/children will not attend.
- ii. **Parent Fees for Child Absences OVER 45 Day Limit**
Parents shall be responsible for payment of absences exceeding 45 days during a 12-month Authorization, or exceeding 15 days during a 12-week Provisional Authorization, **at the full rate that EEC pays for their child care** (co-payment + Commonwealth of Massachusetts share).

Co-payment for Emergency Closures: Parents are required to pay co-payments during emergency closures, such as a snow emergency, as provided in the EEC Financial Assistance Policy Guide.

First Payment: An initial deposit, equal to the amount of the weekly co-payment is required prior to the child's first day of care. For parents who receive a combination of full-time and part-time subsidy, the initial deposit is based on their full-time parent fee.

Late Pick-Up Fee for Jack Robinson Child Care Center: It is imperative that all children for whom transportation is not provided be picked up promptly at the close of the class session. Fees for late pick up apply at Jack Robinson Child Care Center. On the first occasion that a child is picked up late, the family will receive a written warning. On the second and all subsequent occasions that a child is picked up late, the family will be billed as follows:

- 5-15 minutes late: \$10 fee
- 16-30 minutes late: \$20 fee
- 31-45 minutes late: \$30 fee

Non-payment/Late Payment of Parent Fees: Upon the first non-payment of parent fees, the parent will be issued a written warning notice. If the parent fails to respond to the Non-payment of Parent Fees Warning Notice, including paying the balance prior to the next parent fee due date and maintaining subsequent week's parent fees, the parent will be issued a Two Weeks Termination Notice. Each termination notice counts as an intentional program violation (IPV) and may lead to the termination of the child/children's contract or vouchers.

Parent Fees: Parent fees for Jack Robinson Child Care Center are determined by household income on the sliding scale developed by EEC. LEO does not have the authority to change a parent fee. All parent fees are provided on the contracts or voucher agreements received through EEC and Child Care Circuit.

Schedule of Payment: Monthly statements are mailed to parents at the address provided on the contract or voucher to arrive on or about the first business day of the month of service. Payments must be made in weekly amounts based on a daily fee no later than the first business day of the week in which care is provided. All payments are

made through LEO's Fiscal Office located at 156 Broad Street, Lynn, MA 01901. Payment can be made in person, by mail, or by phone in the form of check, cash, credit card, or debit card.

To Avoid Termination from the Program: LEO recognizes that termination from a program is difficult for parents and children. To help avoid termination parents should contact the LEO's Fiscal Department to work out an approved payment agreement. A parent may also choose to prepay their fees or co-payments.

PARENT/GUARDIAN RIGHTS AND RESPONSIBILITIES

Code of Conduct: Courteous and respectful behavior is essential at all times, supporting LEO's mission to provide quality care and education while maintaining the safety of children, families, and staff. LEO Head Start will not tolerate behavior by a parent/guardian that creates an unsafe environment for children, other parents, staff, or volunteers. Examples of unacceptable behavior include but are not limited to:

- Physical violence or verbal abuse of a child, parent, or staff member
- Threats or harassment of staff, parents, or children
- Swearing, verbal fighting, loud shouting, or displays of anger
- Arriving to LEO centers/LEO properties/LEO events under the influence of drugs/alcohol
- Bringing drugs, alcohol, or weapons to program sites or events
- Smoking on any LEO property or at any LEO event
- Use of cell phones in the classroom

If a parent violates the Code of Conduct, LEO Head Start reserves the right to, among other things:

- Restrict access to the centers
- Contact the Department of Children and Families (DCF)
- Contact the police

Concerns/Complaints: Concerns or complaints about the Center by parents or members of the community should be directed to the Center Manager. If the Center Manager is not able to resolve an issue immediately, the concern is brought to the attention of the Assistant Program Director for Operations.

PARENT VOLUNTEERS

Head Start Performance Standards define a volunteer as “an unpaid person who is trained to assist in implementing ongoing program activities on a regular basis under the supervision of a staff person.” Parents who volunteer regularly are required to agree to a background record check, and submit documentation of a physical examination and TB test (within the past 12 months). When all results are in and are acceptable a parent may begin volunteering.

Parent Center Meetings: Every parent of a child currently enrolled in a center is encouraged to take part in Parent Center Meetings. Through these meetings, parents participate in developing center policies, activities, and services.

Policy Council: Policy Council is comprised of elected representatives from each LEO Head Start and Early Head Start center. Policy Council elects a Chairperson, Vice-Chairperson, and Secretary. Members also elect one Representative and one Alternate to represent Policy Council on the LEO Board of Directors and the Massachusetts Head Start Association. Policy Council’s responsibilities include budget planning for program expenditures and advocating for the program.

Health Services Advisory Board: The Health Services Advisory Committee is an advisory group that brings together staff, parents, health care providers, and other partners in the community to discuss the planning, operation, and evaluation of the health services in Head Start. The mission of this committee is to support the health and wellness of each Head Start and Early Head Start child and family. All families are welcomed and encouraged to be part of this committee.

STAFF/PARENT PARTNERSHIPS

Teachers, Family Service Workers, Family and Community Engagement Specialists, Education and Disabilities Manager, Director of Nutrition/Health, Health Manager, Social Emotional Behavior Manager, and other appropriate staff meet in partnership with families during the year to review children’s activities and progress, provide support for child and family concerns, and encourage family engagement in the program.

Behavior Management: LEO promotes a program-wide culture that supports children’s mental health, social, and emotional well-being through the implementation of well-organized learning environments. Teachers are trained to implement teaching practices and strategies for supporting children with challenging behaviors. Behaviors that are unable to be managed and disrupt other children’s ability to learn will require the implementation of a Behavior Management Plan. **Please read and understand the Behavior Management Policy in the Appendix on Page 35.**

Comprehensive Family Support Services: The goal of comprehensive family support services is to assist each family in accessing the supports and services needed to ensure a successful experience for both the child and the family. Each child and family has the services of a full interdisciplinary team, which may consist of: Teachers, Family

Service Workers, Family and Community Engagement Specialists, Education and Disabilities Manager, Director of Nutrition/Health, Health Manager, Social Emotional Behavior Manager, and other appropriate staff. Goals are planned in collaboration with the family based on information from child observations, screenings, child assessments, family assessments, and other reports. The interdisciplinary team meets throughout the year to discuss child and family progress towards goals; review, revise and implement plans; and discuss supports offered to the family through parent visits, home visits, and parent contacts. Family members may discuss concerns or plans with any team member on the telephone or in person by scheduling an appointment at the center or at the home.

Home Visits: Home visits link LEO staff with the child and family. Required home visits take place within 30 days of enrollment in the program. These visits provide an opportunity to be together in an environment that is comfortable for the child and parents. Home visits help teachers and staff establish a solid home-to-school link with families. Teachers/Family Service Workers conduct at least two home visits per year, but may visit more, should issues arise.

Language and Translation: LEO is committed to ensuring meaningful access to its programs. Many of our program staff speak languages other than English and we will make every effort to communicate with parents in their primary language. If it is determined that internal LEO staff cannot address the language need, LEO's Language Access Plan (LAP) Coordinator will contact our interpretation service for assistance. Documents that are vital to meaningful program access are translated into languages as identified by LEO's LAP. For more information, please access the LAP posted on LEO's website.

Parent/Staff Communication: Parents will be informed in writing of all changes to policies and procedures throughout the year. They will also receive notification if there is a change in permanent teaching staff during the program year.

We ask that parents commit to:

- Inform staff of a child's allergies and special health needs, including illnesses.
- Tell staff of any changes in the home that might affect a child: new baby, moving, divorce, death or trauma in the family, etc.
- Keep telephone numbers, emergency contacts, and pick-up lists up to date.
- Read all letters and complete forms that are sent home.
- Call program staff whenever you have any questions or concerns.
- Make sure the center has a copy of any legal documents that restrict the child's contact with others, such as restraining orders or custody papers.
- Make plans to volunteer.

Early Head Start parents must complete a Daily Communication Sheet at the time of drop off each morning.

Parent/Teacher Conferences: The teaching team meets with each child's

parents/guardians to discuss the child's progress, support learning, and create goals in the program. These parent/teacher conferences occur twice per year. The conference is a time when parents can work with teachers to recommend activities for the classroom and the home to support the child's learning.

Parent Training and Education: Parents are asked to complete a survey indicating topics of interest to them. Results of this survey help centers identify topics for parent programming. LEO is committed to working with parents to offer educational opportunities all year. Topics may include: child development, behavior management, home/school relationship, child health issues, mental health, nutrition and wellness, First Aid, CPR, home safety, and more. Please, take part!

Personally Identifiable Information and Child Records: LEO is legally required to protect the privacy of your child's Personally Identifiable Information. Information that could be used to identify your child (known as "Personally Identifiable Information" or "PII") includes your child's name, name of a child's family members, street address of the child, social security number, or other information that is linked or linkable to the child. LEO retains PII because your child receives Head Start/Early Head Start services and it is a part of each child's record with us. We take our obligation to protect the privacy of your child's PII very seriously. We are required to give you a copy of your rights in writing every year, including definitions (which cover descriptions of the types of PII that may be disclosed), to whom we can disclose, and the list of when we do not need to receive your consent to disclose PII from your child's record. **Please read and understand the PII and Child Care Records Memo in the Appendix on Page 35.**

LEO will abide by the terms of this notice. Should our data and child record practices materially change, LEO reserves the right to change the terms of this notice, and will follow the terms currently in effect. Any new provisions we add will affect all PII we maintain from the time the new provisions go into effect, as well as any PII that we may receive in the future. If we revise our practices substantially, we will provide a revised notice by posting it on LEO's website.

Referrals: LEO and the communities we serve have many resources for children and families. Family Service Workers have access to information for families on various topics, such as housing assistance, food assistance, fuel assistance, health, mental health, adult education and training, employment, legal services, child care and education, senior services, substance abuse, financial wellness, literacy, English as a second language, and more. Reach out any time. We can help well beyond our agency offerings.

STARTING THE PROGRAM

Attendance: When your child does not attend their center daily, he or she is missing quality educational services. If you keep your child home for any reason, you must notify either the child's Teacher or your Family Service Worker in the morning before school starts. We ask that you provide notification of planned, extended absences (such as vacations) in writing. There are minimum attendance requirements for Child Care

Services. **Please read and understand the Attendance Policy in the Appendix on Page 35.**

Before the First Day of School: Families and children are invited to the center to meet their Teachers and Family Service Worker and to tour the center. Within the first 30 days of the program the Teacher and Family Service Worker conduct a home visit to learn about the family and parent goals that will help guide the program staff as they work with the child and family during the year.

Intake: The intake process is conducted by the enrollment specialist at 156 Broad Street. Our specialist will collect and verify information about your child's health/nutrition, developmental and social-emotional needs.

Parent Orientation: Each parent or guardian receives an on-site orientation to the center. This orientation includes a review of this Parent Handbook and program policies/procedures, and a chance to meet their child's full teaching team and other program staff. The orientation provides an overview of the philosophy and policies of the program, and a general schedule of what will happen over the coming program year.

Requests for Reasonable Accommodation: Children with disabilities who require an accommodation in order to gain equal access to LEO's child care program may be eligible for a reasonable accommodation if he or she has a physical and/or mental impairment that substantially limits one or more major life activities, has a history of such an impairment, or is regarded as having such an impairment. Without limitation, major life activities include walking, seeing, hearing, breathing, learning, thinking, and working.

A parent may request a reasonable accommodation for their child verbally or in writing by completing the Request for Reasonable Accommodation form in the Appendix on Page 35. Requests for reasonable accommodations should be mailed to: Trisha Coolong, 156 Broad Street, Lynn, MA, 01901. Call 781.581.7220 if you have questions.

Please read and understand the Reasonable Accommodation Policy in the Appendix on Page 35.

LEO HEAD START CURRICULUM

The LEO Head Start curriculum is child-centered, interest-based, and hands-on to encourage each child's growing independence. Although planned themes may be used, children's interests, strengths, and needs are used to shape curricular decisions. Each room is designed with interest centers (blocks, dramatic play, manipulatives, art, sensory, library, music, movement, science, etc.) and children choose from a variety of developmentally appropriate activities throughout the day. Each program includes a balance of activities designed to actively engage children in learning throughout the day and promote their creative expression. Assessment is an integral part of curriculum planning. Monitoring and documentation of children's participation within the learning environment is on-going.

CHILDREN WITH SPECIAL NEEDS

LEO Head Start offers an inclusive infant, toddler, and preschool experience for all children. This allows children with disabilities to play and learn beside children who may not have special educational or health needs. The Education and Disabilities Manager ensures that all children with disabilities, or who are suspected of having a disability, receive the accommodations, support, and services they need to be successful. These may include (but are not limited to):

- Modifications in the classroom for the child to participate in regular activities.
- Support services in the center (speech and language support, mental health support, etc.) and access to off-site occupational therapy.
- Purchase of special equipment, materials, ramps, or other aids.
- Dual placement between the LEO center and the local public school system to provide specialized learning services. The child will spend part of the day in their local public school classroom and return to a LEO inclusive classroom for the remainder of the day.

If the program cannot accommodate a child's special needs LEO will work with the family to find a more appropriate program for the child. **Please read and understand the Reasonable Accommodation Policy in the Appendix on Page 35.**

CLASSROOM DESIGN AND SCHEDULE

Classrooms maintain a daily schedule to provide children with individual, small-group, and large-group activities that support child development. Daily schedules are posted in each classroom.

Please see the chart on the following page for details.

Infant and Toddler	Preschool
<p>Classroom Design:</p> <p>Each classroom design includes the following learning areas: blocks, housekeeping/dramatic play, manipulative, art, discovery area that includes a sensory table, library, infant area, and cozy area.</p> <p>Teachers provide opportunities for children to play with the materials in the learning areas either alone or with other children. Activities are designed to encourage cognitive, social, physical, and emotional development of all children.</p> <p>Materials are readily available and accessible for infants and toddlers to initiate their own activities and for teachers to engage them in play that supports the development of large and small muscles. Materials in the classroom encourage children’s abilities to imitate, pretend, enjoy stories and books, dabble in art, explore water, and have fun with music and movement.</p>	<p>Classroom Design:</p> <p>Each classroom design includes the following learning areas: blocks, housekeeping/dramatic play, table toys, art, sensory tables, library, writing area, and math/science areas.</p> <p>Teachers provide opportunities for children to play with the materials in the learning areas either alone or with other children. Activities are designed to encourage cognitive, social, physical, and emotional development of all children.</p> <p>Materials are readily available and accessible for preschool children to initiate their own activities and for teachers to engage them in play that supports their development.</p> <p>Materials in the classroom encourage children’s abilities to imitate, pretend, enjoy stories and books, dabble in art, explore water, and have fun with music and movement.</p>
<p>Classroom Schedule:</p> <p>Each classroom establishes a flexible daily schedule for infants and toddlers based on each child’s developmental needs. Infants and young toddlers are still in the process of developing their own schedules. They eat, sleep, and diaper/toilet as their bodies demand.</p> <p>The daily schedule includes time for individual, small-group, and large-group activities; family-style meals; free choice; teacher-directed activities; and self-help skills such as toileting, hand washing, and tooth brushing. The schedule also includes time for outdoor or indoor gross motor activities and rest time. Daily schedules and specific activities are posted in each classroom.</p>	<p>Classroom Schedule:</p> <p>Each classroom establishes a daily schedule for preschoolers that includes time for individual, small-group, and large-group activities; family-style meals; free choice; teacher-directed activities; and self-help skills such as toileting, hand washing, and tooth brushing.</p> <p>The schedule also includes time for outdoor or indoor gross motor activities and rest time. Daily schedules and specific activities are posted in each classroom.</p>
<p>See additional information below regarding Hand Washing, Rest Time, Toileting, and Tooth Brushing. Information on Meals and Snacks can be found on Pages 30 and 31.</p>	

HAND WASHING

Proper hand washing is taught to all children, staff, and volunteers. They must wash their hands at the following times:

- Upon arrival into the classroom
- Before and after water/sand play
- Before and after eating, handling, or serving food
- After coming into contact with bodily fluids or discharges (including sneezes, coughing)
- After toileting or diapering
- After outdoor play

In addition, the staff must also wash their hands:

- Before and after administering medication
- Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids)
- After performing cleaning tasks, handling trash, or using cleaning products

REST TIME

Infants: The naptime routine for infants is on the individual schedule of the child. Cribs are used for children under 12 months and pillows are not given to infants. Infants are always placed on their backs for sleeping in accordance with best practice to help prevent Sudden Infant Death Syndrome (SIDS).

Toddlers and Preschoolers: Daily schedules at Jack Robinson Child Care Center include a rest time. Each child has his or her own cot or mat and designated space in the classroom. Teachers may rub children's backs to help them fall asleep. Children who do not sleep may be directed to a quiet area. A small pillow (for a toddler) and blanket from home helps a child relax. Please label each object with your child's name. Parents are responsible for seeing that these articles are washed on a regular basis. If you need assistance obtaining rest time materials contact your Family Service Worker.

SUPPORTIVE CHILD DEVELOPMENT SERVICES

In order to help children reach their full potential physically, emotionally, mentally, and socially, trained program staff assess children through developmental, social/emotional, vision, and hearing screenings within 45 days of their enrollment. Other health- and nutrition-related screenings are completed within 90 days of enrollment.

Screenings and observations provide parents and staff with a quick check of each child's general health and development. Some screening results may indicate the need for further evaluation. Program staff will follow procedures for referring parents to appropriate support services for concerns related to child development, social/emotional, mental health, education, disability, physical health, and/or nutrition.

- **Developmental Screening:** Upon a child's initial enrollment into the program, the teacher screens each child's overall development, including gross motor and fine motor abilities, speech and language development, and social skills, by using the Ages & Stages Questionnaire (ASQ) developmental screening tool (for infants and toddlers) and the Early Screening Inventory (ESI) tool (for preschoolers). The screening is completed with the child's parent.
- **Social Emotional Screening:** Upon a child's initial enrollment into the program, the teacher talks with the parent to determine each child's social and emotional health using the Ages & Stages Questionnaire Social/Emotional (ASQ-SE) screening tool. The screening is completed with the child's parent.

Each year, with parent's written permission, children receive the following screenings from staff or from outside agency specialists:

- **Hearing Screening:** Hearing screening is performed on all children who were not screened by their pediatrician by the RN or Health Advocates using the OAE hearing screening tool. Results of the screening are sent home within 24 hours. If a child does not pass the screening, the screening will be repeated after two weeks. If the child does not pass the second screening, the child is referred for a complete hearing examination by an audiologist.
- **Height/Weight Screening:** Children have their height and weight measured twice a year. The first measurement is taken between September and November. The second measurement is taken in the spring. The height and weight results are part of the child's nutrition assessment. Based on the assessment parents will receive the appropriate nutrition information.
- **Vision Screening:** Vision screening is done on all children who were not screened by their pediatrician. This screening is performed by the RN or Health Advocates using the SPOT Vision Screener or the Paper Assessment Tool.

Vision screening guidelines are set by the Massachusetts Department of Public Health. Once the screening is completed the results are sent home within 24 hours. If a child does not pass the vision screening, a referral is made for a complete eye examination. If the parent chooses, they can access comprehensive eye examinations and prescriptions for glasses (if needed) through their medical provider.

After screenings are completed or at any time during the program year, program staff may meet with parents to share concerns resulting from screenings and observations, usually in conjunction with one of the specialists working in the program (Director of Nutrition/Health, Education and Disabilities Manager, Health Manager, Social Emotional

Behavior Manager, Mental Health Consultant, or Nutritionist). During this meeting, we give parents our recommendations for further assessment and seek written permission from the parent to assist in making a referral. All referrals and contacts made by staff are documented in the child's file.

The Health Manager coordinates all medical concerns or referrals. This includes children who fail sensory screenings or have medical conditions that need to be monitored or children who need to receive medication at school.

Developmental Follow-up/Referrals: In the case of developmental concerns, under the Individuals with Disabilities Education Act (IDEA), parents may be referred to the local public school system for additional screening and/or evaluation for preschoolers. Infants and toddlers will be assessed by an Early Intervention program for appropriate services. The Education and Disabilities Manager helps the parent through the assessment process, maintains contact with both the parent and either the local public school system or Early Intervention, attends related meetings, and monitors the child's progress while in the program.

Mental Health and Wellness: The Mental Health Manager is also a member of the interdisciplinary team. Results of the ASQ-SE are reviewed with parents to determine the need for additional services within the program. Parents are the most critical part of any mental health service and need to be fully engaged in the process from the beginning.

The Social Emotional Behavior Manager will visit all LEO center regularly. Referrals may be made to outside agencies, when appropriate, which will result in consultations between staff and parents to develop an individualized plan for the child. The plan may include individual play therapy, peer play, or other services to assist the child and family.

TOILETING

Diapering of Infants and Toddlers: When diapering a child, he/she is engaged in conversation by a teacher to support language development, social/emotional development, cognitive development, and physical development. LEO provides diapers while the child is in the program. Each child's diaper is changed every 2-3 hours or whenever soiled or wet. A changing table is used and proper sanitation procedures are followed at all times. Soiled clothing is double-bagged in plastic, sealed and labeled with the child's name, stored in a special area, and returned to the parent at the end of the day. Soiled disposable diapers are stored in leak-proof containers and removed from the center daily. The diaper changing area and sink is separate from any food preparation areas. The Diapering Policy is available upon request.

Toilet Training Toddlers: Families and teachers work together to help children develop their toileting skills through development of a toileting plan with parents. Children are supervised (and assisted as needed) in the bathroom at all times. Children wash their hands with soap and running water after toileting. Staff members also wash their hands

with soap and running water after assisting children.

Toileting for Preschoolers: Preschool children are expected to be toilet trained; however, if they are not (toilet training is not a requirement), the program staff will develop a toilet training plan with the parent based on the child's developmental level. For the most part, boys and girls are toileted together as a routine part of their day.

Regulations state that parents must ensure that a change of clothing is available for each child at all times. If you need assistance obtaining clothing contact your Family Service Worker. Soiling or wetting of clothes is handled discreetly and matter-of-factly. No child is punished, verbally abused, or humiliated for soiling, wetting, or for not using the toilet.

TOOTH BRUSHING

All children are taught the importance and technique of tooth brushing. Dental hygiene in conjunction with meals is promoted through the following:

Infants Prior to First Tooth: At least once during the program day, staff or volunteers will wash their hands and then cover a finger with a gauze pad or soft cloth and gently wipe the infants' gums.

Infants, Toddlers and Preschoolers with At Least One Tooth: Once daily, after a meal, staff (or volunteers, if available) will brush children's teeth with a soft bristled toothbrush, using a small smear of toothpaste that contains fluoride.

Toothbrush Care: Each child receives a new child-sized toothbrush with soft bristles every three months, or more frequently if they show signs of wear or if a child has been ill with a contagious disease. Each toothbrush is labeled with the child's name. Toothbrushes are stored in individual containers in which they stand upright and do not touch each other.

TRANSITIONS

Transitions are a very important part of a child's life and they are easiest for children when they feel comfortable and safe about where they are going and who is going to take care of them there. LEO Head Start believes that transitions are easiest for families when they have appropriate information and are involved in the process.

Daily Transitions: Daily transitions include arrival, transitions between daily activities, and departure. Teachers assist children with transitions between activities throughout the day. Teachers will regularly review safety rules with the children and identify the adults responsible for each transition between activities. Transitions are treated as learning experiences and teachers will provide children with interesting activities so they are not waiting without anything to do for long periods of time.

Leaving Before the Program Year Ends: If a child needs to leave the program before the end of the school year, teachers help children say good-bye to their friends. They let the child know how special they are and how wonderful it was to have him or her in the class. Children often take artwork or photographs to help them remember their program experience.

Transition from Early Head Start: Early Head Start staff will begin working with families 6 months prior to a child's transition to preschool to ensure a smooth transition out of the program. Upon reaching 2.6 years, Early Head Start children must apply to transition into a Head Start preschool classroom. If it is determined a child needs specialized learning services, program staff will work with Early Intervention to facilitate the transition to the local public school system. If the family is interested in preschool child care other than Head Start, staff will make appropriate referrals.

Transition into Kindergarten: LEO Head Start recognizes the importance of a smooth transition into kindergarten. The program staff helps this process in the following ways:

- Teachers discuss transition plans with families during the first home visit of the child's last year in the program.
- Program staff discuss transition activities and complete written transition plans during the fall of the child's last program year.
- Centers host on-site kindergarten information events. These sessions can be conducted in the family's native language if necessary.
- Family Service Workers work with families to help them with the pre-registration process when applying for a kindergarten seat at their local public school system. They will also assist with kindergarten registration for other options, such as charter schools, parochial schools or private schools.
- Parents are given activities and books to help children prepare for kindergarten.
- Teachers and children talk about the kindergarten experience.

CHILD'S WELL BEING

The safety and well-being of children attending our program is LEO Head Start's primary goal. Our centers pride themselves on high-quality, safe environments.

CHILD ABUSE AND NEGLECT

As an agency serving young children, all staff members are mandated to report any suspicion of child abuse and neglect according to state law.

Filing an abuse or neglect report (51A) is for the explicit purpose of protecting the child. When the center files a 51A on behalf of a child, every attempt is made to notify the parent before calling the Department of Children and Families (DCF) to provide support,

information, and assistance through the process.

If for any reason program staff or a parent suspects that a child is subject to abuse or neglect by a LEO staff member, LEO initiates the following procedures:

- The suspected incident is communicated to the Center Manager and/or the Program Director immediately.
- The employee is removed from the classroom and access to children in LEO's care pending results of an internal investigation.
- Once the internal investigation is completed the written documentation is shared with EEC and DCF.
- If the allegations are supported, disciplinary action is taken.

If you have concerns about any staff or about your child's safety, please contact your Center Manager or LEO Program Director.

CHILD HEALTH

Good health is an important part of each child's development. To provide a safe and healthy environment for every child, LEO requires parents to present documentation of their child's physical examination and various medical test results. A child's physical examination should include information on physical limitations, medical and/or nutritional concerns, allergies, and ongoing follow-up and treatment.

Daily Health Check: Teachers perform a daily health check of each child at the entrance to the classroom. The teacher discusses any concerns with the parent immediately and documents concerns on an Incident/Injury Report. If a teacher sees that a child is not well during the day, the teacher or other staff may conduct an initial health assessment. The teacher then informs the Health Manager, who will evaluate the child and decide whether to send the child home. Children rest quietly and are comforted by staff until arrangements are made with the parent to pick up the child.

Health Provider and Insurance Assistance: Program staff will work with families to ensure that all children are enrolled in a health insurance plan and have a medical home.

If a child does not currently have a doctor or a dentist, the Health Advocate and/or Family Service Worker will help parents get appropriate health and/or dental services. As part of the program's emphasis on good health practices, the Health Advocate works with the child, the child's teacher, and parents to meet the family's health needs. These services may include parent workshops, staff training, newsletters, home visits, consultation, or other supportive services as needed or requested by parents and staff.

Health Requirements and Documentation: An annual check-up is required for continued program participation for preschool children and more frequently for infants and toddlers. Parents are required to present documentation of their child's up-to-date

immunizations and complete physical, including screenings at the frequency indicated by the Early and Periodic Screening, Diagnosis and Treatment Schedule (EPSDT) according to the child's age.

- Hematocrit and/or hemoglobin screening: Initial screen should happen between 9–12 months of age, then every 2 years thereafter.
- Lead Screening: Initial screening should happen between 9-12 months of age, then annually at 2, 3 and 4 years of age.
- Vision screening: Should be done annually
- Hearing screening: Should be done annually
- Blood pressure: Should be done at every well-child visit beginning at the age of 3.

TB test/risk assessment is required for all preschoolers and for infants/toddlers over 1 year of age. Health Advocates will remind parents of soon-to-be expired examinations. See Page 27 for Well-Child Visit /Physical Exam Schedule for Children.

If you have questions about the Childhood Immunization Schedule or any other health related issues, please contact your child's pediatrician or LEO's Health Manager.

When the required physical examinations, immunizations, and/or medical statement have not been received from parents according to the required time schedule, program staff will collaborate with families to obtain the required documentation. Families experiencing homelessness will be allowed up to 6 months to produce necessary medical documentation, and will not be precluded from enrollment due to medical clearance. In addition to immunizations, each child needs:

Individual Health Care Plans: All centers must maintain as part of a child's record an Individual Health Care Plan (IHCP) for each child with a chronic medical condition that has been diagnosed by a licensed health care provider. An IHCP ensures that a child with a chronic medical condition received health care services he or she may need while attending the program. LEO's Health Services staff develops an IHCP in collaboration with the parents/guardians, educators, and the child's licensed health care practitioner, who must authorize the IHCP.

Infectious Diseases: When a confirmed case of a communicable disease is identified, all parents of potentially exposed children will be notified and given an information sheet on the disease, symptoms to look for, and center exclusion policies related to the illness. The center staff will begin all special infectious disease precautions necessary for this illness as directed by the EEC.

Whenever a child has or may have a contagious condition (such as strep, chicken pox, measles, head lice, etc.), parents should call the center immediately. This notification is crucial, as the program will prepare a letter to be sent home to notify all parents whose children may have been exposed. This letter offers guidance should a child become ill.

The Health Manager will evaluate each case of communicable and non-communicable disease and will request medical documentation from parents as needed. All information provided by parents is kept confidential.

Oral Health Requirements and Documentation: All children ages 12 months and older must have documentation of a dental examination within the past year and submit evidence within 90 days of enrollment. When necessary, documentation of dental treatment needs to be provided as well. When a child does not have a source of dental care, LEO Head Start will work with parents to identify a qualified provider for pediatric dental examinations and treatment.

Parent/Staff Communication: Parents should be communicating regularly with staff regarding their child's health. Parents should inform staff immediately if their child has any health or medical issues such as an animal bite, has received stitches for an injury, has an illness such as Bronchitis, has a fever, or if the child is receiving any medication, even if the medication is not being administered during class time. This is for the continued health and safety of the child.

Plan for care of mildly ill children in the center: When a child is found to be mildly ill, the Health Advocate or Family Service Worker will contact the child's parents. If the parents cannot be reached, the Family Service Worker will contact the emergency contact person for the child. The child will be cared for in a quiet area of the classroom until the child is picked up. If the child is contagious, the child will wait in the office under supervision.

The parent is expected to pick up the child as soon as possible and no longer than one hour after being notified. Parents must notify their Family Service Worker of changes in emergency numbers. If job commitments or distance prohibits you from picking up your child within one hour, alternate arrangements are used. Alternate arrangements must be in place before your child enters our program and will remain in place during the child's stay at school.

Universal Precautions: The U.S. Centers for Disease Control designed measures, called universal precautions, to prevent the spread of blood borne infections, like Human Immune- Deficiency Virus (HIV) and Hepatitis B (HBV). Universal precautions do not prevent the spread of airborne diseases (like measles and tuberculosis) or food borne illnesses. "Universal" does not mean that these precautions protect against all infections; it means they should be used with everyone. Crowding leads to the spread of infection. Department of Early Education and Care regulations require at least 35 square feet of floor space per child.

Sneeze and cough away from other people. Teach children to sneeze or cough into the inside of the elbow. When you sneeze or cough into your hands or into a tissue, wash your hands. Do not allow the sharing of personal items (cups, toothbrushes, combs, etc.), clothing (such as hats), or sleeping mats and pillows.

CHILD SAFETY

LEO has a comprehensive Emergency Preparedness Plan that is available for your review. In the case of a city- or state-wide emergency, LEO will follow orders issued by city and/or state emergency personnel. LEO's Emergency Preparedness Plan is posted on our website for your review. Your Family Service Worker can also provide you a

copy of this policy. Evacuation plans for each child care site, including the addresses of meeting places if the children are evacuated away from the building, are posted at each center. In the case of an emergency, parents will be notified utilizing our Robo call and text messaging system. The following portions of the plan are required to appear in this Parent Handbook by the Department of Early Education and Care.

Child Supervision: Children's safety is the first and most important responsibility of each staff member. Children are supervised at all times in the classroom, bathrooms, playgrounds, parks, and on field trips. No child is allowed in or out of the building without an adult.

Emergency Care: All education staff is certified in Pediatric First Aid and Pediatric CPR. An annual review of health procedures and ongoing training are provided to all staff.

In the event of an emergency, first aid is given and the child is transported to the nearest medical facility (if necessary). Parents are contacted immediately for any injury that requires emergency care. Program staff completes an Injury Report and reports all cases involving hospitalization or emergency medical treatment to the Program Director and the Massachusetts Department of Early Education and Care.

For minor injuries during the school day, teachers administer first aid and complete an accident report to be signed by the parent at the end of the school day. Teachers, Family Service Workers, or the Health Manager may call to let parents know about minor injuries during the program day. If you have any questions about these policies, or if at any time you have concerns about your child's health and safety, please contact LEO's Health Manager for assistance. Additional information can be found at each center in the Health Care Policy.

Evacuation: In the event of an emergency situation that requires an evacuation of one of our centers (fire, natural disaster, loss of power, heat, water, etc.); our Emergency Preparedness Plan will be invoked.

If children need to be transported to a host facility, the staff will accompany children and care for them until they are reunited with their families. If the emergency is confined to the immediate area of the child care facility, and the children cannot remain on the premises, the children will leave the building and gather at a predetermined location. They will remain at this location accompanied by caregivers while parents/emergency contacts are notified and arrangements are made for either transport home or for continued care taking. In a more widespread emergency such as flood or hazardous materials accident requiring evacuation further away from the center, the children will leave the building and the neighborhood to gather at a predetermined safe place, where they will remain accompanied by caregivers while parents/emergency contacts are notified and arrangements are made for either transport home or continued care.

In the event of a major emergency that necessitates a large scale evacuation involving the places of safety listed above, evacuation arrangements will be coordinated with community public safety/emergency management officials to locate places of safety that can safely accommodate the children and caregiving staff or to determine that

“sheltering in place” is the best option. This information will be provided to parents/emergency contacts so that they can make arrangements for transportation home or continued care.

Field Trip Emergency Procedures: Field trips may include walking to a local park or taking a LEO-provided bus to a farm or museum. Each teaching team carries a portable first aid kit including first aid supplies, emergency medical and transportation consent forms, emergency medication, parent emergency number, and backup contact person’s phone number. Trained staff and/or emergency personnel at the scene perform emergency first aid and CPR, if necessary.

Fire Emergency Prevention and Procedures: Fire extinguishers are inspected regularly. They are placed where they can be reached easily but are not accessible to children. Exits are marked clearly and are not blocked with furniture, toys, or other objects. Diagrams of exits and escape routes are posted in each room and at every exit.

Staff and children practice fire drills once a month. Practice helps staff and children evacuate the building quickly. Fire drills happen in accordance with fire inspector requirements.

The phone numbers of the fire department and the police department are posted by each telephone. The smoke alarms are tested at least quarterly.

Injury/Incident Reporting: Children are active, and injuries can and do occur. Caregivers can reduce the risk of injury by ensuring a safe environment and adequate supervision of children at all times. A safe environment allows children to learn by taking risks and challenging themselves while protecting them from injury. When injuries do occur, staff may notify the parent/guardian immediately, depending on the severity of the injury. In all cases, staff will fill out an Injury/Incident Report Form for the parent/guardian to review and sign at the end of the school day.

Medical Attention: If medical attention is recommended due to the nature of the emergency, the program will call 911 for assistance. Parents/emergency contacts will be informed immediately.

Missing Child: In the event of a child becoming lost while in the care of LEO, all attempts will be made to locate the child.

1. The Center Manager or their designee will do an immediate search of the building/surrounding area.
2. The Center Manager or their designee will notify the Program Director.
3. When it is established that the child cannot be located at the program site, a call will be made to the Police Department (911) by the Center Manager or their designee.
4. The Center Manager or their designee will call the missing child’s parent or guardian.
5. If child has an open case with the Massachusetts Department of Children and

Families (DCF) a call will be made to the DCF Social Worker assigned to the child.

6. The Program Director will notify LEO's Chief Executive Officer (CEO) and appropriate management staff.
7. The Program Director will notify the Department of Early Education and Care.
8. The CEO along with police, parents or guardian, staff, and other involved parties will decide if media contact is necessary.
9. After the situation comes to a close, the Program Director will investigate and write a follow-up report detailing the situation and findings.
10. Staff will process the incident with the children using "How to Work with Children Upon an Emergency" in the program curriculum. Our Social Emotional Behavior Manager will be contacted as needed.

Teachers and Family Service Workers need to be able to reach parents at all times. Parents must maintain updated phone numbers, including names and phone numbers of emergency contacts.

Outside Time: Children go outdoors on a daily basis, weather permitting. During the spring and summer months the program provides sun block with parent permission; it is administered to children six months of age or older prior to going outdoors. Program staff monitors weather conditions to ensure the health and safety of children when planning for outdoor play. Staff uses the Child Care Weather Watch Chart to determine when children should not play outdoors due to extreme cold or heat.

Pedestrian Safety: Throughout the program year staff discuss the importance of pedestrian safety for young children. Children are taught safety precautions when they are out of the center. These precautions include crossing streets safely, the meaning of streets signs, traffic lights, and the "WALK/DON'T WALK" signs.

Safe Environment: LEO provides children with a safe emotional and physical environment. Teachers and staff check for safety concerns in and around the building on a daily basis, with a full safety check of their classroom monthly.

Health & Safety Inspections are completed on a daily and monthly basis, utilizing multiple comprehensive checklists to ensure a safe and healthy learning environment. If you have any questions about the Health & Safety Inspections, contact the Center Manager.

Please do not let a child bring any money, candy, jewelry, or toys to school.

No toy weapons of any kind are allowed at school.

All visitors, as well as staff and children, are expected to conduct themselves in a manner that supports a safe environment. Anyone exhibiting inappropriate or unsafe behavior may lose the right to enter the classroom or building; they can even be terminated from the program. All of the LEO centers and buildings are tobacco, drug,

alcohol, and firearm free.

Vehicle Safety: LEO is concerned about the safety of children at all times. Leaving children alone in a vehicle or failing to use proper seat belts are considered child neglect that may result in serious harm, and therefore will be reported to the Department of Children and Families.

All LEO program staff are mandated reporters.

HEALTH RESTRICTIONS

LEO may require that a child be temporarily restricted from attending the program for his or her well-being and the well-being of other children due to a medical condition. In these instances, program staff will work with parents to facilitate a child's re-entry to the program. A list of conditions includes, but is not limited to:

Chickenpox: The child is excluded until crusting begins. This is usually about 6 days after the rash appears. Cases of chickenpox are reported to the appropriate Public Health Commission. A medical note is mandatory to return to the program.

Common Cold: The child is excluded only if he/she is unable to participate in the program.

Diarrhea: Diarrhea is defined by watery stools that are not associated with changes in diet. The child should be excluded from the program if stools are looser than usual for the child and the child has two or more stools above their normal pattern in a day. If diarrhea persists, parents should contact child's primary health care provider. The child can return after he/she is going to the bathroom as usual without the use of medication.

Fever: A child will be sent home if his/her temperature is 100.4 degrees or higher. A child is not allowed to return to the program until his/her temperature is normal without the use of medication.

Hepatitis: A child will be excluded until he/she has a medical note providing the diagnosis and stating that the child can return to the program. Hepatitis will be reported to the appropriate Public Health Commission.

Impetigo (Skin Infection): A child will be excluded until he/she has a medical note to return to the program.

Lack of Participation in Classroom Activities: Many viral and bacterial diseases begin with fatigue, weakness, lack of appetite, and other non-specific symptoms. If a child is unable to participate in regular classroom activities, he/she may be sent home until he/she feels well enough to participate in the program. The RN or Center Manager must be contacted to evaluate the child's health condition.

Measles: A child will be excluded until he/she has a medical note providing the diagnosis and stating that the child can return to the program. Measles will be reported

to the appropriate Public Health Commission.

Meningitis: The child is excluded and can return only with a medical note stating the diagnosis and stating that he/she may return. Meningitis will be reported to the appropriate Public Health Commission.

Mumps: A child will be excluded until he/she has a medical note providing the diagnosis and stating that the child can return to the program. Mumps will be reported to the appropriate Public Health Commission.

Non-Specific Skin Lesions: The child is excluded until he/she has a medical note that provides the diagnosis and states that he/she may return to the program.

Persistent Abdominal Pain (continues more than 2 hours): If a child has intermittent pain associated with fever or other signs or symptoms, parents should contact the child's primary care provider.

Pertussis: A child will be excluded until he/she has a medical note providing the diagnosis and stating that the child can return to the program. Pertussis will be reported to the appropriate Public Health Commission.

Pink Eye/Conjunctivitis: The child is excluded immediately and may return to the program with a medical note stating either that the child does not have a transmittable disease, or, if the diagnosis is positive, that the child has had 24 hours of antibiotic treatment.

Rash with Fever or Behavioral Changes: The child will be excluded until a health provider determines that these symptoms do not indicate a communicable disease.

Rubella: A child will be excluded until he/she has a medical note providing the diagnosis and stating that the child can return to the program. Rubella will be reported to the appropriate Public Health Commission.

Scabies: A child will be excluded until the child is treated and has a medical note to return to the program.

Strep Throat/Scarlet Fever: The child is excluded until he/she has a medical note that provides the diagnosis, confirms antibiotic treatment, and states that the child can return to the program.

Tuberculosis: A child with suspected or confirmed case will be excluded and immediately reported to the Massachusetts Department of Public Health. The child may return only with a medical note providing the diagnosis, treatment and stating that the child can return to the program. If a child travels outside of the United States for one month or longer, prior to returning to the classroom, he/she is required to have an updated TB risk assessment.

Vomiting Illness: The child is excluded if there were 2 or more episodes of vomiting in the previous 24 hours. One episode of vomiting accompanied by a fever or severe headache requires exclusion. Parents should contact the child's primary care provider.

NOTE: *If the center is notified of any communicable/infectious diseases, our LEO maintenance staff takes extra care in the cleaning and sanitizing of all affected centers.*

MEDICATION ADMINISTRATION POLICY

Parents and primary care providers are encouraged to arrange medication times for non-school hours whenever possible. All medications administered to a child, including but not limited to oral and topical medications of any kind, either prescription or non-prescription, must be provided by the child's parent. Parents are welcome to visit during the center hours and give medication to their children at school.

If the medication must be given by the staff, a Medication Authorization Form must be completed for the child, signed by the physician and parent/guardian, and be on file at the center in order for the program staff to administer the medication. The Medication Authorization Form is valid for one calendar year and can be updated only by the child's health care provider.

All medications must be in the original containers and with original labels affixed. A staff member will check the medication before accepting it. **Only LEO Health Staff can accept medication. Please do not hand medication to classroom teachers, staff or administrators. WE STRICTLY ENFORCE THIS POLICY.**

The educator must not administer any medication contrary to the directions on the original container, unless so authorized in writing by the child's licensed health care practitioner. The first dosage of all medications must be administered by the parent/guardian at home.

Head Start Performance Standards require that all medications for children, staff and, volunteers be labeled and stored out of reach of children and refrigerated if necessary. Emergency medications, such as epinephrine auto-injectors, must be immediately available for use as needed. All medication will be stored under proper conditions for sanitation, preservation, security, and safety.

The staff is trained and must be able to demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication. All education staff, including those who do not administer medication, receives training in recognizing common side effects and adverse interactions among various medications, and potential side effects of specific medications being administered at the center.

Parents are encouraged to actively participate in their child's care. All parents, with the written permission of their child's health care practitioner, are welcome to train the education staff in implementation of their child's individual health care plan.

Each time a medication is administered, the staff must document in the child's record the name of the medication, the dosage, the time, the method of administration, and who administered the medication, except for topical non-prescription medications, such

as sunscreen. Spills, reactions, and refusal to take medication will be noted on this log. If a medication error occurs, the child's parents will be contacted immediately. The incident will be documented in the child's record at the center.

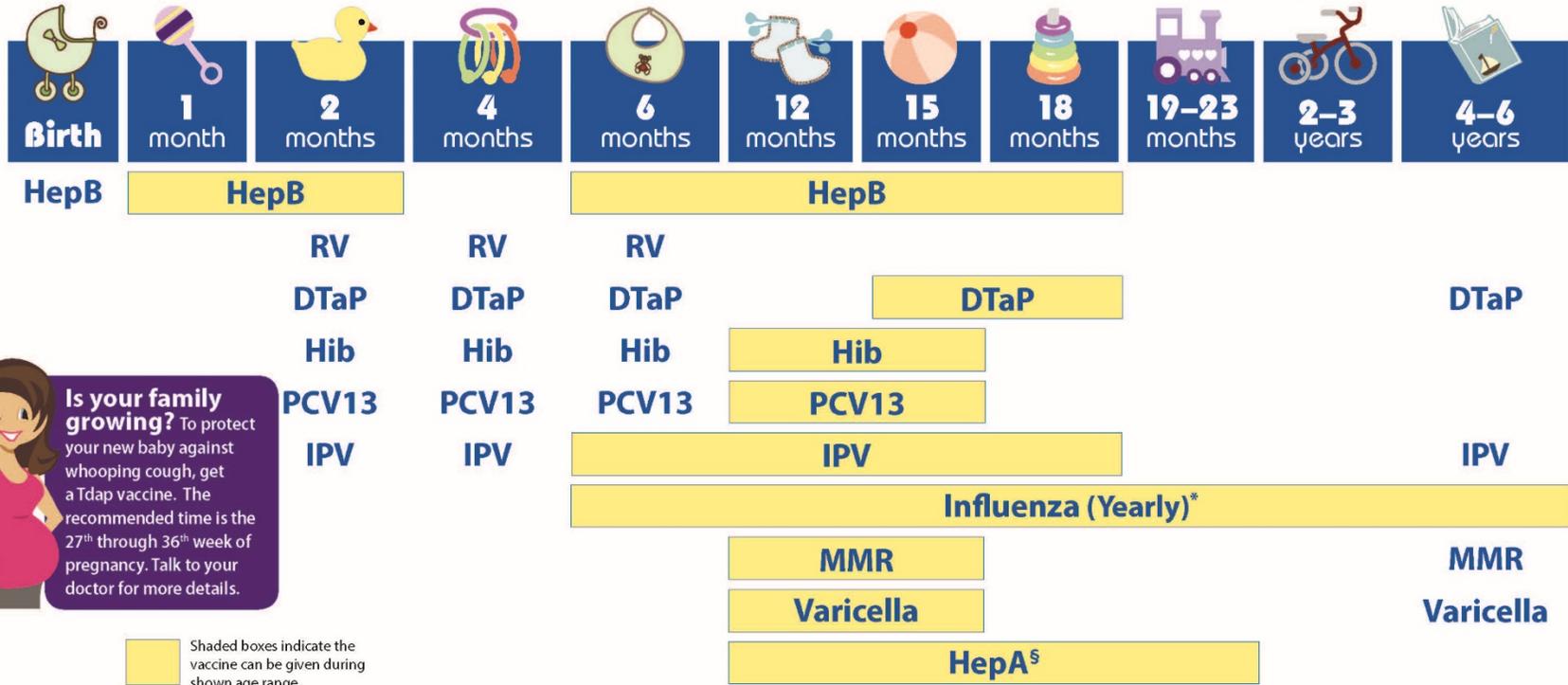
All unused, discontinued or outdated prescription medications shall be returned to the parent/guardian and such return shall be documented in the child's record.

Type of Medication	Written Parental Consent Required	Written Physician Consent Required	Pharmacist's Label Required	Logging Required
Prescription	Yes, valid for one calendar year.	Yes, valid for one calendar year.	Yes	Yes, after each administration
Oral Non-Prescription	Yes, renewed weekly with dosage, times, days and purpose	Yes, valid for one calendar year.	Yes	Yes, after each administration
Unanticipated Non-Prescription for Mild Symptoms (e.g., Ibuprofen, Acetaminophen, anti-histamines)	Yes, valid for one calendar year.	Yes, valid for one calendar year.	Yes	Yes, after each administration
Topical, Non-Prescription (applied to open wounds or broken skin; e.g., diaper rash ointment)	Yes, valid for one calendar year.	Yes, valid for one calendar year.	Yes	Yes, after each administration
Topical Non-Prescription (not applied to open wound or broken skin; e.g., sunscreen, insect repellent)	Yes, valid for one calendar year.	No	No	No

WELL-CHILD PHYSICAL EXAMINATION SCHEDULE FOR CHILDREN

2-4 days after birth	1 month	2 months	4 months	6 months	9 months	1 year	15 months	18 months	2 years	Annually from age 2 on
----------------------	---------	----------	----------	----------	----------	--------	-----------	-----------	---------	------------------------

2019 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

NUTRITION

LEO staff provides a Nutrition Assessment on each child. This assessment is based on:

- Laboratory results (for iron and lead) that are collected from each child's physical.
- The height and weight screening that is done twice a year.
- The nutrition and physical activity questionnaire is completed with the parent within 45 days of enrollment.

Based on this assessment, parents will receive nutrition information and the opportunity to meet with the nutritionist to discuss their child's assessment.

LEO's Registered Nurse will work with pregnant women who enroll in Early Head Start. The mother's current eating routine may be assessed so that the mother can receive appropriate nutrition information.

Breastfeeding: If you breastfeed your infant, the program can offer you resources needed to ensure that your child receives the breast milk. LEO encourages breastfeeding by:

- Not feeding the baby either breast milk or formula for 1 to 1½ hours before the mother is expected to return so that the infant is ready to nurse when she arrives.
- Offering mothers a quiet place to nurse.
- Supporting mothers through verbal encouragement.

Food from Home: For safety reasons, the Commonwealth of Massachusetts requires that meals for children be prepared in licensed kitchens by staff certified in food safety and sanitation. In compliance, all food is provided by LEO Head Start only. The program's kitchen prepares all food, including food for children on special diets when the Medical Statement for Children with Diet Modifications has been completed by the child's pediatrician or allergist.

Parents may not send any food or drink for children, including party foods, favors, or gifts for celebrations or holidays.

Infants: Infants are fed when they are hungry. The infant will determine how much he or she eats. Infants have small appetites, especially when first beginning to eat solid foods. They may not be able to eat a complete meal at one time. Infants under 6 months of age are fed on demand or every 2 to 4 hours. Older infants may need to eat more frequently than the specified feeding. Infants are never forced to finish a bottle or solid food. If parents request to have an infant's bottle warmed before feeding, the bottle may be held under warm, running water or placed in a container of warm tap water.

Infants and toddlers are introduced to solid foods at 6 months or when developmentally appropriate. Only after the LEO staff has consulted with parents and determines that solid foods are being offered at home is a plan developed.

LEO Early Head Start serves USDA approved formula and provides iron fortified infant cereal and appropriate foods to all infants in our care.

Meal Modification: The program staff will request a Medical Statement be completed by the child's primary care provider when a parent/guardian indicates that their child has a food allergy/intolerance. If an allergy or other condition requiring a diet modification develops for a child during the school year, a Medical Statement is needed for the child to continue receiving meals at school. The Medical Statement is not required for religious or personal reasons, such as vegetarianism. Reasons for diet modifications include food allergies or intolerances, texture modifications for chewing or swallowing problems, or medical conditions such as diabetes or PKU. The Medical Statement must be completed by a child's physician or allergist and returned by the parent/guardian to the center before the child sits down for a meal.

Meals and Snacks: All children receive nutritious meals planned by the Nutrition Department, parents, and staff. The children receive breakfast, lunch, snack, and a second snack if they are in the center more than eight hours. Meal time is considered an important part of each child's curriculum.

Children sit and eat in a family-style setting. This allows children to identify and be introduced to new foods, new tastes, and new menus. Children can choose the amount of food they want to have on their plate and practice good table manners and new skills with their hands and fingers.

Food that is nutrient dense – high in vitamins, minerals, and fiber and low in fat, sugar, and salt – is provided. Hot dogs, bologna, soda, syrup, and candy are not served because of their poor nutritional content. Food such as popcorn and whole grapes are not served to infants and toddlers because they are sometimes difficult to eat, posing a choking hazard.

All food is provided only by the LEO Head Start Kitchen Staff. These meals are prepared in licensed kitchens and the Kitchen Staff is certified and trained to prepare meals for children requiring special diets for such medical conditions as food allergies, intolerances, diabetes, and failure to thrive.

USDA and CACFP: LEO participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) administered by the Massachusetts Department of Elementary and Secondary Education. Menus are given to parents each month. Since meals are based on the cultural diversity of all our families, some food may be different from what children receive at home. Meals served must meet the nutrition requirements established by CACFP. In order to participate, LEO Head Start has agreed to follow the USDA guidelines. Parents must complete and sign the CACFP Child Enrollment Form. The program's menus meet the CACFP Meal Pattern. The menus are also in keeping with the Dietary Guidelines according to the child's age. A medical statement from your doctor is necessary if your child cannot eat foods required by the CACFP.

OPERATIONS

CHILD DROP-OFF AND PICK-UP POLICIES

Arrival and departure is a busy time in the centers. All centers have specific hours for their program type and classrooms. Parents must complete the Arrival & Departure Plan Form stating the plans for each child's arrival and departure.

Every child must have reachable, involved adults listed on the Emergency Form and, if appropriate, the Individual Transportation Plan. Parents must notify their Family Service Worker of changes in emergency contact information for themselves and/or emergency contacts.

Arrival/Drop-Off Policies:

Parents are asked to walk their child to their classroom. Please sign your child in at arrival in the log located in the classroom.

No child may be dropped off at a playground, parking lot, hallway, or empty classroom, etc. If you arrive and the class has left the classroom, you must wait with your child until the class returns, unless approved arrangements have been made ahead with the Program Director.

If your child will be late for school, you must notify your Family Service Worker at least 30 minutes before class begins. Consistent lateness without prior notification to the center/program will be addressed on an individual basis with parents. If your child has an appointment with a healthcare provider and you have informed the staff previously you will not be considered late.

Departure/Pick-Up Policies:

Parents are expected to pick their child up on time every day. Parents must call the center to notify staff when they are going to be late for pick up. Consistent late pick up is a very serious matter. Lateness will be tracked and addressed by the Center Manager in conjunction with other appropriate staff. Parents who are frequently late picking up their children will be required to meet with staff to resolve the issue with a written plan to prevent re-occurrence. Failure to make appropriate arrangements for getting children from the center on time may be reported to Department of Children and Families or the local police department.

A picture ID is required for pick-up when the person is not the child's parent or guardian. No child is released to anyone who has not been designated in writing by the parents/guardians, or by legal document if necessary.

No infant or toddler is released to anyone who has not been designated in writing by the parent (or by legal document if necessary).

In all cases the person picking up the child must be an adult or the parent/guardian of the child. No one under the age of 18 is allowed to pick up your child. A legal document, (e.g. a restraining order, custody papers) is required to prevent a child's parent from picking up the child.

If you have a Restraining Order (209A protective order) in order to protect the safety of your child, you must provide us with a legible copy of the order for our electronic files. Without a copy of the order we are legally obligated to permit a natural, adoptive or legal guardian to visit your child. This information will be kept confidential and will only be shared with our staff on a need- to-know basis.

No child is released to anyone intoxicated, under the influence, or otherwise impaired such that the safety of the child is in question. When there is a problem with the condition of the person picking up a child, one of the emergency contacts will be called.

If a child is not picked up at the end of class and no message from the parent has been received, a person from the emergency contact list will be called to pick up the child. **All persons listed on your emergency contact list must be aware that they are required to pick up your child if you are unable to do so.**

A parent/caregiver who contacts their child's center to request that their child be picked up by an "emergency contact" will be required to provide the full name and phone number of the adult who will be picking up the child. The Family Service Worker will call the telephone number provided to confirm that the emergency contact will be picking up the child. If the contact does not confirm that they will be picking up the child or states that they do not have a picture ID, the parent/caregiver will be contacted and informed that they must pick up their child personally. Upon arrival at the center, the emergency contact will be required to show a picture ID matching the name provided in order for LEO to release the child to them. No child will be released to an emergency contact without LEO having both a phone number and a picture ID. If no emergency contact can be reached and no message from the parent has been received, the Department of Children and Families (DCF) and the local police department will be notified.

No child is ever left unattended. Staff ensures that the child is safe and comforted throughout the transition process. For liability purposes, under no circumstances may staff take a child to his/her home.

EMERGENCY NOTIFICATION SYSTEM

In case of an emergency (including inclement weather), LEO programs use the Robo Call system to alert parents and guardians. Robo Call will send parents/guardians an automated phone call or text message with relevant information. After enrollment you will receive a text message or email from Robo Call, prompting you to "opt in" to receive emergency notifications. In order to receive these emergency notifications, you must "opt in" to the service. Please inform program staff if your phone number(s) or email address changes so that we have the most up to date information on file.

HOURS OF OPERATION

Blossom Street Child Care Center

8:30 AM-12:30 PM

Broad Street Classrooms

8:00 AM-12:00 PM

Early Head Start Home-Based Program

8:00 AM-4:00 PM

Jack Robinson Child Care Center

7:30 AM-5:30 PM

Stepping Stones Family Child Care Center

8:00 AM-2:00 PM

Each center sets its hours based on the needs of the community. All LEO Head Start classrooms are open for children a minimum of 4 hours and classrooms at Jack Robinson Child Care Center operate up to 10 hours per day, for children who have a subsidized child care slot. Each center posts a copy of the daily schedule.

Parents are expected to bring their children to the center when the classroom opens. Arriving late means the child loses important activities that start each day. Preschool-age children must be signed into the classroom by an appropriate person who is 15 years old or older. Infants and toddlers must be signed into the classroom by a parent or an appropriate person who is an adult.

WEATHER POLICY

In case of inclement weather, LEO will use the Robo Call system to alert parents and guardians. Robo Call will send parents/guardians an automated phone call or text message with relevant information. A message will also be posted on the LEO website and on social media (Facebook/Twitter), and there will be a recorded message on each center's phone. You can call your individual center's Weather Emergency Line or check the LEO website to confirm if school will be in session in the event of inclement weather.

APPENDIX



REASONABLE ACCOMMODATION POLICY

Generally. LEO Inc. is committed to providing equal opportunities for persons with disabilities. Therefore, it is LEO policy to provide reasonable accommodations to its rules, policies, and procedures as necessary to permit an individual with disabilities to obtain equal access to LEO's services, provided that such accommodations do not affect the safe operation of the program, fundamentally alter the nature of the program, or pose an undue burden on the program. For example, without limitation, LEO may:

- Reschedule the snack time of a child with diabetes in order to permit that child to participate in one of its child development programs;
- Allow an individual to satisfy the requirement of applying in-person for participation in the fuel assistance program by designating a friend or relative to so apply on their behalf; or
- Alter the application process for the weatherization program, by conducting a home energy audit prior to the individual signing the necessary paperwork, and permitting the individual to sign such paperwork when LEO agents arrive at the home for the audit, alleviating the need for the applicant to appear in-person at a LEO office, which would otherwise be required.

Who is Eligible. Persons with disabilities who require an accommodation in order to gain equal access to LEO's programs may be eligible for a reasonable accommodation if he or she has a physical and/or mental impairment that substantially limits one or more major life activities, has a history of such an impairment, or is regarded as having such an impairment. Without limitation, major life activities include walking, seeing, hearing, breathing, learning, thinking, and working.

Making a Request. An individual may request a reasonable accommodation verbally or in writing, by completing the following Request for Reasonable Accommodation form. Individuals should direct questions and requests for reasonable accommodations to:

- Mary Hight, 156 Broad Street, Lynn, MA, (781) 581-7220, if requesting a reasonable accommodation to a child development program, or
- Andrew Gilroy, 156 Broad Street, Lynn, MA, (781)-309-5643, if requesting a reasonable accommodation to the fuel assistance or the weatherization program.

Procedures Following Request. Upon receipt of a request for a reasonable accommodation, LEO will engage in an interactive process with the individual making such request in order to identify what, if any, accommodation should be provided. This process will require LEO and the individual requesting the accommodation to regularly communicate throughout the process about how the individual's disability is affecting his or her ability to participate in the program, and what accommodation may be effective in meeting the individual's needs. During this process, LEO may request additional information from the individual requesting the accommodation regarding the requested accommodation, including medical documentation from a health care professional in order to substantiate the existence of a disability and/or the need for a reasonable accommodation. LEO will keep all medical information obtained through this process confidential.

FORM BELOW

REQUEST FOR REASONABLE ACCOMMODATION

Name (or Child Name): _____

Address: _____

Telephone: _____

- Program: Child Development Program: Fuel Assistance Weatherization
- Stepping Stones Family Child Care Center (Early Head Start)
 - Blossom Street Head Start Center (Head Start)
 - Jack Robinson Child Care Center (Head Start)
 - After School Child Care

Please describe your (or your child's) disability and the way in which it impedes equal access to the above-selected program of LEO Inc.: _____

Please describe the accommodation(s) that you believe would permit you (or your child) to fully participate in the above-selected program: _____

Information regarding your disability will be treated confidentially and used only to evaluate your request and, if your request (or a modified request) is approved, to implement and manage the accommodation. LEO may request that you provide additional information regarding your request, including verification of your disability. LEO may place conditions or limitations on any accommodation that is granted or may suggest alternative accommodations, provided that such condition, limitation, or alternative continues to allow you or your child equal access to the LEO program.

By signing below, you certify that the information you provided is true and accurate and is made in a good faith attempt to obtain equal access to the above-selected program.

Signature:

_____ Date: _____

3437\0001\498083.2

Section 504 and Section 1557 Grievance Procedure

45 C.F.R. § 84.7 or 45 C.F.R. § 92.7

It is the policy of LEO Inc. not to discriminate on the basis of race, color, national origin, sex, age or disability. LEO has adopted an internal grievance procedure for providing prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) and Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and such laws' implementing regulations, issued by the United States Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance. The laws and their implementing regulations may be examined in the office of Mary Hight, Assistant Director of Programs and Services, 154 Broad Street, Lyn MA, 781-309-5620, Section 504/Section 1557 Coordinator, who has been designated to coordinate the efforts of LEO to comply with Section 1557 and Section 504.

Any person who believes that he or she, or someone else, has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for LEO to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Procedure:

1. Grievances must be submitted to the Section 504/Section 1557 Coordinator within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
2. A complaint must be in writing and contain the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
3. The Section 504/Section 1557 Coordinator (or his/her designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough and afford all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504/Section 1557 Coordinator will maintain the files and records of LEO relating to such grievances. To the extent possible, the Section 504/Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
4. The Section 504/Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after his/her receipt of the complaint. The written decision will include a notice to the complainant of his/her right to pursue further administrative or legal remedies.
5. The complainant may appeal the decision of the Section 504/Section 1557 Coordinator by writing to the [ADMINISTRATOR/CHIEF EXECUTIVE OFFICER/BOARD OF DIRECTORS/ETC.] within 15 days of his/her receipt of the Section 504/Section 1557 Coordinator's written decision. The [ADMINISTRATOR/CHIEF EXECUTIVE OFFICER/BOARD OF DIRECTORS/ETC.] will issue a written decision in response to the appeal request within 30 days of [his/her/its] receipt of the appeal request.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including a filing of complaint or discrimination on the basis of race, color, national origin, sex, age or disability with the United States Department of Health and Human

Services, Office for Civil Rights (OCR). A person may file a complaint of discrimination with OCR through the OCR Complaint Portal, which is available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

LEO will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 504/Section 1557 Coordinator will be responsible for such arrangements.



ATTENDANCE POLICY

Purpose:

LEO Head Start/Early Head Start strongly believes that a child's regular attendance at school is critical for achieving school readiness. There are numerous benefits to regular attendance.

- Good attendance leads to lifelong learning and positive habits.
- Getting into a schedule of regular attendance starts early. If young children miss many days in preschool, they are more likely to have attendance issues in elementary school and even drop out.
- Chronic absenteeism in kindergarten, and even pre-K, can predict lower test scores and poor attendance and retention in later grades, especially if the problem persists for more than a year.¹
- The Head Start Program Performance Standards require that LEO staff promote the benefits of regular attendance to families. LEO's goal is that all children participate in 90% or more of the planned service days. When a child's attendance falls below 90%, staff will work with families to resume regular attendance within 14 service days. When regular attendance does not resume, the program will consider the slot vacant in order to serve children who are on the LEO wait list.

Procedures for the Tracking of Daily Attendance:

1. **Parent/Guardian Notifies LEO of the Absence:** Parents/guardians must call, send a note or communicate with the Head Start / Early Head Start Program each day that their child is not in attendance. Parents are asked to provide a reason for the absence. Parents should be encouraged to provide a specific reason for the answer other than "Parents Choice". Once contact with a parent contact is completed, staff will immediately document the reason for the absence in the child's electronic file.
2. **Parent/Guardian DOES NOT Notify LEO of the Absence:** If a child is absent and there is no contact from the parent/guardian, the Family Service Worker will reach out to the parent/guardian via phone or text within **one hour of start time** to see why the child is not present at the program and to ensure the child's well-being.
 - a. If a child is absent and efforts to reach the parent/guardian are not successful, the Family Service Worker will document all efforts to make contact with the parent in the child's electronic file and with the Center Manager.
 - b. If a child has two consecutive unexplained absences, staff are required to make ¹direct contact with the parent, or if they cannot be reached the emergency contacts, via phone or text. If the parent/guardian cannot be reached through

¹ <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/health-promote-attendance-tip-sheet.pdf>

these contact attempts, the Family Service Worker must notify the Center Manager of the absences and a home visit **must** be conducted to determine the cause of absence and to ensure the child's safety.

Attendance Monitoring

Attendance monitoring takes places at two levels: the child/family and program.

1. Within the first 60 days of the Program (or within 60 days of a new enrollment), the Center Manager along with the Family Service worker will identify children in each classroom who are at risk for missing 10% or more of the scheduled service days.
2. When a child is identified to be at risk of missing 10% or more of the service days the family, Family Service Worker, Teachers, Center Manager, and Content Managers will meet to determine if an Attendance Plan is needed to address the excessive number of absences.

Center Name	Total Number of Service Days	10% of Total Days
JRCCC	260	26
EHS	240	24
Blossom	160	16

Attendance Plans and Alternative Services

1. Attendance Plans will be designed to support the child's consistent attendance in the program, or if necessary, to plan for alternative services. The Plan will be developed by the family, Family Service Worker, Teachers, Center Manager, and Education/Disabilities Managers as needed. In case of prolonged illness, child care restricted communicable diseases, or medical disabilities, the Health/Mental Health Manager and School Nurse will participate in the development of the plan.
2. The Family Service Worker will schedule a meeting at the Center or the family's home to discuss the child's attendance. At this meeting the staff will:
 - a. Provide the family with information on the benefits of regular attendance;
 - b. Identify reasons for the absences; and
 - c. Create an attendance plan.
3. Alternative services will be designed to ensure that all children enrolled in Head Start/Early Head Start are supported in the continuation of their education and to make progress on their goals. The content of the plan may include LEO staff assigned to provide alternative services such as online parent activities, classroom supplies and other learning materials to provide home-based activities that address the domains of the Head Start Early Learning Outcomes Frameworks with the focus being on what the child is ready to learn.
4. The Center Manager will be notified that the family will be receiving alternative services and all communication with the family will be tracked and documented.

Withdrawal from the Program

Families will be provided with staff support and will be expected to meet attendance requirements either by participation in the classroom or alternative services within 14 calendar days. If the family is unable, unwilling or unresponsive to staff attempts to communicate and engage, the Program Director or his/her designee will be responsible for determining that the slot should be considered vacant.

The Program Director or his/her designee will notify the family in writing that their child will be considered “withdrawn” from the Head Start/Early Head Start program and the child’s slot will be open for enrollment by a child on the wait list.

Supporting Attendance for Children Experiencing Homelessness

1. If LEO determines a child is eligible for Head Start/Early Head Start in accordance with 1302.12(c)(1)(iii) by meeting the definition of homelessness (as defined in part 1305) LEO will allow the child to attend the program and will allow the family up to six (6) months from the date of their child’s admission to obtain their medical records.² The Family Service Worker and/or the Health Advocate will work with families to obtain their medical records and/or get their children immunized as soon as possible in order to comply with state licensing requirements.
2. For enrolled children who are experiencing homelessness and are unable to attend classes regularly because the family does not have transportation to and from the program facility, LEO will utilize community resources, where possible, to provide transportation for the child.

² MA DEEC Policy Statement: Children’s Records Requirements for Priority Populations, See 606 CMR 7.04(7)(a)(13).



ANNUAL NOTICE REGARDING PII AND PARENTAL RIGHTS

Effective August 1, 2017

THIS NOTICE DESCRIBES HOW PERSONALLY IDENTIFIABLE INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

By law, LEO Inc. must protect the privacy of your child's Personally Identifiable Information. Information that could be used to identify your child (known as "Personally Identifiable Information" or "PII") includes your child's name, name of a child's family member, street address of the child, social security number, or other information that is linked or linkable to the child. LEO retains PII because your child receives Head Start/Early Head Start services from us and it is a part of each child's record with us. We take our obligation to protect the privacy of your child's PII data very seriously. This notice explains your rights and our legal duties and privacy practices.

We are required to give you a copy of your rights in writing every year, including definitions (which cover descriptions of the types of PII that may be disclosed), to whom we can disclose, and list when we do not need to receive your Consent to disclose PII from your child's record.

LEO will abide by the terms of this notice. Should our data and child record practices materially change, LEO reserves the right to change the terms of this notice, and will follow the terms currently in effect. Any new provisions we add will affect all PII we maintain from the time the new provisions go into effect, as well as any PII that we may receive in the future. If we revise our practices substantially, we will provide a revised notice by posting it on the agency website leoinc.org

Definitions

Child Records means records that: (1) are directly related to the child; (2) are maintained by the program, or by a Party acting for the program; and (3) include information recorded in any way, such as print, electronic, or digital means, including media, video, image, or audio format.

Confidential means to be kept private with certain specific protections.

Consent means written approval or authorization that is signed and dated. It may include a record and signature in electronic form that: (1) identifies and authenticates a particular person as the source of the electronic Consent; and, (2) indicates the same person's approval of the information. Consent can be revoked going forward.

Disclosure means to permit access to or the release, transfer, or other communication of Personally Identifiable Information contained in Child Records by any means, including oral, written, or electronic means, to any Party except the Party identified as the Party that provided or created the record.

Party means an entity or individual.

Parent means person or agency legally authorized to act on behalf of the child, typically mother, father, or legal guardian authorized to act in place of the mother or father.

Personally Identifiable Information (PII) means any information that could identify a specific individual, including but not limited to a child's name, name of a child's family member, street address of the child, social security number, or other information that is linked or linkable to the child.

Required Uses and Disclosures of PII

We must use and disclose information contained in Child Records that is PII in a number of ways to carry out our responsibilities. We keep PII in our Child Records. The following list describes the types of uses and Disclosures of PII that federal law requires LEO to make and allows us to do so **without your Consent**:

- **Within this organization for Head Start purposes;**
- **In connection with an audit or evaluation of education or child development programs or for enforcement or compliance with federal legal requirements** (such as to the U.S. Department of Health and Human Services that funds our work);
- **During Disasters or Health/Safety Emergencies to appropriate Parties** (including but not limited to local health departments, police, fire, EMS, etc.);
- **Pursuant to Court Orders or Subpoenas** (so long as we try to notify you in advance unless (1) a court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed; (2) the Disclosure is in compliance with an ex parte court order obtained by the United States Attorney General or his/her delegate concerning investigations or prosecutions of an offense listed in 18 U.S.C. 2332b(g)(5)(B) or an act of domestic or international terrorism as defined in 18 U.S.C. 2331; (3) a Parent is a Party to a court proceeding directly involving child abuse and neglect or dependency matters, and the order is issued in the context of that proceeding; or (4) if there is legal action between LEO and a Parent);
- **For Child and Adult Care Food Program (CACFP) Monitoring** if the results will be reported in an aggregate form that does not identify any individual;
- **To Department of Children and Families Foster Care Caseworkers** who have the right to access a case plan for a child who is in foster care placement; and,
- **To appropriate Parties in cases of suspected or known child maltreatment** (such as Department of Children and Families).

LEO also uses and shares your child's PII when requested by you or when otherwise required by law.

Except as described above, LEO will not use or disclose your PII without your written Consent.

You may give us written Consent to use or disclose your PII to anyone for any purpose that you choose. You may revoke your authorized Consent so long as you do so in writing; however, LEO will not be able to get back any PII we have already used or shared based on your prior permission.

Parental Rights

You have the right to:

- **Ask to inspect** your Child's Record on-site containing PII that LEO maintains. LEO will create an opportunity for you to inspect your Child's Record on-site within **2 business** days from the date of your written request. You *do not* have the right to remove the original record from on-site nor to take any parts of the original record with you.
- **Ask for a copy** of Child Records disclosed to third Parties with Parental Consent, free of charge.
- **Ask LEO to amend** your Child's Record if you believe that it is inaccurate, misleading, or violates your child's privacy. You must ask for this by in writing, along with a reason for your request. LEO will review your request and decide on it within 7 business days. If LEO denies your request to amend your PII, we will issue you a written statement explaining why and explain your right to a hearing.
- **Ask for a hearing** if your request to amend the Child Record is denied. If the issue is not decided in your favor at the hearing, you have the right to place a statement in the Child Record that either comments on the contested information or that states why the Parent disagrees with the program's decision, or both.
- **Ask to inspect written agreements involving Disclosure of PII.** If a Parent requests, you can come on-site and review a redacted written agreement with a third Party that involves Disclosure of their child's PII. This right does not allow you to take any photos of it or make, or have copies made of the agreement.

Complaints or Questions

If you believe that your child's privacy rights may have been violated or if you have questions, please let us know as soon as possible. Complaints should be directed to: **Early Childhood Development Director, LEO Inc., 156 Broad Street, Lynn, MA 01901.** Filing a complaint or exercising your rights will not affect the care or services your child receives from **LEO.**



BEHAVIOR MANAGEMENT

Purpose: LEO Inc.'s Early Childhood Development Program ensures that children enrolling in the program experience a culture that supports children's mental health, social and emotional well-being through the implementation of well-organized learning environments. Teachers are trained to implement supportive teaching practices and strategies for supporting children with challenging behaviors. Children who engage in atypical behaviors in the classroom and/or bus that disrupt the ability of the children and/or jeopardize the safety of other children/staff will be subject to a Behavior Management Plan.

I. Procedures for Identifying Causes for Behaviors and Implementation of Enhanced Classroom Management:

1. When a child exhibits patterns of atypical behaviors in the classroom/bus, the teacher will document the circumstances of the behavior e.g., time of day, duration, circumstances that exist in the environment that may have influenced the behavior. The teacher will attempt to redirect the behavior through classroom management techniques, e.g. CESFEL Training materials and Crisis Management Manuals, etc.
2. Once a pattern of behaviors reach a point where they are interrupting regular classroom/bus activities, cannot be redirected by classroom management strategies and/or are endangering the safety of other children and/or staff further interventions will be implemented.

II. Case Management/Data Review:

1. If a child's behavior is disrupting regular classroom/bus activities, the Parent/Guardian, Family Service Worker, Teachers, Center Manager and Content Managers will meet to review and discuss factors that may be contributing to the atypical behaviors in the classroom.
2. The teacher and the Family Service Worker will review and present all available information and data including: Documentation of behaviors from the child's electronic file; health records; family assessment to identify circumstances that may affect the child's behavior in the classroom/bus, and video of the incidents if available. The Teacher will also review the classroom management techniques that have been implemented.
3. The parent/guardian will be asked about behaviors in the home including changes in the child's routine, family circumstances, etc. that may affect the child.
4. The parent will be notified and will be asked to sign the Personally Identifiable Information (PII) Disclosure Form granting permission to allow a Mental Health Consultant to conduct a Classroom Observation.
5. When there is a serious safety threat that cannot be reduced or eliminated by reasonable modifications², a child may be temporarily implemented until a Behavior Management Plan is in place.

² 45 CFR §1302.17(a)(2)

III. Behavior Management Plan:

1. The Parent/Guardian, Family Service Worker, Teachers, Center Manager and Content Managers will meet within 5 days of the Classroom Observation and determine if a Behavior Management Plan is needed to address the excessive behaviors. The Case Management meeting will result in one of three outcomes:
 - a. Referral for further testing including disability assessments, diagnostic and/or educational testing, mental health services and or other appropriate services.
 - b. A Behavior Management Plan will be drafted by the case management team which will include the Mental Health Consultant's recommended strategies based on the Classroom Observation to modify the child's behavior.
 - c. Both options above may be implemented simultaneously.
2. If referrals are needed for additional services the Family Service Worker will provide referrals to the family. A meeting will be scheduled with the Parent/Guardian, Family Service Worker, Teachers, Center Manager and Content Managers. If a Behavior Management Plan is not already in place the outcomes of the referrals may be utilized to develop a Plan as outlined in Step 3 below.
3. The Behavior Management Plan will be drafted in collaboration with the Parent/Guardian. The Plan will include:
 - a. Clearly documented expectations and outcomes for LEO teaching staff, the child and the Parent/Guardian.
 - b. Specific behavior management strategies to be implemented by LEO teaching staff, alternative services/strategies to be implemented in the home, additional services to be accessed (e.g. mental health services, diagnostic testing, etc.)
 - c. Weekly meetings of the Parent/Guardian, Family Service Worker, Teachers, Center Manager and Content Managers will be scheduled to monitor outcomes and to make adjustments as needed.
 - d. If progress toward outcomes are not made within a reasonable time period (30 days), the Parent/Guardian, Family Service Worker, Teachers, Center Manager and Content Managers will meet to determine the best option for the child:
 - i. Alternative Services to take place in the home such as online parent activities, classroom supplies and other learning materials to provide home- based activities that address the domains of the Head Start Early Learning Outcomes Frameworks with the focus being on what the child is ready to learn.
 - ii. If, ultimately, all possible steps have been taken as outlined above, and the mental health consultant has documented that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines that the program is not the most appropriate placement for the child LEO will work to identify and facilitate the transition of the child to a more appropriate placement.³

³ 45 CFR §1302. 17(b)(3)

2019-2020 Program Year Closures

LEO Head Start Programs will close on the following days:

Date	Stepping Stones Family Child Care Center (EHS)	Jack Robinson Child Care Center (HS full-day, full-year)	Blossom Street Child Care Center and Broad Street Child Care Classrooms (HS half-day, 9-month)
July 4-5, 2019	All LEO Operations Closed for Independence Day Holiday		
September 2, 2019	All LEO Operations Closed for Labor Day Holiday		
September 3, 2019	All LEO Operations Closed for All-Staff In-Service Training		
September 4-6, 2019		Closed for Staff In-Service Training	Closed for Staff In-Service Training
September 9, 2019		Closed for Staff In-Service Training	Closed for Staff In-Service Training
October 14, 2019	All LEO Operations Closed for Columbus Day Holiday		
November 28-29, 2019	All LEO Operations Closed for Thanksgiving Holiday		
December 23-24, 2019	Closed for Winter Vacation		Closed for Winter Vacation
December 25, 2018	All LEO Operations Closed for Christmas Holiday		
December 26-27, 2018	Closed for Winter Vacation		Closed for Winter Vacation
December 30-31, 2018	Closed for Staff Training		Closed for Winter Vacation
January 1, 2019	All LEO Operations Closed for New Year's Day Holiday		
January 2-3, 2019	Closed for Staff In-Service Training		
January 20, 2020	All LEO Operations Closed for Martin Luther King, Jr. Holiday		
February 17, 2020	All LEO Operations Closed for Presidents' Day Holiday		
February 18-21, 2020			Closed for Vacation Week
April 20, 2020	All LEO Operations Closed for Patriots Day Holiday		
April 21-24, 2020			Closed for Vacation Week
May 25, 2020	All LEO Operations Closed for Memorial Day Holiday		



156 Broad Street
Lynn, MA 01901
781.581.7220
leoinc.org

Teacher's Name:

Teacher's Email:

Center Name and Classroom:

Center Phone:

If you have questions about the information in this Parent Handbook, please contact LEO Head Start Program Staff. Your Family Service Worker is available to assist you with resources or referrals. She/he is also available to answer questions about the program and your child.

Family Service Worker's Name:

Family Service Worker's Email:

Family Service Worker's Phone:
