

2025-2026 Parent Handbook



**156 Broad Street
Lynn, MA 01901
781.581.7220
leoinc.org**

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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, we encourage you to be involved in your child's education. We need your participation in all areas: parent meetings, workshops and trainings, 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,

Mary Ellen Jenkins
Program Director
LEO Head Start Programs

LEO Inc. Early Education Center (*Ages 3-5*)
156 Broad Street
Lynn, MA 01901
781.581.7220

Stepping Stones Early Education Center (*Birth-3*)
35 Waitt Avenue
Lynn, MA 01902
781-581-7220

EHS Home-Based Program (*Birth-3*)
35 Waitt Avenue
Lynn, MA 01902
781-581-7220

OVERVIEW

LEO Inc.'s mission is to strengthen the Greater Lynn community through resources and services that provide opportunities for children, families and individuals to thrive. 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 (parenting classes, health and nutrition seminars, financial literacy classes, parent-to-sub training and more)
- Home Heating and Fuel Assistance
- Utility Discounts
- Food Distribution (family and elderly)
- Emergency Assistance
- VITA free income tax preparation
- Referrals to Partner Community Services Agencies

LEO works for **you**. Find out more at www.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, also one classroom that runs 6 hours per day 180 days per year, and a second program 8 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: Our LEO Inc. Early Education Center offers full-day, full-year services. To be eligible for these slots a family must meet Head Start requirements as well as one of these options:

- **Priority Populations:** 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. Families experiencing homelessness must have a homeless referral approved by the

Massachusetts Executive Office of Housing and Livable Communities (EOHLC). Parent fees are based on family size and income.

- **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.
- **Vouchers:** LEO Head Start accepts childcare 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 childcare 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).

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, the Pyramid Leadership Team, 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. LEO also offers a parent-to-substitute teacher training program.

PARENT FEE AND PAYMENT POLICY

Parents pay the daily fee when the center is open and childcare is available. If the child is absent but the center is open, the parent pays the daily fee.

Parents DO NOT pay the daily fee for any day that childcare is not available. If the center is closed due to a holiday, a staff training day, an emergency, weather, or any other circumstance, the parent does not pay.

Parent Fees: Parent fees for the LEO Inc. Early Education 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 agreement received through EEC and Child Care Circuit.

Late pick-up fee: It is imperative that all children for whom transportation is not provided be picked up promptly at the close of the class session. For our LEO Inc. Early Education Center, fees for late pickups apply. On the first occasion that a child is picked up late, the family will receive a written warning. On the second and subsequent occasions that a child is picked up late, the family will be billed as follows:

| LEO Inc. Early Education Center | FEE |
|---------------------------------|------|
| 5-15 Minutes late | \$10 |
| 16-30 Minutes late | \$20 |
| 31-45 Minutes late | \$30 |

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)

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.

Schedule of Payment: Monthly statements are mailed to parents at the address provided on the contract or voucher to arrive on or about the 1st 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 processed through LEO’s fiscal office which is located at 181 Union Street, Suite 205E. Payment can be made in person, by mail or by phone in the form of check, cash, credit card or debit card. LEO also accepts payments by CashApp using \$Leolynnma.

Non-payment/ Late Payment of Parent Fees: Upon the first non-payment of parent fees, the parent will be issued with a warning notice. If parent fails to respond to the non-payment of parent fees warning notice, including paying balance prior to next parent fee due date and maintaining subsequent week’s

parent fees, the parent will be issued with a **two-week termination notice**. *Each termination notice counts as an intentional program violation (IPV) and may lead to the termination of the child (ren)'s contract or vouchers.*

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:

- Failure to follow posted safety precautions for COVID-19 or other emergencies
- 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 or vaping 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 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/Mental Health Services Advisory Board: The Health/Mental 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.

Pyramid Leadership Team: The LEO Pyramid Leadership Team works together with staff and families to build our Pyramid community through shared practices that support social and emotional well-being and positive relationships throughout the LEO culture. Parents are invited to join Educators, Family Service Workers, Family Case Workers and Managers on this interdisciplinary team that guides our Pyramid Initiative.

STAFF/PARENT PARTNERSHIPS

We are so excited to have you as part of our LEO community! Teachers, Family Service Workers, Family and Community Engagement Specialists, Education Access 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 Support and Intervention: LEO prioritizes children’s social and emotional well-being and mental health through responsive teaching strategies and well-organized learning environments. Our classrooms are designed to provide developmentally appropriate choices and opportunities for children to explore and discover their unique preferences and talents. Teachers provide social skills instruction in both small and large group formats and facilitate opportunities for practice with peers. When persistent challenging behaviors occur (if a child’s behavior interferes with their ability to learn, with their ability to connect with teachers and classmates, or interferes with other children’s ability to learn in the classroom setting), teachers work with Center Managers, the Education Access Manager, and the Mental Health/Behavior Support Team to develop and implement an intervention plan. Please see the *Behavior Support and Intervention* protocol in the Appendix of this Handbook for more complete information.

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 have the services of a full interdisciplinary team, which may consist of: Teachers, Family Service Workers, Family and Community Engagement Specialists, Education Access Manager, Director of Nutrition/Health, Health Manager, Social Emotional Behavior Manager, the Developmental Behavior Support team, 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. LEO staff accesses interpretation through partner providers. 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. **It is vital that all parents/guardians have a working phone for communication to and from school.**
- 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.

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 three (3) times per year in the Home Based and School Year programs and four (4) times a year in the full year program. 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 developmental progress.

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 Childcare Records Memo in the Appendix of this document.***

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, and Family Case 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

Parents will work with Family Case Workers to set up a time to visit the center prior to the child attending the program.

Attendance: Your child is an important part of our school community. When your child does not attend their program daily, they are missing important educational opportunities, and we are missing them! 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 Childcare Services. **Please read and understand the *Attendance Policy in the Appendix of this document.***

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.

Intake: The intake process is conducted by the enrollment specialists. Our specialists 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 tour at the center and has a chance to meet their child’s full teaching team and other program staff. 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. The Family Engagement Manager does orientation with the families. This includes a review of parent center meetings, socialization, Class Dojo, Raising a Reader, Pyramid Model, Male Involvement and much more. During enrollment, the Enrollment Specialist will review the parent handbook and email them a copy.

In the First 30 Days: 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.

Requests for Reasonable Accommodation: Children who require an accommodation in order to gain equal access to LEO’s childcare program may be eligible for a reasonable accommodation if he or she has a physical health 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. Requests for reasonable accommodations should be mailed to: Education Access Senior Manager, 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 of this document.**

LEO HEAD START CURRICULUM

The LEO Head Start curriculum is child-centered, research-based, and hands-on to encourage each child’s growing independence. Curricular decisions are planned based on intentional teaching strategies that meet children’s interests, strengths, and needs through all domains of development. Each room is designed with developmentally appropriate 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 diverse learners and children with disabilities or delays to play and learn beside children who may not have special educational or health needs. The Education Access Senior 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 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 at the end of this document.**

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. All classrooms have both visual and written schedules to ensure all children are able to access the information.

CLASSROOM DESIGN AND SCHEDULE

| Infant and Toddler | Preschool |
|--|--|
| <p>Classroom Design: 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. 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. 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: Each classroom design includes the following learning areas: blocks, housekeeping/ dramatic play, table toys, art, sensory tables, library, writing area, math/science and calm cozy areas. 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. 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. 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: 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. 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 toothbrushing. The schedule also includes time for outdoor or indoor gross motor activities and rest time. Visual and written schedules are posted in each classroom.</p> | <p>Classroom Schedule: 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. The schedule also includes time for outdoor or indoor gross motor activities and rest time. Visual and written schedules 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 in the section on Nutrition.</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 the centers include a rest time. Children are not required to sleep, but provided with a quiet and calm environment (dim lights, soft music), their own cot or mat, and designated space in the classroom to allow their bodies to rest after a busy day. Staff may support children to calm their bodies by patting or rubbing their backs and supporting children's self-soothing strategies.

A small pillow and/or blanket from home can help your children to rest. Please label all items with your child's name. These items are washed weekly at the center. If you need help obtaining these items, please talk to your Family Service Worker for support. Children who do not sleep are provided with quiet activities on their mat or at a table. Educators help them to understand their friends are resting and to practice keeping their bodies calm and quiet.

SUPPORTING YOUR CHILD'S HEALTHY DEVELOPMENT

Early childhood development happens fast! Infants' toddlers' and preschoolers' minds and bodies are growing every day as they learn and practice new skills. Research shows that early screening and intervention results in better long-term outcomes for children. LEO's early childhood education programs provide universal health, development and social-emotional screenings to all children enrolled in our programs. These screenings provide parents and educators with a "snapshot" of each child's general health and development. Initial vision, hearing, development and social-emotional screenings (details below) are completed during each child's first 45 days of enrollment. Additional health and nutrition screenings are completed during the first 90 days of enrollment. If concerns arise, our team supports parents to access additional evaluation and appropriate services.

- **Developmental Screening:** Educators complete a developmental screening during the first 45 days of enrollment. The Ages and Stages Questionnaire (ASQ-3) for infants and toddlers and the Easy Screening Inventory (ESI) for preschoolers both include gross motor and fine motor skills, speech and language, and social skills. These screenings are repeated annually.
- **Social Emotional Screening:** Family Service Workers (and Family Case Workers for our Home-Based program) complete a social-emotional screening for all children during the first 45 days of enrollment using the Ages and Stages Questionnaire, Social Emotional (ASQ-SE2). This screening consists of a parent interview and includes questions about your child's eating and sleeping patterns, communication, social and emotional skills. For children in our Early Head Start programs, this screening is updated every six months; for those enrolled in Head Start programs it is complete once each year. All parents will receive information about their child's score, along with information about social-emotional development and activities they can do at home with their child. Please see the Appendix of this Handbook for more information about the ASQ-SE2.

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 or by the 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 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.

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 preschool aged children and infants and toddlers to a local early intervention agency for additional screening and/or evaluations. The Education Access Senior Manager and/or Inclusion Specialist helps the parent through the referral process, maintains contact with both the parent and either the local public school system or Early Intervention, attends related meetings with parent consent, and monitors the child's progress while in the program.

Mental Health: Early childhood mental health refers to the social, emotional, and behavioral well-being of young children. This includes reaching developmental and emotional milestones, learning social skills, and developing effective coping strategies to respond to challenges. LEO's Mental Health Team includes the Social Emotional Behavior Manager and a team of Developmental Behavior Specialists. The Mental Health Team works on-site at our Centers, and is available for consultation and support if parents or educators have concerns about a child's mental health. The Social Emotional Behavior Manager scores and reviews all ASQ-SE2 screenings. If the ASQ-SE2 indicates possible areas of concern, the Social Emotional Behavior Manager will follow-up with parents. The Social Emotional Behavior Manager can provide referrals for play therapy with local community agencies, and can also support parents to access mental health resources for themselves. All parents are asked to sign the Personally Identifiable Information (PII) Disclosure form which grants permission for our Mental Health Team to conduct classroom observations.

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. Boys and girls are toileted separately aside from urgent circumstances.

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.

TOOTHBRUSHING

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 – both big and small – are an important part of learning. Everyday transitions at home and school provide opportunities to build relationships and develop social skills. Life transitions – like enrolling your child in our programs, moving from Early head start to Head Start or getting ready to go to Kindergarten – are important family milestones. We believe that transitions are easier for children and families when everyone has the information they need and are involved in the process.

Daily Transitions: Important daily transitions at school include drop-off and pick-up and moving from one activity to the next throughout the day. You can help your child transition successfully into school during arrival by leaving electronics and snacks at home. Our classrooms each have a visual schedule and follow predictable routines (both part of the Pyramid Model). Educators provide visual and verbal transitions by helping to clean up and getting ready for the next activity. Educators teach children our shared expectations (We Are Respectful, We Are Ready to Learn, and We Work Together) and practice important social skills during transitions.

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/or neglect according to state law. All LEO program staff are mandated reporters. A *mandated reporter* is a professional that is required by Massachusetts law to report suspected abuse or neglect of a child to the Massachusetts Department of Children and Families (DCF).

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: The children are visibly screened when entering the building. The teacher discusses any concerns with the Center Manager or Health Advocate immediately and documents concerns. 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 Advocate 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 screening 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 the 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 available for review at each childcare site. Your Family Service Worker can also provide you a copy of this policy. Evacuation plans for each childcare 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 childcare 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. **Children MAY NOT 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.

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:

COVID-19: We will follow the guidelines of the CDC and EEC.

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.

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, antihistamines) | 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 |

IMMUNIZATIONS AND VACCINES

Your child needs vaccines as they grow! 2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which
vaccines your child might need. Or visit
www2.cdc.gov/vaccines/childquiz/



| VACCINE OR PREVENTIVE ANTIBODY | BIRTH | 1 MONTH | 2 MONTHS | 4 MONTHS | 6 MONTHS | 7 MONTHS | 8 MONTHS | 12 MONTHS | 15 MONTHS | 18 MONTHS | 19 MONTHS | 20-23 MONTHS | 2-3 YEARS | 4-6 YEARS |
|--------------------------------|--|---------|----------|---|----------|----------|----------------------------------|-----------|-----------|-----------|-----------|--------------|-----------|-----------|
| RSV antibody | Depends on mother's RSV vaccine status | | | | | | Depends on child's health status | | | | | | | |
| Hepatitis B | Dose 1 | Dose 2 | | | Dose 3 | | | | | | | | | |
| Rotavirus | | | Dose 1 | Dose 2 | Dose 3 | | | | | | | | | |
| DTaP | | | Dose 1 | Dose 2 | Dose 3 | | | | Dose 4 | | | | | Dose 5 |
| Hib | | | Dose 1 | Dose 2 | Dose 3 | | | Dose 4 | | | | | | |
| Pneumococcal | | | Dose 1 | Dose 2 | Dose 3 | | | Dose 4 | | | | | | |
| Polio | | Dose 1 | Dose 2 | Dose 3 | | | | | | | | | Dose 4 | |
| COVID-19 | | | | At least 1 dose of the current COVID-19 vaccine | | | | | | | | | | |
| Influenza/Flu | | | | Every year. Two doses for some children | | | | | | | | | | |
| MMR | | | | | | | | Dose 1 | | | | | | Dose 2 |
| Chickenpox | | | | | | | | Dose 1 | | | | | | Dose 2 |
| Hepatitis A | | | | | | | 2 doses separated by 6 months | | | | | | | |

KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
3. Your child misses a vaccine recommended for their age.



FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/



What diseases do these vaccines protect against?

BIRTH-6 YEARS OLD

| VACCINE-PREVENTABLE DISEASE | DISEASE COMPLICATIONS |
|--|--|
| <p>RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact</p> | Infection of the lungs (pneumonia) and small airways of the lungs; especially dangerous for infants and young children |
| <p>Hepatitis B Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen</p> | Chronic liver infection, liver failure, liver cancer, death |
| <p>Rotavirus Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool</p> | Severe diarrhea, dehydration, death |
| <p>Diphtheria* Contagious bacterial infection of the nose, throat, and sometimes lungs; spread through air and direct contact</p> | Swelling of the heart muscle, heart failure, coma, paralysis, death |
| <p>Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway; spread through air and direct contact</p> | Infection of the lungs (pneumonia), death; especially dangerous for babies |
| <p>Tetanus (Lockjaw)* Bacterial infection of brain and nerves caused by spores found in soil and dust everywhere; spores enter the body through wounds or broken skin</p> | Seizures, broken bones, difficulty breathing, death |
| <p>Hib (Haemophilus influenzae type b) Contagious bacterial infection of the lungs, brain and spinal cord, or bloodstream; spread through air and direct contact</p> | Depends on the part of the body infected, but can include brain damage, hearing loss, loss of arm or leg, death |
| <p>Pneumococcal Bacterial infections of ears, sinuses, lungs, or bloodstream; spread through direct contact with respiratory droplets like saliva or mucus</p> | Depends on the part of the body infected, but can include infection of the lungs (pneumonia), blood poisoning, infection of the lining of the brain and spinal cord, death |
| <p>Polio Contagious viral infection of nerves and brain; spread through the mouth from stool on contaminated hands, food or liquid, and by air and direct contact</p> | Paralysis, death |
| <p>COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact</p> | Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death |
| <p>Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact</p> | Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death |
| <p>Measles (Rubeola)[†] Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash; spread through air and direct contact</p> | Brain swelling, infection of the lungs (pneumonia), death |
| <p>Mumps[†] Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw; spread through air and direct contact</p> | Brain swelling, painful and swollen testicles or ovaries, deafness, death |
| <p>Rubella (German Measles)[†] Contagious viral infection that causes low-grade fever, sore throat, and rash; spread through air and direct contact</p> | Very dangerous in pregnant people; can cause miscarriage or stillbirth, premature delivery, severe birth defects |
| <p>Chickenpox (Varicella) Contagious viral infection that causes fever, headache, and an itchy, blistering rash; spread through air and direct contact</p> | Infected sores, brain swelling, infection of the lungs (pneumonia), death |
| <p>Hepatitis A Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person</p> | Liver failure, death |

*DTaP protects against tetanus, diphtheria, and pertussis

[†]MMR protects against measles, mumps, and rubella

Last updated November 2024

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 staff 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. Mealtime 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 are busy times 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. 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.

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

LEO Inc. Early Education Center

156 Broad Street

Lynn, MA 01901

School Year Program: 8:00 AM – 2:00 PM

Full Year Program: 7:00 AM – 5:00 PM **OR** 8:00 AM – 4:00 PM

Early Head Start Home-Based Program

35 Waitt Avenue

Lynn, MA 01902

Full Year Program: 8:00 AM-4:00 PM

Stepping Stones Early Education Center

35 Waitt Avenue

Lynn, MA 01902

Full Year Program: 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 the LEO Inc. Early Education Center operate up to 10 hours per day, for children who have a subsidized childcare 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.

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

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:

- Trisha Coolong, 156 Broad Street, Lynn, MA 01901, (781) 309-5661, if requesting a reasonable accommodation to a child development program, or
- Andrew Gilroy, 181 Union Street, Lynn, MA, 01901 (781) 309-5643, if requesting a reasonable accommodation to Home Energy Assistance or other community service programs.

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.

REQUEST FOR REASONABLE ACCOMMODATION

Name (or Child Name): _____

Address: _____

Telephone: _____

Program:

- Stepping Stones Early Education Center (Early Head Start)
- LEO Inc. Early Education Center (Head Start)
- Home Energy Assistance
- Other program (please specify): _____

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: _____

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 offices of LEO, Inc, 181 Union Street, Lynn MA, 01901 781-581-7220, 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 Chief Executive Officer of the organization within 15 days of his/her receipt of the Section 504/Section 1557 Coordinator's written decision. The Chief Executive Officer will issue a written decision in response to the appeal request within 30 days of 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. 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. All parent contacts are documented in the child's electronic file.
 - 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 direct contact

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

with the parent, or if they cannot be reached the emergency contacts, via phone or text. If the parent/guardian cannot be reached through 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. All staff efforts must be documented in the child’s electronic file.

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, Center Manager, and Content Managers will meet to determine if an Attendance Plan is needed to address the excessive number of absences.

| Program Type | Total Number of Service Days | 10% of Total Days |
|---------------------|-------------------------------------|--------------------------|
| Full Year | 260 | 26 |
| EHS | 240 | 24 |
| School Year | 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, Inclusion Specialist and Education Access Senior Manager as needed. In case of prolonged illness, childcare-restricted communicable diseases, or medical disabilities, the Health/Mental Health Manager 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 waitlist.

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).



SUMMARY OF ANNUAL NOTICE REGARDING PII AND PARENTAL RIGHTS

Dear Parents:

Enclosed herein is a document explaining how LEO, Inc. protects the privacy of personally identifiable information (“PII”) within your child’s record and what your rights are with respect to such PII. We urge you to review it carefully and let us know if you have any questions.

To briefly summarize the enclosed document, it explains that there are some situations in which the law permits LEO to disclose your child’s PII without your consent. For example, without limitation, LEO may disclose your child’s PII to individuals who work for LEO for the purposes of administering LEO’s programs. As another example, again without limitation, LEO may disclose your child’s PII to appropriate parties, such as police or emergency medical technicians, in emergency situations. These are just a couple of examples of when LEO may disclose your child’s PII without your consent. Please read the enclosed document carefully to understand all of the situations in which LEO may do so.

The notice also explains what your rights are with respect to your child’s record. For example, without limitation, you have a right to review a copy of your child’s record, ask for a copy of your child’s record, and ask to modify your child’s record in certain situations. Again, these are just examples of what your rights are with respect to your child’s record. Please review the enclosed document for a more comprehensive discussion of your rights.

The notice also explains that LEO may use a digital surveillance system that records your child, both visually and with audio. LEO considers these recordings confidential PII and treats them consistent with the procedures described in the enclosed document. These recordings are integral and greatly beneficial to LEO’s operations. For example, they allow LEO to review staff-student interactions for training purposes and allow LEO and relevant state agencies to conduct important investigations, such as investigations into child abuse or neglect.

In sum, LEO takes your child’s privacy very seriously. If you have any questions about the enclosed document or otherwise, please do not hesitate to reach out.

Very truly yours,

A handwritten signature in black ink that reads "Birgitta S. Damon". The signature is written in a cursive, flowing style.

Birgitta Damon, CEO



ANNUAL NOTICE REGARDING PII AND PARENTAL RIGHTS

Effective August 1, 2017

(Revised 12/11/20)

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. (LEO) must protect the privacy of any personally identifiable information (“PII”) within your child’s record. We take this obligation very seriously. This notice explains your rights and our legal duties and privacy practices with respect to PII.

What is PII?

PII is any information that could identify a specific individual, including, but not limited to, your child’s name, the name of your child’s family member, your child’s street address or social security number, or other information that is linked or linkable to your child. Your “**child’s record**” means any 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. The “program” is the Head Start or Early Head Start program operated by LEO.

When and to Whom May LEO Disclose PII Without My Consent?

There are a number of situations in which LEO is permitted to disclose PII without a parent’s consent.³ In particular, LEO may disclose PII without your consent to:

- Individuals within LEO or acting for LEO if such disclosure is necessary for the provision of LEO’s Head Start or Early Head Start programs;
- Individuals within LEO, acting for LEO, or from a federal or state entity, in connection with an audit or evaluation of LEO’s education or child development programs, or for enforcement of or compliance with federal legal requirements of the program;
- Individuals within LEO, individuals acting for LEO, or individuals from a state or federal entity for the purposes of conducting a study to improve child and family outcomes, including improving the quality of our program, for, or on behalf of, LEO;

³ Please note that for the purposes of this Annual Notice, “parent” means a child’s biological or adoptive mother or father, other family member who is the child’s primary caregiver, foster parent, guardian, or the person with whom the child has been placed for the purposes of adoption pending a final adoption decree.

- Appropriate parties (e.g., local health departments, police, fire, EMS) in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk;
- Comply with a judicial order or lawfully issued subpoena, provided we make a reasonable effort to notify you about all such subpoenas and court orders in advance of the compliance therewith. However, we are not required to notify you in advance of a subpoena or court order if: (1) a court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed; (ii) the disclosure is in compliance with an ex parte court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) 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; (iii) a parent is a party to a court proceeding directly involving child abuse and neglect (as defined in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101)) or dependency matters, and the order is issued in the context of that proceeding, additional notice to the parent by the program is not required; or (iv) a program initiates legal action against a parent or a parent initiates legal action against a program, then a program may disclose to the court, also without a court order or subpoena, the child records relevant for the program to act as plaintiff or defendant.
- Individuals at the United States Department of Agriculture for the purposes of conducting program monitoring, evaluations, and performance measurements for the Child and Adult Care Food Program, provided that the results of the monitoring, evaluation, or performance measurements will be reported in an aggregate form that does not identify any individual.
- Caseworkers or other representatives from the Department of Children and Families (“DCF”) when DCF is legally responsible for the child’s care and protection; and
- Appropriate parties in order to address suspected or known child maltreatment.

In addition, LEO may forward PII to a program, school, or school district in which your child seeks or intends to enroll, or where your child is already enrolled, without your consent, provided that: (1) you do not opt out of such disclosure; and (2) upon your request, LEO provides you with a copy of the PII from your child’s records that will be disclosed in advance.

LEO may also use and disclose your child’s PII when requested by you or when otherwise required by law.

When Must LEO Obtain My Consent to Disclose PII?

Unless a situation described above applies, LEO must obtain a parent’s consent before disclosing PII from a child’s record to a third party. The consent must be in writing, signed, and dated. An electronic signature will suffice, provided that it: (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.

Any such consent is voluntary on the part of the parent and may be revoked at any time. Please note that if you revoke your consent, your revocation will not be retroactive and will not apply to an action that occurred before the consent was revoked.

What Other Rights Do I Have with Respect to my Child's PII?

You have the right to:

- **Ask to inspect** your child's record on-site within a reasonable time frame, but no later than two business days after you request to inspect your child's records. You *do not* have the right to remove the original record from the site nor to take any parts of the original record with you.
- **Ask for a copy** of any of your child's records that have been disclosed to third parties with parental consent and, upon parent request, an initial copy of child records disclosed to third parties, unless the disclosure was for a court that ordered neither the subpoena, its contents, nor the information furnished in response be disclosed;
- **Ask LEO to amend** your child's record if you believe that it is inaccurate, misleading, or violates your child's privacy. LEO will review your request and render a written decision within a reasonable time, which will inform you of your right to a hearing.
- **Ask for a hearing** to challenge information in your child's record, in which you have a full and fair opportunity to present evidence relevant to the issues. If, based on evidence presented at the hearing, LEO determines that the information in your child's record is accurate, does not mislead, or does not otherwise violate your child's privacy, you will have the right to place a statement in your child's records that either comments on the contested information or states why you disagree with LEO's decision, or both.
- **Ask to inspect written agreements with third parties.**

Notice of the Use of Digital Recordings

LEO uses a video surveillance system that may create digital recordings of your child's likeness and audio. These recordings are treated confidentially, consistent with the terms of this Notice.

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.

LEO reserves the right to change the terms of this notice and any underlying policy or practice 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.

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12/11/20



BEHAVIOR SUPPORT AND INTERVENTION AT LEO

(Revised 5/2024)

Early childhood mental health refers to the social, emotional, and behavioral well-being of young children. This includes reaching developmental and emotional milestones, learning social skills, and developing effective coping strategies to respond to challenges. Children’s behavior is their way of communicating their needs and wants in response to their environment. Behaviors can look very different at home and at school, because these environments are very different. When a child’s behavior interferes with their ability to learn, with their ability to connect and form relationships with teachers or classmates or interferes with other children’s ability to learn in the classroom setting, we call that *challenging behavior*.

LEO Head Start and Early Head Start Programs use the Pyramid Model, a framework to support healthy social and emotional development for young children. This evidence-based approach prevents and responds to challenging behaviors by helping children learn and practice social skills in the context of caring, nurturing relationships. The Pyramid approach builds on the foundation of nurturing relationships and supportive environments—both here at school and at home. Our Pyramid begins with our shared expectations:

We Are Respectful

We Are Ready to Learn

We Work Together

These shared expectations apply to all children and all adults in our programs. Our rules for classrooms, hallways, and shared spaces like the playground and gross motor room help us put these expectations into practice every day in our programs. Having clear and consistent expectations and rules helps children (1) learn to identify and express their emotions in a safe and healthy way, (2) learn and practice developmentally important social skills (like taking turns, initiating play, sharing, and asking for help), and (3) develop positive coping strategies when things don’t go their way. These skills help decrease the frequency and intensity of challenging behaviors. The behavior we notice is the behavior children are most likely to repeat—the rules in our spaces are designed to teach children how we want them to behave, instead of telling children what not to do.

The foundation of our Pyramid is nurturing relationships. Our staff are committed to nurturing each child’s unique cultural identity while fostering a deep respect for others. Families play a crucial role as their child’s first Teachers. We actively promote mutual respect between families and staff. Our doors are always open to welcome and engage with families and parents are part of our Pyramid Team.

When challenging behaviors occur in our programs:

1. Staff work together to understand what a child might be communicating with their behavior, and what needs they are trying to meet. Sometimes challenging behaviors happen in response to changes at home or school (a new teacher joining the classroom, a new baby at home, moving to a new apartment). Sometimes behaviors occur when children are worried (for example, missing a family member that may be away). Behavior can also communicate feelings that a child does

not yet have language to express (for example, hitting or biting when angry or frustrated). Teachers consider the frequency, intensity, and duration of the behaviors, and look for patterns around when they occur. Family Service Workers connect with parents/caregivers to learn if similar behaviors are happening at home, or if any changes have recently occurred. Parents are our best source of information about their children.

2. Teachers redirect challenging behaviors by trying to engage the child in preferred activities, pairing the child with well-regulated peers in class, and providing activities that help meet their needs (using an individual visual schedule, movement breaks and/or sensory play). Teachers may make changes within their classrooms and adjust classroom schedules or modify routines to support a child's participation and engagement. Teachers notice and praise expected behaviors to reinforce positive choices and behaviors. Teachers work individually or in small groups to help children learn, develop and practice new social-emotional skills. Teachers monitor whether challenging behaviors change, decrease, or remain the same with each intervention. Our programs use the Behavior Incident Report System to track and document challenging behaviors. This system helps us to understand what types of behaviors are happening, when they are happening, and who is involved, which helps us to provide more effective interventions.
3. If challenging behaviors persist or escalate, the teachers consult with Center Managers, the Inclusion Specialist, and the Mental Health Team who will provide additional support and intervention strategies. Together the Team will review the steps that have already been taken to understand what might be needed for the child to achieve physical and emotional regulation. This includes consultation with parents/caregivers, a review and/or update of developmental screenings, classroom observations, provision of supportive resources (a visual timer, sensory toys for a "calm bag" at school and/or home, a picture schedule), and development of a behavior intervention plan. All parents are asked to sign the Personally Identifiable Information (PII) Disclosure form which grants permission for our Mental Health Team to conduct classroom observations. Our Team does not assess children; we can provide referrals to external providers (Early Intervention, public schools) for educational assessments.
4. Behavior intervention plans include identified challenges that the child experiences, modifications needed to support the child, and definition of reasonable behavioral expectations and goals. Modifications may include introduction of supportive materials (like sensory tools or an individual picture schedule), targeted intervention strategies (preferred seating, preferred line placement, helper jobs), provision of in-classroom behavioral support by the Mental Health Team, provision of 1:1 behavioral support if safety is a concern, and/or referrals to external providers. Staff will support parents in the referral process for evaluation by Early Intervention or their local public schools. Where appropriate, staff can provide referrals for play therapy and/or pediatrician referrals for further evaluations to better assess the child's individual needs. Family Service Workers can help parents complete a consent to release information form if they would like LEO staff to speak directly to any of their child's providers.
5. If challenging behaviors present a risk to the safety of the child, their peers, and/or staff, the Team will consider provision of 1:1 intensive behavior support, a change of classroom and/or modification of schedule. Our program works to prevent suspension and expulsion. If staff cannot maintain safety for the child, their classmates, and/or LEO staff, the child may be temporarily suspended until a parent conference can be held and a behavior intervention plan

developed. Suspension is limited to time needed to (1) meet with parents/caregivers, and (2) develop and implement a behavior intervention plan. Our Team works to reintegrate children into the program as soon as we can safely do so.

6. When there is a persistent, serious safety threat that cannot be mitigated by these measures, and/or if progress is not made within a reasonable time period (30 days), the Team will meet with parents/caregivers and appropriate providers to determine the best option to meet the child's demonstrated needs. If a child cannot safely attend our programs, the Team will offer alternative services to take place in the home (including provision of basic supplies and materials, online parent-child activities through Class Dojo, and home-based activities that focus on what the child is ready to learn). If all possible steps have been taken as outlined above and the Team determines that the program is not the most appropriate placement for the child because their continued enrollment presents a serious safety threat to the child, their peers, and/or staff, LEO will work to identify and facilitate the transition of the child to a more appropriate placement.



MENTAL HEALTH PLAN

(Revised 7/2023)

Mental health is a critical part of overall wellness. Early childhood mental health refers to the social, emotional, and behavioral well-being of young children. This includes reaching developmental and emotional milestones, learning social skills, and developing effective coping strategies to respond to challenges. Mental health for caregivers includes being able to cope with the stresses of life, realize their abilities, learn and work well, care for their family, and contribute to their community. LEO's early childhood education programs strive to support mental health for all of our children, families and staff.

Children:

Children's behavior is their way of communicating their needs and wants in response to their environment. Behaviors can look very different at home and at school because these environments are very different. When a child's behavior interferes with their ability to learn, with their ability to connect and form relationships with teachers and classmates or interferes with other children's ability to learn in the classroom setting, that is *challenging behavior*. The staff in our early childhood education programs are trained in responsive teaching practices (the Pyramid Model) that help children (1) identify and express their emotions in a safe and healthy way, (2) learn and practice developmentally important social skills (like taking turns, initiating play, sharing, and asking for help), and (3) develop positive coping strategies when things don't go their way. These skills help decrease the frequency and intensity of challenging behaviors. Please see the Behavior Intervention Policy for further detail on how our staff responds to persistent challenging behaviors.

When parents, caregivers, and/or staff have concerns, the Team considers recent developmental and social-emotional screenings, observed behaviors at home and school, and family reports including possible changes or disruptions to the child's usual routine or environment. LEO uses a collaborative approach with staff and family involvement to identify the child's needs and support families to access appropriate resources within our program (parent education, on-site observation and support from a Developmental Behavior Specialist, parent consultation, behavior intervention plan development and implementation at home and/or school) and within our community (referral to public school for evaluation, referral to pediatrician, referral to mental health services). Our goal is to identify potential challenges early in order to access appropriate supportive services to best meet the child's needs.

Parents/Caregivers:

For adult caregivers seeking mental health support, LEO can provide support through parent education opportunities, parent consultation, and referrals for mental health treatment. Family Service Workers in our Centers and Family Case Workers in our Home Based program establish supportive relationships and maintain regular contact with caregivers. Family Case Workers conduct post-partum screenings for maternal depression. The Social Emotional Behavior Manager is available for consultation with staff and caregivers when mental health concerns arise and provides referrals to local community mental health resources that are accessible to families.

Staff:

LEO prioritizes the health and wellbeing of our staff. As part of our comprehensive benefits package, staff have access to health insurance coverage that includes services for mental/behavioral health. In addition, LEO employees have access to our Employee Assistance Program. The Management Team at LEO is trained in Mental Health First Aid and provides opportunities for reflective supervision to support staff to identify and meet their own needs in healthy ways.

ASQ-SE2

(Revised 07/11/2022)



What is ASQ-SE2?

The first 5 years of your child’s life are very important. Your child’s healthy social-emotional development forms a foundation for lifelong learning. ASQ-SE2 is a set of questionnaires about behavior and social-emotional development in young children, from 1 month to 6 years old.

ASQ-SE has been used by parents for more than 15 years. It makes sure that children’s social-emotional development is on schedule. It helps you celebrate milestones while addressing any concerns as early as possible. ASQ-SE2 can help you identify your child’s social-emotional strengths and areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. At the beginning of each new school year at LEO Head Start, your Family Service Worker will meet with you to complete the ASQ-SE2. It will only take 20-25 minutes—it’s that quick and easy. Together, you and your Family Service Worker will go through each question about your child’s behavior. You will answer “often or always”, “sometimes”, or “rarely or never”. If you have a concern about any particular behavior, you will be able to note that on the questionnaire. These answers help to show your child’s strengths and areas where he or she may need support. After you finish, the LEO Head Start Team will discuss the results with you.

If your child’s social-emotional development is on target, then we will share some activities you can do at home to encourage your child’s social-emotional development. If completing the questionnaire brings up any questions or concerns, we can talk about information and resources that can help. When children get support as early as possible for behavioral concerns, problem behaviors may be prevented from getting more difficult as children get older. We look forward to your participation in our program. Please call or email me at any time if you have any questions or would like to discuss concerns about your child’s development.

Tanya McLean

Social-Emotional Behavior Manager

Office 781-309-5674

Cell 781-801-4934

tanyam@leoinc.org





Record your child's school information here.

Teacher's Name: _____

Teacher's Email: _____

Center Name: _____

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: _____