



**COMMUNITY ACTION
HEAD START &
EARLY LEARNING PROGRAMS**

PARENT HANDBOOK

Policies and Procedures

For more information about our program, check out:

www.communityaction.us/sector/head-start

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Confidentiality

Your Family's Privacy

We value your family's privacy and our staff are committed to protecting your child's information. Staff only share information within HS & ELP and with other officials acting on behalf of HS & ELP (for example, Contractors and Delegates) to provide necessary Head Start services. We ask your permission to communicate necessary information about your child with their doctor, dentist, public school, and others to best meet their needs. We also ask permission to share information about your family with other Community Action Pioneer Valley programs to help you access their services or with research partners who are helping us to learn and improve as a program. To obtain copies of your child's record, ask HS & ELP staff for a form so that you can put your request in writing.

Regulations

HS & ELP follows Department of Early Education and Care (EEC) regulations 7.04 (10) – 7.04 (12) in its policies and procedures regarding children's records. Additionally, HS & ELP follows Head Start regulations about protecting the confidentiality of any personally identifiable information in child records (Head Start Program Performance Standards 1302.101(b)(4) and 1303.2 Subpart C) and has procedures in place for the management of program data to effectively support the availability, usability, integrity, and security of data.

HS & ELP is responsible for keeping in strict confidence all information regarding enrolled children and families. This means that information you share with any program staff person will stay within the agency and will not be shared with anyone outside the agency without your written consent. All employees are required to sign a Confidentiality Statement upon hire. We ask that you, as a participant or volunteer in the program, also respect this code of confidentiality. We consider our offices, centers, and provider homes safe spaces for families to participate without fear that any of their personal information may be shared outside the program. The individual dignity of clients/participants and employees shall be respected and protected at all times.

Required Uses and Disclosures of Personally Identifiable Information

In some circumstances, HS & ELP is required to make exceptions to keeping information confidential. Staff and volunteers are mandated to share information when there is reasonable cause to believe that a child has been abused or neglected, or when staff perceive that an individual is at risk for imminent harm.

Other circumstances where HS & ELP may disclose information from children's records to outside entities without written consent from parents or guardians include:

- In connection with an audit or evaluation of education or child development programs or for enforcement or compliance with federal legal requirements (such as to the U.S. Department of Health and Human Services that funds our work).
- During Disasters or Health/Safety Emergencies to appropriate Parties (including but not limited to local health departments, police, fire, EMS, etc.).

- For Child and Adult Care Food Program (CACFP) monitoring, if the results will be reported in an aggregate form that does not identify any individual.
- To Foster Care Caseworkers who have the right to access a case plan for a child who is in foster care placement.
- Pursuant to lawfully issued Court Orders or Subpoenas: When necessary, HS & ELP confers with legal counsel when children's records are subpoenaed and if applicable, makes a reasonable effort to notify parents about subpoenas.
- Children's online assessment data is connected to the Massachusetts Department of Early Education and Care, which only accesses aggregate data in a manner that does not identify any individual child.
- When otherwise required by law.

Ensuring Confidentiality of Children's and Families' Information

- All confidential records must be stored in a secure location. Electronic records are kept in designated secure data systems. The locations of personally identifiable information from child records at HS & ELP are detailed in the Procedure for Sharing of Data and Protections for the Privacy of Child Records.
- Information and documents which are considered confidential include medical records, educational records, disability records, family records, financial records, and any other private information about participants, their families, or Community Action business.
- Access to participants' records is limited to employees on an as-needed and appropriate basis. Access to electronic files is granted only when required by individual position.
- Participants' records must not be removed from their designated, secure locations; however, copies can be made for purposes of audit, investigation, family needs, school transition, or as otherwise needed as consistent with state and federal law.
- Participants' records must never be left on desks, tables, etc. where others have access to them.
- Participants' private information must never be discussed among employees except on a "need-to-know" basis. Employees must be particularly aware of their surroundings when discussing this information. Special caution must be taken to ensure other clients/participants or employees do not overhear information that is private.
- Records are kept in secure locations for seven years after a child leaves the program. Thereafter files are destroyed with the supervision of a program Director or Manager.

As a participant, if you have information regarding the safety of a child or another participant, you may speak to program staff about your concerns. Any breach of confidentiality will be addressed and could include dismissal from staff or volunteer positions. If you are serving as a volunteer in your child's program, you are responsible for keeping information in strict confidence.

Distribution of Records and Information

Information pertaining to children and their families is privileged and confidential. Per the Department of Early Education and Care (EEC), no program or Educator may distribute or release information about a child or their family to any unauthorized person or discuss with any

unauthorized person information about a child or their family without the written consent of the child's parent except in the circumstances listed above.

Furthermore:

- All requests for release of information will be coordinated by designated program employees and will comply with applicable laws.
- Personally identifiable information will only be released in accordance with state and federal confidentiality laws. Employees will follow the Head Start Performance Standards in regard to managing personally identifiable information.
- When consent is required for release of personally identifiable information, an employee will obtain written consent from the child's parent or legal guardian before disclosing this information from child records.
 - The parent's written request will provide specific information about what child records may be disclosed, explain why the records will be disclosed, and identify the party(s) to whom the records may be disclosed.
- The child's parent(s), upon request, must have access to everything in their child's record and has a right to inspect their child's record on-site.
 - To the maximum extent possible, such access may not be delayed more than two business days after the initial request without the consent of the child's parent(s).
 - Upon such request for access, the child's entire record must be made available regardless of the physical location of its parts.
 - The parent does not have the right to remove the record from on-site nor to take any part of the original record.
 - The program shall not charge an unreasonable fee for copies of any information contained in the child's record.
- Upon written request of the parent(s), the program must transfer a copy of the child's records to the parent(s), or any other person the parent(s) identifies within a reasonable amount of time.
- The program must establish procedures governing access to, duplication of, and distribution of such information, and must maintain a permanent, written log in each child's record indicating each time a child's record has been released or reviewed.
 - Each time information is released or distributed from a child's record to someone who is not a program employee, the following information must be recorded: the name, signature, and position of the person releasing or distributing the information; the date; the portions of the record which were distributed or released; the purpose of the distribution or release; and the signature of the person to whom the information is distributed or released.
 - Such log must be available only to the child's parent(s), to program personnel responsible for record maintenance, and to the EEC as part of its regulatory function. These releases are documented in our secure electronic data system, and paper copies of the request and distribution information are kept in the child's family file.

Amending the Child's Record

A child's parent(s) has the right to ask HS & ELP to amend information in the child's record that the parent believes is inaccurate, misleading, or violates the child's privacy. The parent can also request to add information, comments, data, or any other relevant materials to the child's record. Such requests should be made in writing and include the reason for the request. HS & ELP will review the request and decide on it within one week. If the parent's request is accepted, the file will be amended immediately with the date of the amendment, the content of the amendment, why the change is being made, and the name of the person making the amendment to the file.

If the parent(s) is of the opinion that adding information is not sufficient to explain, clarify, or correct objectionable material in the child's record, they have the right to have a conference with the program to make their objections known. The program will, within one week after the conference, render to the parent(s) a decision in writing stating the reason or reasons for the decision. If the decision is in favor of the parent(s), the program will immediately take steps as may be necessary to put the decision into effect.

If the parent is dissatisfied with HS & ELP's decision about amending the child's record, the parent can request a hearing to challenge the information in the child's record. The parent must submit the request for a hearing in writing to the HS & ELP Director. If the issue is not decided in the parent's favor at the hearing, the parent has the right to place a statement in the Child Record that either comments on the contested information or that states why the parent disagrees with the program's decision, or both.

Parent Notifications

EEC requires parent notification in case of:

- An injury to your child - in writing, within 24 hours, if the injury requires medical care beyond minor first aid or of any emergency administration of non-prescription medication.
- Any allegation of abuse or neglect involving your child while in the care and custody of our program, immediately.
- Change in classroom staffing.
- Administration of first aid to your child.
- Whenever significant child health or developmental concerns arise.
- Changes in program policy or procedures that affect services to children, to be distributed in writing 7 days prior to the implementation.
- Whenever a communicable disease has been identified in the program.
- New pets being introduced into the program, prior to their introduction.
- The use of any herbicides or pesticides, prior to their use whenever possible.
- Special problems or significant health or education concerns.
- Whenever the program deviates from the planned menu.

Permission to Leave Premises

Permission is necessary for your child to be taken off the premises of the Head Start Center for short-term excursions (playground, walks in the community) with program staff/provider. This permission is included in the "Permission Pages" you sign when enrolling your child.

Photography, Articles, Recordings

There are times that HS & ELP and/or Community Action will create something for internal or external publication with the photo or likeness of you or your child. You will need to give consent to Community Action for the photographing, recording, and/or videotaping of your likeness or your child's likeness and its use by Community Action in any article, story/stories, report, videotape, or written or electronic publication about Community Action or any of its component programs.

You will also need to further consent to be interviewed and to the subsequent publication or broadcast of any story, article, or videotape using the contents of that interview in whole or in part. You will agree that any of the above-described materials become and remain the property of Community Action.

In signing the Permission Page with a "yes," you acknowledge that you have been informed that you may restrict this permission and that you do not choose to do so. You hereby release Community Action of 393 Main Street, Greenfield, Massachusetts, and its agents, successors, and assignees, from any and all claims for damages for libel, slander, invasion of privacy, or any other claims, suits, demands, or judgments based upon the obtaining and/or use of the above-described materials.

Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA)

HS & ELP prioritizes the recruitment of age, income, and otherwise eligible (foster, homeless, receiving public assistance) families in Franklin, Hampshire, and Western Hampden counties. A targeted outreach and recruitment plan is developed and updated annually based on community assessment data, enrollment policies, and program data. Children and expectant parents are accepted into our Head Start programs based on our approved selection criteria. The child or expectant parent with the highest priority score on the waitlist will be offered the next available space. Full-day/full-year children are accepted into the program based on the Massachusetts Department of Early Education and Care (EEC) policies and procedures.

Non-Discrimination

Potential and enrolled children and their families shall not be discriminated against on the basis of race, religion, gender, cultural heritage, political beliefs, national origin, marital status, sexual orientation, or disability.

Head Start (HS) and Early Head Start (EHS) Eligibility

An expectant parent or child is eligible for Early Head Start or Head Start when they meet the requirements for age and family income or meet other eligibility criteria. An Early Head Start participant can be an expectant parent or a child under three years old. For Head Start, a child must be at least 2.9 years old and younger than kindergarten age. A child or pregnant woman is income-eligible if the family income is equal to or below the federal poverty guidelines or if anyone in the family receives SSI or DTA cash assistance. A participant is automatically eligible if the family is homeless or if the child is a foster child. We are also able to serve some slightly over-income families as space allows.

Once a child is enrolled in Head Start, they are eligible for two program years. Family eligibility must be re-verified if the child is enrolling for a third program year. Once a child is enrolled in Early Head Start, they are eligible until transitioning to Head Start. If a child is transferring from EHS to HS, eligibility must be re-verified.

Required Enrollment Information for All HS & ELP Programs

- Proof of age (birth certificate, hospital record, health record).
- Proof of income or eligibility.
- Up-to-date immunization record, unless we have written documentation from a doctor of a specific medical risk factor, a documented immunization catch-up plan, or the family shares a religious exemption.
- Current physical examination record, which must include a lead test if the child is 9 months old or older.
- Within 30 days of enrollment, proof of HS or EHS child's iron level (hematocrit or hemoglobin).
- Asthma/Allergy Action Plan, Seizure or General Health Care Plan, and/or Diet Modification Form (if applicable).

Transitions

Enrolled families can request a transfer to another program option by talking to their Family Advocate or Home Visitor. If the family does not have a Family Advocate, the parent/guardian can call the Enrollment Department (see numbers listed below) to request a transfer.

For continuity of care, children who need to transfer from one site or program option to another or from Early Head Start to Head Start are given highest priority. Once a family requests a transfer, the Enrollment Staff places the child on the waitlist until a space becomes available.

Early Head Start children are expected to transition to Head Start at the time they are 2 years, 9 months. If a slot is not available for a child transitioning to Head Start, the child can remain in Early Head Start until a Head Start slot becomes available, pending authorization by the MA Department of Early Education and Care. In our program, when children turn 2 years, 3 months old your Family Advocate or Home Visitor will start discussing a plan for transitioning your child to our Head Start program. At this time, we will ask for updated eligibility documentation which is required by Head Start funders.

Our goal is to be able to maintain continuity of care for your child and we will make every effort to transition your child to a Head Start program option that best meets the needs of your child and family. There may be instances where we are not able to accommodate your child, such as:

- Currently enrolled in full day center-based program: If we do not have space in our center-based preschool program when it is time for your child to age out of the infant toddler program, we will explore openings in our Head Start at Home program option, or an opening in another site. In the event there is no space available you will be referred to the appropriate voucher office to secure funding for care outside of our program.
- Family eligibility determined to be over-income for Head Start: If your family is over income for Head Start and we are at our capacity for over income participants, your child may not be able to transition to a Head Start program option. We will work with you to find other programs in our community that meet the needs of your family.
- Currently enrolled in EHS Head Start at Home program: If we do not have space in our Head Start at Home program when the enrolled child turns 3, they can remain in EHS Head Start at Home until a space becomes available in Head Start, but not past the age of 4. HS & ELP will work with the family to transition out of the EHS program before the child's 4th birthday.

Enrollment Phone Numbers

General information: 413-387-1250

Full Day/Full Year programs: EEC Enrollment Counselor at 413-387-1233

Pick Up

Each program has defined business hours that are noted on the enrollment and site paperwork (as well as in the Parent Handbook for centers). Staff work every day to provide high-quality service to children, and in order to maintain their schedules, it is very important that children be picked up on time. We do understand that occasionally events occur that are out of a parent's control and may prevent you from arriving on time. In this situation, please contact the site as soon as possible to provide an estimated arrival time. In the case of repeated late pick-up, program staff will examine whether the placement or schedule is appropriate for your family's needs.

Center-based programs have a 5-minute grace period for children to be picked up. After that, a fee of \$5.00 will be charged for each 15-minute increment a parent is late beyond the program closing time.

Attendance

Consistent attendance ensures that your child gets the maximum benefit from our program, which sets them up for success in kindergarten and beyond. Please inform your Educator, Family Advocate, or Home Visitor if your child will be absent from the program or miss a home visit for any reason. Also, let them know if your child/family member has a contagious disease. In order to make sure that everyone remains healthy in the program, an ill child must stay home from care or should not have a home visit that day. For children attending our full-day/full-year programs, the EEC Financial Assistance Agreement (signed at enrollment) explains in more detail the Massachusetts Department of Early Education and Care's attendance requirements.

Contact Information

In the unlikely event of an emergency, we always need to have current contact information on file. For each day your child is in care, we ask that you ensure that there is at least one working phone number where you can be reached or your emergency contact can be reached if you are not accessible. In an emergency, if a parent or their designated emergency contact cannot be reached within a reasonable amount of time, staff will contact the appropriate agency (police or DCF) to assist and ensure child safety.

Eligibility for Full-Day Care Funded by EEC

To be eligible for full-day care, a family must have either a referral from The Department of Children and Families (DCF) or a documented need for full-day care (employment, education, disability, etc.). The Massachusetts Department of Early Education and Care (EEC) provides funding for eligible families seeking care at early education and care programs like ours. Due to limited funding, eligible families may be placed on the EEC wait list for financial assistance until funding becomes available—our knowledgeable staff are available to assist you through this process. Additionally, some families whose child care is funded in-part through EEC are required to pay a fee that is determined based on family income.

EEC requires that families periodically reauthorize to document need for full-day care. If a family becomes ineligible for EEC child care funding, we are required to terminate full-day care.

Our staff work with all full-day/full-year families to make sure they understand EEC requirements—whether that is a job search, work, or going to school. In the event that a family loses full-day EEC funding, our program prioritizes them and our staff works to find another available program option.

EEC reasons for the termination of full-day services:

- Family is no longer eligible for EEC funding.
- Family did not provide appropriate documentation by the reauthorization deadline.
- Family has an unpaid child care balance.
- Child has multiple consecutive unexplained absences.
- Family has not complied with program policies.
- Family has committed substantiated fraud.
- Family has moved out of Massachusetts.
- Family income has increased over 85% of State Median Income.

In addition, the program accepts full-day, tuition-paying (private pay) families, if space is available. Private pay families receive quality child care as well as meals and snacks, but do not receive Head Start comprehensive services, such as health and nutritional screenings, dental referrals, parenting resources, support from program specialists who are Head Start-only funded, and other referrals and family advocacy.

Child Care Parent Fee Policy

Head Start and Early Head Start services are free to parents. Families who want to enroll for full-day care and are eligible for Financial Assistance from MA Department of Early Education and Care (EEC) may have a daily fee as determined by the Commonwealth of Massachusetts. Families who want/need full day care, and are not eligible for EEC Financial Assistance for full-day care, must pay a fee based on the HS & ELP private published rates, if we have space to accommodate a private paying family. All families enrolling a child in a fee-based child care slot must sign a Child Care Fee Agreement that specifies the required daily and weekly fee. Fees are charged for all days a child is enrolled, whether the child is present or absent. Parents are not responsible for fees on days the program has unplanned emergency closures, like those due to weather or health and safety concerns. For families enrolled in state subsidized programs, EEC will pay the parent co-pay for all EEC approved holidays and professional development days. For families enrolled in private fee-based care, the family is responsible for paying the daily fee for all HS & ELP approved holidays and professional developments days.

Payments are due weekly, in advance of care being provided. Families will receive a monthly statement and invoice for child care services and payments can be made online at: www.communityaction.us. Payments can also be made in person or mailed to the Community Action Fiscal Office, 393 Main Street, Greenfield, 01301 (Attention: Accounts Receivable) or dropped off in the designated payment boxes at our 56 Vernon Street, Northampton and 110 G Street, Turners Falls sites. Cash is only accepted at the Fiscal Office at 393 Main Street in Greenfield.

If payments are not made in a timely manner, the child will no longer be eligible for full-day services. If a fee is based on EEC's Financial Assistance sliding scale, and a family's financial or family situation changes, the family must report changes to the Enrollment Counselor. Families with unpaid balances will not be permitted to enroll (or re-enroll) in any other fee-based program at HS & ELP until the unpaid balance is paid.

As is true throughout our program, our staff are dedicated to partnering with you to help you understand what your options are and what the EEC requirements are. We encourage you to reach out to a staff member in Enrollment, Business Operations, or your Advocate or Educator to understand our program options and what might best fit your family's unique needs.

Termination Notices

Parents/guardians of children in full-day, full-year state-subsidized childcare slots are required to give a two-week notice when withdrawing from the program. Parents are responsible for any parent fees for child care until the end of the two-week period. Once a parent gives notice, HS & ELP is required to immediately begin the process of enrolling a new family into the slot. Therefore, once a notice has been given, the child may return to the slot only if it is still available; otherwise, they will be prioritized on the waitlist for continuity of care.

Health

In partnership with parents, our Health Staff ensure that children have an ongoing source of continuous accessible health care, which is referred to as a medical home and a dental home for oral health care. The Health Staff monitor children's immunization status to make sure they are up-to-date on their immunizations according to the Massachusetts Department of Public Health standards. Child wellness exams are monitored to ensure that children receive preventative care in accordance with the schedule outlined by the Commonwealth of Massachusetts Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule. This schedule incorporates the requirements for age-appropriate preventive and primary care including medical, dental, and mental health.

Center Based Health Care Policies and Procedures

HS & ELP has extensive Health and Safety practices that are outlined in the program's Health Care Policies and Procedures. These are updated based on local, state and federal guidance and Caring for Our Children Standards.

Health Requirements for Program Participation

Immunizations and physicals are required in order for children to be accepted into the program. Physicals with incomplete information must be completed within 30 days of the child beginning in care. Massachusetts General Law (c.76, § 15) and related regulations (105 CMR220.400) state that "no child shall attend a preschool program without a certificate of immunizations documenting that the child has been successfully immunized in accordance with current Massachusetts Department of Public Health (MDPH) recommended schedules against diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles, mumps, rubella (German Measles), *Haemophilus influenzae* type b (Hib), hepatitis B, varicella (chicken pox) influenza, rotavirus, hepatitis A and pneumococcal (PCV13) and other communicable diseases as specified by MDPH in accordance with the recommendations of the Center for Disease Control." MDPH allows limited exemptions to these regulations and families must consult with our Health Specialist before being enrolled if such exemptions are needed.

MDPH allows limited exemptions to these regulations under the following circumstances:

1. A **medical exemption** is allowed if a physician submits documentation attesting that an immunization is medically contraindicated.
2. A **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.
3. **Other exemptions:** In accordance with the McKinney-Vento Act and EEC Priority Populations policy, children who are homeless, teen parents, or in supportive care (DCF) are allowed to enroll in the program without proof of a current physical and up-to-date immunizations. The Family Advocate will work with the family to obtain these documents within a 90-day period. A reminder letter will be sent out to the family by the Health Office at the 90-day mark. The letter will identify any missing or outdated health information.

In the event of an outbreak of a disease that is preventable by immunization, the child will be excluded from the program for a designated amount of time as determined by MDPH for that particular disease. If a child is enrolled in a full-day/full-year slot that requires a fee, parent/guardians are responsible for paying the fee regardless of whether the child is in attendance or absent. During the enrollment process, parents who are claiming an exemption to immunizations for their child will meet with the Health Specialist to review this policy and sign a statement informing them of possible exclusion.

Chronic Medical Conditions

All children with a chronic medical condition diagnosed by a licensed health care practitioner must have an Individual Health Plan signed by the health care practitioner and parent/guardian that includes:

- A description of the condition.
- Its symptoms.
- Any medical treatment that may be necessary while the child is in care.
- The potential side effects of that treatment.
- The potential consequences to the child's health if treatment is not administered (per regulation CMR.7.11 (3)).

Illness

Please notify program staff if your child will not be attending due to an illness or if someone else is ill in your home. An ill child should stay home in the case of:

- A fever, until the temperature is normal for 24 hours without medication (i.e. Tylenol, Ibuprofen).
- Vomited two or more times in the past 24 hours.
- Head lice until properly treated and no live lice are present. Nit removal from child's hair after treatment is also highly recommended.
- A rash accompanied by fever or behavior change until child has been seen by a physician and cleared to return to care.
- Impetigo, until after treatment is begun.
- Scabies, until free of all mites.
- Diarrhea, until diarrhea-free for 24 hours.
- Strep infection, until after treatment is begun and the child has been without a fever for 24 hours.
- Chickenpox, until the last blister has healed over.
- Difficulty breathing, until resolved or proper treatment and/or Individual Health Plan is obtained.
- Mouth sores, until child has been seen by a physician and cleared to return to care.
- For any child who is out 3 consecutive days, there will be case by case decision if the child needs to be medically cleared to return.
- COVID, RSV, Influenza until symptoms are resolved as per Massachusetts DPH guidelines.

- Any other infectious disease until cleared by a physician and symptoms are resolved as per Massachusetts DPH guidelines.
- Any condition that renders the child unable to fully participate in program activities.
- Or, if HS & ELP has not received clarification directly from a physician about any condition that might compromise the child's or other's health or safety.

Children Who Become Ill While in Care

When a child becomes ill while in care, they will be offered a place to lie down. Our Educators are trained to take temperatures and do minor health assessments. We make every effort to keep children in care when possible; however, a child that shows any of the symptoms listed above will not be able to remain in care and we will contact the parent to pick up the child. Parents should arrive as quickly as possible or arrange for another authorized person to pick up the child. If a child or family member becomes ill at the time of a scheduled home visit, please call your Educator/Home Visitor to reschedule. This is sometimes the only way to stop the spread of infections and to ensure that others remain healthy.

Head Lice Policy

Live Lice

When live lice are found on a child's head, Educational Staff will notify the parent. As long as treatment is started at home, the child can return to school the next day. Lice or nit treatment may be delayed until the end of the day as long as treatment is started before returning the next day. Educational Staff at the site will give the parent a copy of the Information Sheet, Lice Removal Checklist for Home, and this Policy at pick-up. **A child can return to school after treatment has started and they are free of live lice.**

Untreated Nits

If a child is found to have **untreated nits** in their hair, the child's parent will be notified but it is not necessary to send the child home in the middle of the day. The parent will be sent or given a copy of this information sheet and the child must be treated before returning to care. **A child will not be excluded if nits are found in their hair and they have been treated.**

Checking for Lice and Notification of Parents

As soon as a child has been identified as having live lice, staff will check the heads of all children and staff on a daily basis, for a minimum of 10 days. In addition, all other parents in the classroom will be notified that one or more children in their child's classroom has been identified as having live lice and will be given an information sheet.

Application of Insect Repellent and Sunscreen

Skintastik Insect Repellent or equivalent (as determined by Head Start Health Office) are used in the program when necessary. No-Ad or Water Babies (SPF 15 or higher) or equivalent (as determined by Head Start Health Office) will be topically applied to your child as needed throughout the year. We do not use sunscreen on infants under 6 months unless written permission by a health care provider is received. If infants are brought outside, they are always completely shaded from the sun.

Hand Washing

Since washing hands is one of the best ways to prevent illness, children wash their hands with liquid soap and running water many times during the day: upon entering the classroom, before and after water play, before and after handling food, after toileting or diapering, after coming into contact with bodily fluids or discharges (including sneezing and coughing), and after handling animals or their equipment.

Oral Health and Tooth Brushing

Proper oral health begins at home. Educators reinforce good oral health practices with your child each day by assisting them with tooth brushing. All preschool and toddler children brush their teeth at least once a day while in the program. For children under the age of one or first tooth eruption, the educators wipe the child's gum line with a clean gauze pad daily. It is a Head Start requirement that children have their first dental visit no later than 12 months of age and parents are encouraged to take their children to the dentist every 6 months thereafter.

Scent-Free Guidelines

Community Action has scent-free guidelines. Because there are children and adults in our program with asthma and other respiratory conditions, for the safety of others please do not send your child to the program wearing cologne or other scented products or wear cologne or other scented products when attending HS & ELP functions or volunteering in classrooms.

Sudden Infant Death Syndrome (SIDS) & Safe Sleep Policy

Understand SIDS

Sudden Infant Death Syndrome is the sudden death of an infant younger than 1 year that remains unexplained after a thorough investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. SIDS is the leading cause of death for infants 1 month to 12 months old.

One in five SIDS deaths occurs while an infant is in the care of someone other than a parent. Because the cause of SIDS is not known, it is not curable; however, there are steps both parents and providers can take to reduce the risk.

HS & ELP procedures and policies for children 12 months and under:

Based on clinical data and EEC Regulations, Head Start & Early Learning Programs has established the following policies and procedures in order **to reduce the risk of infant death in child care settings from SIDS:**

- Parents of children 12 months of age and younger will be notified of SIDS risk and reduction practices, sleep positioning policies, and arrangements for sleeping all infants on their backs.
- Every infant 12 months of age and younger must be placed on their back for sleeping, unless the child's health care professional orders otherwise with a specific medical reason in writing.

- All infants, 12 months of age and younger, sleep on a firm mattress with a well-fitted sheet. (Children older than 12 months sleep on a firm mattress or cot.)
- No child under 12 months of age shall nap with pillows, stuffed animals, or other soft, padded materials.
- No blankets will be used to cover napping children under the age of 12 months. Blanket sleepers/sacks may be used.
- No child will have their head covered during sleep.
- Children younger than 6 months of age at the time of enrollment must be under direct visual supervision at all times, including while napping, during the first 6 weeks they are in care. After 6 weeks, they will be checked on frequently and remain within field of vision and hearing of staff. Children shall be kept from overheating while sleeping—room temperature no higher than 72 degrees and not bundled in heavy clothing.
- Strollers and infant or car seats will not be used for routine napping.
- When awake, infants will receive supervised time on their tummies (*tummy time*) to encourage physical development.
- **All educators will pledge to keep all sleep and play environments smoke-free.**

Action to be taken in case of a SIDS emergency:

Each individual infant/toddler classroom Educator will have a written posted list of steps to be taken in case of a SIDS emergency. All staff will be aware of their particular role and practice their CPR and First Aid skills on a regular basis. Procedures to be followed include: initiating CPR; calling 911; notifying supervisor; contacting parents; contacting physician; documenting all events that take place prior to, during, and following a SIDS emergency, including time and date; and collecting infant's file/health history to be sent with transport to the hospital.

Group child care programs must include this sleep safety policy among their program policies and procedures, must train staff to follow this policy, and must provide a copy of the policy to parents. All sites have a clear and established plan outlining individual responsibilities and actions to be taken in case of a SIDS emergency, including CPR and call for emergency assistance.

Medication

When at all possible, parents are encouraged to administer medications (prescription and non-prescription) to their children at home. If medication must be given during care hours, a designated Educator will be responsible to give the medications to your child. Designated Educators will be trained by the Health Specialists on the appropriate procedures for giving the medication.

An Individual Health Care Plan or Authorization to Administer Medication Form, signed by the parent and the medical prescriber, is required for any medication to be given in care:

- A written doctor's order must be received for every medication whether prescription or non-prescription (over-the-counter). The order will be valid for 1 year.
- The medication must be in its original container and the child's name must be clearly written on the label.

- No “first dose” of a medication may be administered at school.
- Topical non-prescription medication such as diaper cream requires an Authorization to Administer Medication Form signed by both a medical prescriber and parent.

Food at Center-Based Programs

Head Start, NAEYC and USDA Regulations

According to **Head Start Performance Standard** 1302.44, all Early Head Start and Head Start grantee and delegate agencies must use funds from the United States Department of Agriculture (USDA) Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. According to the **National Association for the Education of Young Children (NAEYC)** guideline 5.B.01, if a program provides food for meals and snacks, the food is prepared, served, and stored in accordance with the **USDA Child and Adult Care Food Program (CACFP)** guidelines.

At HS & ELP

Head Start & Early Learning Programs follows strict guidelines set forth by the USDA in regards to the preparation and storage of foods for our children. All of our centers are nut-free. All kitchens that are contracted to prepare and serve meals to our classrooms require food permits that are issued by their city or town and are supervised by a ServSafe certified staff member. Our Licensed Dietitian provides a wide range of services to our program, including creating and overseeing menus and monitoring child food allergies and intolerances. Families are encouraged to share favorite recipes and cultural preferences with the Head Start Licensed Dietitian. In addition, HS & ELP accommodates medically based diet modifications when supported by physician documentation, and whenever feasible.

Foods Not Prepared by HS & ELP or Other Contracted Kitchens

In order to be in compliance with all state, federal, educational, and nutritional requirements, and to ensure proper monitoring of food allergies and intolerances, HS & ELP cannot permit parents/guardians and family members to bring outside food into the center-based classrooms during regular school hours. This includes homemade items as well as commercially bought foods. We believe that this creates a safer environment for all the children we serve. However, parents/guardians and family members are allowed to bring outside food in for after hour events such as home-based socializations, family meetings, and parent/classroom celebrations such as end-of-the-year parties, as sharing food builds community. It is the responsibility of each child’s parent/guardian to monitor food intake at these events.

Infant Nutrition Policy

Breastfeeding

- Head Start & Early Learning Program welcomes nursing mothers and supports current knowledge regarding the benefits of breastfeeding.
- Educators and Staff encourage expectant mothers to breastfeed, as appropriate.

- Educators and Staff provide information on the benefits of breastfeeding to pregnant and nursing mothers, as needed. The Health Office maintains a list of community breastfeeding resources (i.e. WIC, local breastfeeding groups) for reference.
- For those who choose to breastfeed while at HS & ELP programs, arrangements are provided as necessary. Educators work to provide a comfortable space at each of our programs for any mother who wishes to breastfeed on site and during program hours.
- Refrigerator and freezer space in HS & ELP programs is made available for labeled, pumped breast milk.

Formula

- HS & ELP welcomes bottle-feeding infants and their families.
- Educators and Staff only serve formula from factory-sealed containers, and prepare it according to manufacturer's instructions.
- Educators and Staff mix formula with water that is filtered/bottled. In the event filtered/bottled water is unavailable, tap water can be used only after it has been boiled for one minute and allowed to cool for at least 10 minutes prior to mixing.
- Bottle feedings must not contain solid foods unless the child's healthcare provider supplies a written medical justification for this practice.
- All formula-fed infants are provided with iron-fortified formula and EHS center-based infants under 4 months of age shall be provided with Ready-to-Feed formula.
- Infants who require special formula (any formula that is different than what is provided in care) need documentation from infant's healthcare provider prior to offering it.
- Infants will be served formula until 1 year of age unless HS & ELP is provided with a written note from the healthcare provider with a written medical justification for formula to be served past one year old.

Storage/Warming

- Educators and Staff ensure breast milk is labeled with the date expressed (families provide this information) and the child's name. Breast milk may be stored in a freezer up to 3 months or kept thawed in the refrigerator for up to 72 hours. It may be thawed under cool tap water for immediate use only. Oldest milk must be used first and no breast milk should be re-frozen.
- Formula is stored in the original factory container, which contains the name of the formula and the expiration date, and labeled with the date the container was opened. No formula will be used after the expiration date. Formula may not be frozen. Liquid concentrated formula must be tightly sealed to maintain freshness and must be stored in the refrigerator once opened; it may be kept in the refrigerator for up to 48 hours and unused formula must be discarded. Mixed powdered formula that has not been served may be stored for up to 24 hours in the refrigerator and then unused formula must be discarded. Ready-to-Feed infant formula must be marked with the date and time of opening and may be kept in the refrigerator and used within 48 hours of opening.
- All bottles must be labeled with the child's name and the date the formula was mixed, or the date the breast milk was thawed or received in liquid form.

- Formula and breast milk must be disposed of after a feeding is complete, or if formula or breast milk has been at room temperature for more than 2 hours.
- Formula and breast milk must not be warmed in any manner other than running under warm tap water.

Introduction of solid foods

- HS & ELP will work in partnership with families (and with healthcare providers' recommendations, if applicable) to introduce solid foods according to individual infant needs.
- Solid foods may be introduced at 6 months of age or when developmentally ready, unless directed otherwise by the infant's healthcare provider.
- For infants 4-6 months of age, solid foods may be introduced when requested in writing by the parent or infant's healthcare provider.
- No solid foods will be provided to infants younger than 4 months of age without written documentation from the infant's healthcare provider.
- Beginning at 6 months (or when infant is developmentally ready), one solid food will be introduced at a time. A new food will be given for one week before introducing another new food. Educators and Staff will work closely with parents/guardians to support solid food introduction and to help determine appropriate actions with food introduction.

USDA Non-Discrimination Statement for Child and Adult Care Food Program

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call: (866) 632-9992.

Submit your completed form or letter to USDA via:

- Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

- Fax: (202) 690-7442; or
- Email: program.intake@usda.gov

This institution is an equal opportunity provider.

MA ESE July 2018

Food at Family Meetings and Policy Council

While Head Start regulations do not require that food be provided for family meetings and at Policy Council, HS & ELP supports family involvement in whatever ways we can and will therefore continue to budget for meals for as long as it is feasible. Please remember that HS & ELP must comply with all Health and ServSafe regulations.

Some things to know:

- We provide a variety of nutritious foods prepared in our own kitchens.
- Due to Health and ServSafe regulations, any leftover food may not be sent home.
- We welcome your suggestions about our menus; please contact the HS & ELP Health Manager, at: (413) 387-1268.

Prevention of Lead Exposure Plan

Regulations: This plan was developed in accordance with Head Start Program Performance Standard 1302.47 (b)(10): *A program must develop a plan to prevent children from being exposed to lead in water and paint in Head Start facilities. In facilities where lead may exist, a program must implement ongoing practices, including testing and inspection at least every two years, with support from trained professionals. As needed, a program must pursue remediation or abatement to prevent lead exposure.* In addition, Head Start and Early Learning Programs complies with Massachusetts Department of Early Education and Care regulations.⁴

⁴ EEC Regulations **7.035**, evidence of a lead paint inspection as required by 606 CMR 7.07(16)(a);

7.07 (13) Safety Requirements for Equipment, Materials and Furnishings. The licensee must only use indoor and outdoor equipment, materials, furnishings, toys, and games that are appropriate to the ages, needs and developmental level of the children enrolled. They must be sturdy, safely constructed and installed, non-tippable, flame retardant, easily cleaned, and free from lead paint, protruding nails, rust, and other hazards that may be dangerous to children.

7.07 (16) Additional Requirements for Small Group and School Age and Large Group and School Age Child Care Programs. (a) Lead Paint. If a program serves any child younger than five years old, the licensee must provide evidence of a lead paint inspection from the local board of health, or the Massachusetts Department of Public Health, or a private lead paint inspection service and compliance with The Department of Public Health regulations at 105 CMR 460.000: Lead Poisoning Prevention and Control.

1. A licensee that obtained evidence of a lead paint inspection and compliance with 105 CMR 460.000 from the local board of health or the Massachusetts Department of Public Health or a private lead paint inspection service prior to July 1, 1978, will not be required to comply with additional deleading requirements unless: a. ordered to do so by the local board of health or the Massachusetts Department of Public Health to remain in compliance with 105 CMR 460.000; or b. expanding to space not previously approved by the Department.
2. If chipping, peeling, flaking or otherwise loose paint or plaster is discovered in a previously compliant facility built prior to 1978, the licensee must obtain new evidence of compliance with 105 CMR 460.00.

The licensee must disclose the results of the lead inspection and any necessary remediation plan to enrolled or prospective families

Purpose: Nationwide data shows that exposure to lead has been linked to a number of health effects in children. Head Start and Early Learning Programs (HS & ELP) will limit children's exposure to lead in water or paint in our program.

Lead in Drinking Water

We will conduct water testing every two years by trained and licensed testing professionals in our facilities where lead may exist. This testing will be scheduled every two years in the fall or as needed. In 2024, HS & ELP contracted with Kate Gallegher, a certified Lead Consultant. Should levels be identified for remediation, HS & ELP will immediately implement the following recommendations based on ppb (Parts per Billion) findings:

- **LEAD LEVELS 1 PPB or Less**
 - For taps or fixtures with lead levels of 1 ppb or less (including no detection) the taps/fixtures can be used as normal.
 - Resample every two years.
- **LEAD LEVELS > 1 – 15 PPB**
 - For taps and fixtures with lead levels >1 – 15 ppb, take steps to reduce lead exposure.
 - Perform daily flushing for 2 minutes at the beginning of the day prior to children arriving
 - Limit cold water consumption to cold- water faucets for food preparation (including bottle making), and toothbrushing
 - Remediation or replacing fixtures/taps or installing a point of use filter device or posting "Handwashing Only" or "Not for Drinking or Cooking" signs.
 - Prioritize long-term solutions at locations with the highest levels.
 - Resample every 2 years.
- **LEAD LEVELS OVER 15 PPB**
 - Taps or fixtures with lead levels over 15 ppb should be taken out of service immediately
 - Fixtures will be shut off for drinking, food preparation, and medical use until the problem is addressed and levels are no longer elevated.
 - Remediation of the fixture to include replacement of the fixture by a licensed professional.
 - Resample after remediation- follow recommendations of Mass DEP.

Throughout all HS & ELP facilities, there will be no drinking or cooking with water from the hot water tap, as lead dissolves more easily in hot water. Staff will be trained on the Prevention of Lead Exposure Plan, and signs will be posted in kitchen areas.

Lead Levels (Paint) In Child Care Facilities, particularly those built prior to 1978

For state licensing purposes and per Office of Head Start Performance Standards, HS & ELP will present certificates indicating their facilities are free of lead paint.

At sites where lead may exist, HS& ELP will test and conduct inspections at least every 2 years, with the support of trained professionals.

As needed, HS & ELP will pursue remediation or abatement to prevent lead exposure.

Lead Screening for Children

HS & ELP will partner with families to obtain lead screening results in accordance with the MA EPSDT Schedule and in collaboration with the child's primary care physician. Lead screening results will be monitored by HS & ELP Health and Family Service departments. HS & ELP will work to support families to follow up with Primary Care Providers as appropriate for lead levels higher than 3.5.

Parent Leadership

Governance

Parents of enrolled children form the membership of our Family Meetings and take on the important role of representing their children at meetings for their site or home visiting group. At Family Meetings, current parents give feedback to the program on any areas of interest or concern, elect their Policy Council representative and receive ongoing governance reports, and advise staff on how to meet the needs of children and families. Family Meetings are a great chance to connect with other parents, get to know staff better and give input on curriculum, activities, fundraising, events, and trainings!

As mentioned, at Family Meetings, parents are elected as Policy Council members, whose role it is to participate in the process of decision making about the mission and operation of our program. At Policy Council, members review all staffing decisions (including hires and terminations); funding applications; program goals; budget, enrollment, and attendance reports; and program policies—just like the ones in this document. Policy Council members are also an active voice in our ongoing planning and monitoring activities. Policy Council meetings provide a great opportunity to take leadership, learn new skills, understand more about the program, and ensure that the community is represented. Policy Council meets once a month. Some meetings are held over Zoom and others are held in a hybrid style, with options to join by Zoom or to gather in Northampton. When attending in person, members receive a meal and reimbursement for gas; child care may be available as well.

Parents as Learners

We are committed to fostering an environment where both our staff and parents are lifelong learners. We offer opportunities for all enrolled parents to learn more about child development and parenting, by participating in learning opportunities such as Head Start at Home, groups offered by other Community Action programs, workshops with established community programs, and groups run by our own staff trained in the Touchpoints Parenting Curriculum. At enrollment with a Family Advocate or Home Visitor and/or at our fall Family Meetings, we survey parents to understand what topics they are interested in learning more about and try to plan our training calendar accordingly. Learning opportunities are tailored to the needs and resources of all the towns we serve; talk to a Educator, Home Visitor, or Advocate for details about getting involved!

Parent Activity Fund and Fundraising

Parent Activity Fund

Each Head Start/Early Head Start site and program option has a sum of money available called the Parent Activity Fund. As Head Start regulations require, funds must be provided to help achieve the goal of parent participation in the education and development of their children.

Some things to know:

- The funds must be spent on educational materials and/or field trips with an educational component, e.g., to a museum or zoo. Included would be an event such as an end-of-year celebration, which may have an entertainment component tied to curriculum and learning.
- Families must approve a motion at a Family Meeting on how to spend the money. Family Meeting Minutes must include a record of the vote with the specific amount and purpose. The Family Meeting Secretary will forward a copy of the Minutes to the appropriate staff person (such as the Site Director or Advocate) for approval at the next Policy Council Meeting. The Family Services Manager collects this documentation from all staff to bring to Policy Council.
- Policy Council must approve the request for use of funds.
- After approval, the appropriate staff will be notified so that families can start planning their event and copies of approved requests and meeting minutes should be forwarded to the HS & ELP Business Office to support expenses.
- The funds must be spent and receipts submitted to the HS & ELP Business Office by September 30 each year; the funds cannot be carried over to the next fiscal year.

Fundraising Conducted by HS Families

We welcome family interest in fundraising activities to benefit children in the program. The Federal Government has clear guidelines and restrictions for staff. All Head Start/Early Head Start staff are required to follow all agency and program policies and procedures. Detailed meeting minutes, fundraiser planning forms, and request forms will all help ensure a smooth fundraiser and follow-up event. See the bottom of this section for suggestions from parents of successful fundraisers. The list of possible fundraisers is meant as a guide, not a final list.

Getting Your Fundraiser Approved

Family members must initiate all fundraising projects as early in the year as possible through their Family Meeting and choose a parent to be the Fundraising Coordinator.

- At Family Meeting, a motion and vote to approve fundraising projects and the proposed use of funds must occur and be reflected in the Family Meeting Minutes.
- A copy of the Minutes and Fundraiser Plan form should be submitted to the Grants and Business Manager for approval no later than March 15, which will allow enough time for execution of the fundraising event and delivery of the product before the school year ends.
- Parents work closely with Site Directors/Family Services Supervisors to ensure that all Community Action and HS & ELP Fiscal and Public Relations policies are followed,

including review of all flyers, advertisements and other publicity prior to release. Use of “Community Action” and/or “HS & ELP” names or logos on any materials is prohibited, except for rare exceptions, which require prior approval of the HS Director.

- Once the fundraising plan has been approved by the Grants and Business Manager, families are responsible for preparing, organizing, and coordinating the fundraising activity or event. **HS/EHS staff may not participate in asking for donations and/or fundraising activities because it is not allowed by the Federal Office of Management and Budget.**

Collecting, Documenting and Depositing of Funds

- The parent Fundraising Coordinator is responsible for documenting and collecting payments and donations related to the fundraiser.
- The Fundraising Coordinator is supported by the Site Director/Family Services Supervisor in ensuring that all goods paid for are received. The Fundraising Coordinator is responsible for distribution of any items to families.
- Checks and money orders should be made payable to Community Action Pioneer Valley (CAPV). Under no circumstances may checks/money orders be made out to a staff member or parent.
- No CAPV site, employee, parent, or volunteer may maintain a checking or savings account in the name of the agency or use the agency’s tax-exempt number. Violation of this policy will lead to disciplinary action, up to and including termination.
- All checks, money orders, and cash should be placed in a secure, locked space at the site until the Fundraising Coordinator, in the presence of a second parent, can issue receipts and/or deliver funds to the CAPV Fiscal Office. Receipts will be issued for all cash, check, and money orders received. The receipts will be signed by the Fundraising Coordinator after reviewing the donation and co-signed by the witnessing parent whenever possible. If a second parent is not available, a staff person may initial the receipt.
- Before funds are taken to the Fiscal Office, the total amount received for the fundraiser will be verified by the Fundraising Coordinator and another parent. They will identify how much was collected in checks, money orders, and cash.
- All funds are to be delivered to the CAPV Fiscal Office at 393 Main Street in Greenfield when the fundraiser is complete.
- All payment vouchers, purchase orders, and invoices should be delivered to the HS & ELP Business Office to approve and process expenses accordingly.
- Due to our very large geographic area and the cost of gas and cars, if it is not possible for a parent or family member to get to the Fiscal Office, staff may deliver the funds to the Fiscal Office. In this case, the Accounts Receivable staff member will mail receipt of total deposit to the Fundraising Coordinator’s home address.

Accessing Monies Raised

All activity expenses must be paid for from the parent-fundraising account, residing at Community Action. Activity expenses might be:

- Mailings

- New receipt books
- Lock box
- Copying

A Fundraising Disbursement Form, including a record of the minutes of the meeting where the fundraiser was approved, must be completed and signed by the Fundraising Coordinator and submitted to the Grants and Business Manager in order for funds to be released. This process may take two weeks or more.

All invoices related to the fundraiser must be paid by Community Action using Community Action checks. Under no circumstances should a vendor be paid in cash or by a check other than one issued by Community Action. No payments or reimbursements will be processed without the appropriate invoices or receipts.

Successful Fundraising Ideas

- Mo's Fudge
- Maredy
- Hillside Organic Pizza
- Yankee Candle
- Original Works
- Kringle Candle
- ABC Fundraising
- Butter Braid
- Uncle Jerry's Tees
- Local florist selling plants
- Nature's Vision
- Pierce Bros Coffee

Background Checks & Other Conditions of Employment

Prior to hiring, Community Action requires a Background Record Check (BRC) which includes a Criminal Offender Record (C.O.R.I.), Department of Children and Families (DCF) background check, Sex Offender Registry information (SORI) checks, fingerprint-based national and state criminal history database checks, National Sex Offender Registry (NCOR), and Out-of-State checks (CORI, SORI, DCF) if an individual has lived in another state within the last five years. Community Action also requires background checks for volunteers and interns. Contractors who regularly conduct business at Head Start sites are also required to complete background checks and provide Community Action with written assurances of compliance. Continued employment is contingent upon successful completion of the Background Record Check as described above.

All HS & ELP employees must be mentally and physically able to perform the duties assigned to them with reasonable accommodation as required by law. As such, as a condition of employment, all new hires are required to obtain a physical prior to employment to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others.

All new hires, as a condition of employment, must participate in training and orientation provided by Community Action. HS & ELP employees will additionally be trained in the goals and underlying philosophy of early childhood education and care, including Head Start, and the ways in which they are implemented.

CAPV Employee Conduct

Community Action's workers should always act in a fair way. The agency must follow the organization's mission, values, and service rules. It is very important that the agency shows good behavior to everyone: the participants, co-workers, bosses, and the community it serves. It is important that Community Action shows that it is committed to improving the community.

All workers should follow the agency's rules in the Personnel Handbook. Even if the handbook does not say exactly what not to do, employees should use their common sense and make good choices. Employees cannot say their behavior is okay just because the handbook does not specifically talk about it.

Employees must follow these expectations at the least:

1. Respect the privacy of program participants, other staff, and providers.
2. Present themselves appropriately according to the job and place.
3. Do not use inappropriate language around participants or others.
4. Never bring any kind of weapon to work. This includes but is not limited to knives, guns, and pepper spray.
5. Do not come to work under the influence of drugs, alcohol, or marijuana. Do not use them during work time.
6. Do the work as described in your job description.

7. Be respectful to everyone. No harassment or being unkind. Employees must honor every person's identity. This includes using their current name and the pronouns they want to be called.
8. Employees must avoid conflicts of interest (see Conflict-of-Interest Policy above). Employees must tell their supervisors about anything that could be a problem in this area.
9. Do not have a special relationship with a participant/client. Employees must tell their supervisor if they had a connection to a person before work. Their supervisor could reassign the employees.
10. Do not take things from Community Action without written permission.
11. Behave in a respectful way at events related to Community Action.
12. Do not use Community Action things for personal reasons. It is only okay if it is specifically allowed by another rule.
13. Do not lie about work hours and timesheets. Employees should never hand in a timesheet for another employee. No one is allowed to share their electronic timesheet password. No one is allowed to ask for money they should not get based on this.
14. Employees need to tell their supervisor if they are taking leave from work. If they do not tell their supervisor about not coming to work, the days will be taken out of the vacation days that an employee has saved up (unless otherwise protected by MA Sick Leave Law or federal law). After three days of unexcused absences, an employee will lose their job for an "abandonment of the position".

All Head Start/Early Head Start Employees must comply with the additional Standards of Conduct. These are reflecting the Head Start Performance Standards §1302.90 Personnel policies which are listed below.

There is an expectation that staff, consultants, contractors, and volunteers will conduct themselves in a professional manner at all times while representing Community Action or HS & ELP in any capacity. This includes but is not limited to the workplace; attending conferences paid for or sponsored by HS & ELP; participating on committees; attending meetings with other agencies or community members.

(1) All HS & ELP all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that:

(i) All HS & ELP staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior;

(ii) All HS & ELP staff, consultants, contractors, and volunteers do not engage in behaviors that maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:

(A) Use Corporal punishment; or physically abusive behavior, defined as intentional use of physical force that results in, or has the potential to result in, physical injury. Examples

include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging;

- (B) Use isolation to discipline a child; Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities;
- (C) Bind or tie a child to restrict movement or tape a child's mouth; Emotionally harmful or abusive behavior, defined as behaviors that harm a child's self-worth or emotional well-being. Examples include, but are not limited to, using seclusion, using or exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child; and
- (D) Use or withhold food as a punishment or reward; Neglectful behavior, defined as the failure to meet a child's basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food as punishment or refusing to change soiled diapers as punishment;
- (E) Use toilet learning/training methods that punish, demean, or humiliate a child;
- (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
- (G) Physically abuse a child;
- (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
- (I) Use physical activity or outdoor time as a punishment or reward; Administration for Children and Families, HHS §1302.91 – Program Governance 67 Part 1302

(iii) All HS & ELP staff, consultants, contractors, and volunteers report reasonably suspected or known incidents of child abuse and neglect, as defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5101 note) and in compliance with Federal, State, local, and Tribal laws;

(iv) All HS & ELP staff, consultants, contractors, and volunteers respect and promote the unique identity of each individual child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition; and

(v) All HS & ELP staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable Federal, State, local, and Tribal laws; and,

(vi) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

(2) Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.

Any instance of inappropriate conduct can be cause for discipline, up to and including immediate termination.

Child Abuse & Neglect Policy

HS & ELP staff are mandated reporters and are required to comply with both state and federal child abuse and neglect laws. Our Child Abuse and Neglect Policy complies with all applicable regulations.

Chapter 119, Section 51A of the Massachusetts General Laws requires all HS & ELP staff to file a report with the Massachusetts Department of Children and Families (“DCF”) when they have reasonable cause to believe that a child is suffering from abuse or neglect. HS & ELP complies with Section 51A and DCF regulations and protocols by making timely reports of such concerns in accordance with this Policy. DCF then screens and investigates reports of suspected child abuse and neglect. The Policy also complies with the requirements of 45 CFR §1302.47(b)(5)(i), §1302.102(d)(1)(ii)(A), §1302.102(d)(1)(iii)(A), and of the Head Start Performance Standards, which requires reporting suspected child abuse and neglect, within seven days, to the U.S. Department of Health and Human Services.⁵

Definitions

Federal legislation provides guidance to states by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal [Child Abuse Prevention and Treatment Act \(CAPTA\) - PDF](#) (42 U.S.C.A. § 5106g), as amended by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum:

- "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or
- "An act or failure to act which presents an imminent risk of serious harm."

This definition of child abuse and neglect refers to parents and other caregivers. A "child" under this definition means a person who is younger than age 18 or who is not an emancipated minor.

The Massachusetts Department of Public Health Regulations (110 CMR 2.00) further defines abuse as, “The non-accidental commission of any act by a caretaker upon a child under 18

⁵ Chapter 119, Section 51A of the Massachusetts General Laws

- Requires all HS & ELP staff members to file a report with the Massachusetts Department of Children and Families (“DCF”) when they have reasonable cause to believe that a child is suffering from abuse or neglect.

Head Start Regulation 45 CFR §1302.47(b)(5)(i)

- Requires reporting of suspected or known child abuse and neglect as defined by Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.U.C. 5101 note) including that staff comply with Applicable Federal, State, Local and Tribal Laws.

Head Start Regulation §1302.102(d)(1)(ii)(A)

- Requires reporting, as appropriate to the responsible Health and Human Services official immediately but no later than 7 calendar days following the incident, related to: Any significant incident that affects the health or safety of a child that occurs in a setting where Head Start services are provided and that involves: A staff member, contractor, or volunteer that participates in either a Head Start program or a classroom at least partially funded by Head Start, regardless of whether the child receives Head Start services; or A child that receives services fully or partially funded by Head Start or a child that participates in a classroom at least partially funded by Head Start

Head Start Regulation §1302.102(d)(1)(iii)(A)

- Requires reporting of any mandated reports regarding agency staff or volunteer compliance with Federal, State, Tribal, or local laws addressing child abuse and neglect or laws governing sex offenders.

which causes, or creates a substantial risk of physical or emotional injury, or constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caretaker and a child under the care of that individual. Abuse is not dependent upon location (i.e. abuse can occur while the child is in an out-of-home or in-home setting)."

Abuse includes:

- Physical Abuse - The non-accidental commission of any act by a caretaker, with the responsibility for a child's health or welfare that inflicts physical injury onto a child. Physical Injury includes:
 - Death
 - Fracture of a bone, a subdural hematoma, burn, impairment of any organ and any other such nontrivial injury
 - Soft tissue swelling or skin bruising depending upon such factors as the child's age, circumstances under which the injury occurred, and the number and location of bruises
- Emotional and Verbal Abuse - When a caretaker displays behaviors that impair the child's emotional development or feelings of self-worth including belittling, blaming or rejecting a child; constantly treating siblings unequally; and a persistent lack of concern by the caretaker for the child's welfare.
 - Emotional Injury means an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.
- Sexual Abuse - Contact with or without force between a caretaker or CAPV staff member and a child, including rape, fondling and exhibitionism, and/or the child being exploited for an adult's sexual gratification.
- Neglect - When a caretaker fails, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.

Training

HS & ELP provides all staff with training to familiarize them with the symptoms of child abuse and neglect, their reporting responsibility, agency protocols for reporting, and DCF procedures. This training is provided for all staff during staff orientation upon hire and annually thereafter. Additional training is also provided through online training from the state District Attorney's office and through the local Child Protection Agency. HS & ELP ensures that all staff have received training through ongoing monitoring and tracking in the HS & ELP database system.

Disclosure or Reasonable Suspicion of Abuse or Neglect

If there is a disclosure of abuse or neglect or when there is reasonable suspicion of abuse or neglect of a child, a staff member must immediately:

- Attend to the emotional and physical safety of the child.

- Obtain needed information through simple open-ended, non-repetitive questions.
- As soon as reasonably possible, but within the same working day report the disclosure to their supervisor or another available Supervisor, Manager, or Program Director.
- Factually document the disclosure as soon as is reasonably possible (including in GoEngage database). Information should be documented exactly as spoken, in quotes as possible (must include who, where, what, and when). Documentation must be accurate, precise and legible, and include the staff member's name, date, and time of the incident.
- As soon as possible, a committee will confer to determine whether the information requires a mandatory report to DCF. The committee must include, at minimum:
 - Person who received the disclosure
 - Director of Child and Family Support Services or Director of Education or Program Director
 - Family Services Manager or Supervisor
 - Education Manager or Supervisor
 - Other involved staff as applicable or needed
- If the committee makes a decision that the information received requires a mandatory report (51A) to DCF, a designated Lead will prepare the report for submission.
- The Lead will make the report to DCF by telephone and online 51A Portal within 48 hours of the telephone report.
- The Lead will monitor the outcome of the report and follow up with the original reporter and committee members regarding any outcomes (see Documentation of a 51A Procedure located on SharePoint).

Additional Staff Responsibility:

- If the committee makes the decision not to file a report with DCF, every employee is still mandated individually, and may file a report with DCF independently if they have reasonable cause to believe that the suspected abuse or neglect did occur. Every effort will be made to reach group consensus.
- There will be no retaliation from Community Action against any person who, in good faith, submits a report of child abuse or neglect.

Parent Notification

Under no circumstance may a parent be informed of a filing in cases of suspicion of physical or sexual abuse by the parent or domestic violence. In situations not involving the elements above, each decision about whether to notify parents is made on an individual basis by the committee, taking into account relevant factors including any directives about notification given by DCF.

Allegations against a Community Action Employee, Subcontractor, or Volunteer

When an allegation of child abuse and/or neglect is filed against Community Action or one of its employees, subcontractors or volunteers, the following procedures will be followed:

- At the time the complaint is received, the person who received the complaint will document the details of the complaint. Information should be documented exactly as received, in

quotes as possible. Documentation must be accurate, precise and legible, and include the staff member's printed name, signature, and date/time of the incident. (Who, where, what, and when.)

- The staff immediately informs the Program Director or another available Director, who immediately shares the information with the Human Resources Director and the Executive Director.
- In accordance with the Massachusetts Department of Early Education and Care ("EEC") regulations, the person named in the complaint is not permitted to work with children and may be placed on administrative leave by the Human Resources Director until a Department of Children and Families (DCF) investigation is completed.
- In case of any allegation of abuse or neglect involving a child while in the care of our program, the supervisor or designee will also immediately notify that child's parent.
- The Program Director or designee reports the complaint to DCF and EEC. The Program Director or designee reports, as appropriate, to the responsible HHS official immediately but no later than 7 calendar days following the incident, related to: or as soon as practical, related to significant incidents affecting the health and safety of program participants.
- Additional interviews with staff involved will be conducted by the Director of Human Resources and appropriate program staff.
- Upon completion of the interviews and/or results of the investigation by DCF and EEC, and/or OHS, the Human Resources Director decides whether or not the person named in the complaint is subject to disciplinary action according to CAPV's personnel practices, up to and including immediate dismissal.
- In the case of an allegation that is "unsupported" through an investigation by DCF and EEC, and/or OHS and with permission of Human Resources, DCF, and EEC, the staff member may return to their regular duties with children. Upon their return to work, a new Background Record Check (BRC) with the Department of Children and Families, Sex Offender Registry Information (SORI) check, and Fingerprint based national CORI's will be processed.

Secure Sites and Information Policy

This policy provides guidance for staff in the event that any state agency, law enforcement entity, or individual approaches Community Action Pioneer Valley's Head Start & Early Learning Programs (HS & ELP) looking for a child, family, or information about a child or family. The policy and related protocols are neither intended to interfere with the enforcement of laws nor political in nature. The purpose of HS & ELP's Secure Sites & Information Policy is to keep our services accessible to all families and uphold core constitutional principles of educational equity and access, while reinforcing our commitment to privacy and security. It is our responsibility as early care and education professionals to ensure our program is safe, reliable, and accessible to every family we serve or who seeks our services.

The Fourth Amendment of the US Constitution protects all individuals from unreasonable searches and seizures, and the Fifth Amendment ensures the right to remain silent when confronted by law enforcement. The Fourth Amendment protects areas where people have a

“reasonable expectation of privacy,” which in our setting includes classrooms, offices, bathrooms, and areas marked “private” with a sign. For law enforcement to search or enter a private area, the Fourth Amendment requires a valid judicial warrant signed by a federal judge or consent of the program.

General Security Procedures

According to the Community Action Pioneer Valley *Personnel Handbook*: “To provide for the safety and security of employees and the facilities at Community Action, only authorized visitors are allowed in the workplace. Authorized visitors will receive directions or be escorted to their destination.” All HS & ELP sites should be secure, and access should be managed by site staff for family arrivals and departures, deliveries, and other needs.

Privacy and Confidentiality Procedures

Per the Community Action Pioneer Valley *Personnel Handbook*: “Information about clients/participants or Community Action/HS & ELP business must not be shared with unauthorized people, both inside and outside the organization.” A number of practices are in place to ensure confidentiality of information, including that client records must be kept secure and locked; only authorized employees can access client records when needed; records can be copied for specific reasons like audits, family needs, school transition, or other authorized reasons under state and federal law; talking about client/participant information with others outside the organization is not allowed; medical, educational, and other private information about clients/participants must be kept confidential; and requests for release of information will be handled by designated program employees and will follow the law.

The HS & ELP *Procedure for Sharing of Data and Privacy of Child Records* details the process for disclosing Personally Identifiable Information (PII) from child records without parental consent to comply with federal legal requirements or court orders.

In addition, staff should only collect information about children and families that is necessary for enrollment or educational purposes.

Site Response

In the event of law enforcement, immigration enforcement, or other unknown officials arriving at HS & ELP, the first person at a center to interact with them will call the Site Director; at a socialization event, they will contact the Family Services Manager. The Site Director or Family Services Manager, or designee if needed, will remain with the agents or officials and call the Program Director or her delegate. The Program Director or delegate will promptly consult an attorney to review any warrant or other legal documentation presented, and will notify CAPV leadership.

While awaiting guidance, agents or officials should not enter any part of the HS & ELP facility occupied by children or families for program activities. They will be accompanied on site at all times by the Site Director or another staff member.

Per legal guidance and a signed judicial warrant, the agents or officials will be given access within the scope of their warrant. The organization can accept a warrant but not consent to the search. If staff deny consent to the search, they should not impede the efforts of law enforcement agents. The search will proceed but the program may be able to later challenge the warrant if there are grounds to do so.

Follow Up

During and in follow up to an event, the Program Director, Site Director or Family Services Manager, and other members of the Leadership Team will provide information as needed to families at the site/socialization group, staff at the site, Community Action Pioneer Valley leadership, the Head Start Policy Council, the CAPV Board of Directors, the Head Start Regional Office, and the Department of Early Education and Care. Any disclosures of PII will be documented in a child's file in our GoEngage database, as will case notes about the events.

Education

Massachusetts Department of Early Education and Care

The Department of Early Education and Care (EEC) is the agency that oversees early education and care and after school services for families in Massachusetts. As the agency that licenses child care, EEC has quality standards for all licensed programs to ensure high educational value, as well as health and safety. Having a license means that the program/Educator has demonstrated that the standards outlined in the EEC regulations have been met.

To find more information on the EEC Child Care Regulations, you can go to their website at: <https://www.mass.gov/lists/licensing-regulations-for-group-and-school-age-child-care-programs>

If you would like information about HS & ELP's regulatory compliance history, please contact the EEC Regional Office at: 1441 Main Street, Suite 230, Springfield, MA 01103, or: (413) 788-8401.

Classroom Volunteers, Substitutes and Interns Working in a Head Start Classroom

Just like our staff, family members and other individuals who are regular volunteers in classrooms and interact with enrolled children must complete a satisfactory BRC. They will also need to provide proof of a physical exam within the last year, including proof of a current TB risk assessment and proof of immunity to Measles, Mumps and Rubella (MMR). Volunteers will be oriented in basic knowledge about their work space and appropriate/professional behavior in our environments. Classroom volunteers are supervised by education staff and are never left unattended with children.

Child Guidance Policy

At HS & ELP we work closely with families to support children's growth and development within our safe, nurturing and stimulating learning environments. We also know that healthy development does not progress in a smooth pattern that is always easy for both child and caregivers. Disruptions in behavior and skill development often occur just before important bursts and movement forward, and all this is necessary for progress! In our work, we assume that parents hold expert information about their children, and partner with them as they participate in and learn about their child's development. Building and supporting relationships is at the core of all we do, because children develop their most foundational early skills, such as trust in others, compassion, confidence and self-regulation, in the context of these relationships.

This policy outlines our daily practices for guiding and responding to children's behavior in ways that foster relationships and connections and aligns with the prohibitions against the use of exclusionary practices as stated in the Head Start Performance Standards. The Child Guidance Policy also outlines our program's case management system that supports all children and families.

Active Supervision:

- At Head Start & Early Learning Programs, children must be supervised at all times. No child will be left alone while in the care of HS & ELP. Preschoolers must be supervised primarily by sight and sound. Preschoolers may be briefly supervised by sound alone, such as when a child is in a bathroom stall, but they must never be left unsupervised.
- Infants and Toddlers must be supervised by sight and sound at all times. While infants or toddlers are sleeping, staff must position themselves so that all children can be seen and heard. If some children are awake and some are sleeping, there must be someone engaging with the children who are awake and someone must also be attuned by sight and sound to the sleeping child/ren.

Here are some additional measures we have in place to ensure supervision at all times:

- When groups change locations, such as when moving from the classroom to the playground or from the playground to the bus, attendance must be taken at each departure and arrival point.
- When attendance is taken, each child's name must be called and the Educators must verify each child's presence. Counting heads is not sufficient for attendance verification.
- When on field trips or neighborhood walks, a "field trip bag" will always be with the group. This bag must contain first aid materials as well as emergency contact, medical, and release information for each child in the group. The field trip bag should be kept out of children's reach.
- If Health Plans warrant it, emergency medications must also be transported in the field trip bag.
- A working cell phone (either personal or agency) will always be with the group when off-site.

At HS & ELP we guide children's behavior through:

- Maintain frequent and ongoing, strengths-based communication with the family to plan and partner together for the child's success. Educators recognize the critical information families have to offer ongoing, and at each developmental stage.
- Build trust and understanding by observing, listening and responding to children's verbal and non-verbal communications.
- Individualize for children, recognizing and respecting each child's unique developmental history, temperament, learning style, cultures, and family context.
- Consider the factors that influence the child's behavior, including their development, self and co-regulatory abilities, how they are feeling, their interactions, and the classroom activities, expectations and environment.
- Intentionally focus on teaching social/emotional skills, through emotionally responsive care and through curriculum that facilitates how to name, understand, manage and express feelings appropriately. Create inclusive, developmentally, culturally, and linguistically appropriate learning environments that:
- Encourage the building of strong relationships, as well as gradual independence
- Offer an organized and predictable schedule

- Allow ample time for guided, child-directed play
- Provide scaffolding for self and co-regulation, and clear behavioral expectations that are individualized and developmentally appropriate
 - Create classroom rules in partnership with children
 - Model, redirect, reinforce, encourage, and scaffold appropriate behavior
- Through our understanding of individual children and the developmental process, anticipate challenges and implement proactive supports

In accordance with the Head Start Standards of Conduct, we never engage in:

- **Corporal punishment or physically abusive behavior**, defined as intentional use of physical force that results in, or has the potential to result in, physical injury. Examples include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging;
- **Sexually abusive behavior**, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities;
- **Emotionally harmful or abusive behavior**, defined as behaviors that harm a child's self-worth or emotional well-being. Examples include, but are not limited to, using seclusion, using, or exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child; and
- **Neglectful behavior**, defined as the failure to meet a child's basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food as punishment, or refusing to change soiled diapers as punishment.

In Addition:

In extreme circumstances, when there is an immediate risk to health and safety, caregivers may physically assist a child to prevent injury to self or others, such as removing a child from a fence or furniture, or preventing access to an unsafe situation.

Case Management System

Case management is at the heart of supporting children and families. It is used for assessment, planning, facilitation, care coordination, and advocacy. HS & ELP uses three types of case management to provide support to children, families, and classrooms: universal case management (UCM), classroom level support (CLS), and individualized case management (ICM). All children receive universal case management, and children are identified for individualized case management based on their needs. Classroom Level Support is offered to provide resources and consultation to groups of children and their educators.

When a child's behavior interferes with participation in the learning environment or places them or others at risk for immediate harm, the Education, Family Services, Health and Developmental Services teams use the case management process, including tools for support. Steps consistently taken include:

1. **Ongoing partnership with the family**, including the recognition of cultural context and lived experience.
2. **Case Management Guide** to detail the roles and responsibilities of each team member in facilitating the process.
3. **Classroom Reflection and Planning Tool** to reflect on the influences on the children's behavior and the best way to provide support to the group.
4. **Education Updates** to document how individualized goals, support strategies, and plans are working for the child in the classroom.
5. **Consultation** with the Developmental Services team, Coaches and others, as appropriate.
6. **Referrals** for early intervention, special education, behavioral or mental health services as applicable.
7. **Individualized Support Plans** developed by the team in partnership with the family to outline proactive and responsive supports.
8. **Individualized Goals and Support Strategies** contain the ISP goals and educators update progress toward goals and effectiveness of strategies in the monthly Education Update (case note in Go-Engage).
9. **Educational Supports** such as coaching, consultation and CLS are implemented after we assess needed supports for teaching practices and environments.

Reasonable Program Adaptations

When initial Individualized Support Plans or Accommodations Plans do not effectively support the child's needs or the child's actions continue to place themselves or others at risk for harm, program managers consider reasonable program adaptations in accordance with federal and state civil rights laws to support the child, educators, and overall program setting. Some of the areas program managers will consider for reasonable program adaptations* include:

- Staffing ratios
- Groupings of staff and children
- Routine and schedule
- Physical room arrangement
- Purchase of additional calming/regulation tools and materials
- Individual child arrival/departure times
- Alternative activities (e.g., small group/different location) for difficult periods of the day

**Any program adaptations must be planned in collaboration with the child's family and ICM team.*

Pause in Care

A pause in care is used in limited circumstances where there is a serious safety threat that has not been minimized by reasonable program adaptations to the learning environment, ratios, groups, schedule or routine, materials or activities or the team needs time to plan and put reasonable program adaptations in place.

At minimum, the following five steps **must** be completed prior to applying a pause in care:

1. Initial meeting with the family to discuss the child's strengths, development, how to prevent unsafe behavior and effectively de-escalate unsafe situations and documentation of family recommendations.
2. Internal referral to the Infant & Early Childhood Mental Health Consultant (required) and Disabilities Specialist/Coordinator (as applicable) and documentation of Consultant/Specialist recommendations.
3. Objective documentation of unsafe action(s) that resulted in actual injury to the child or others (e.g., incident/accident reports).
4. Initial ICM meeting and completed ICM Quick Form with ICM goals.
5. Whenever possible, consultation with external community mental health, inclusion or behavioral specialist for recommendations.

When an ICM team has completed the steps above and the unsafe actions continue, the team will meet with the family to explain the pause in care, what it means, and what to expect.

The purpose of a pause in care is to develop and/or strengthen program adaptations to support the child within their existing classroom. The team will develop a Pause in Care Plan and the child's slot will be reserved during the pause.

The Pause in Care Plan must include the following:

1. Objective Documentation of serious safety threat.
2. Reasonable program adaptations provided.
3. Consultation support provided and consultant recommendations.
4. Community resources provided and applicable recommendations.
5. Professional development, coaching, and support for educators.
6. Home visiting and family support during the pause in care.
7. Individualized Support Plan or Accommodations Plan.
8. Plan for transition back to care.

Suspension and Expulsion

In accordance with Head Start Performance Standard 1302.17, the use of suspension (see Pause in Care above) and expulsion due to a child's behavior are severely limited. If, after implementing and documenting all steps described above, in consultation with the parents, the child's educator, the agency responsible for IDEA (if applicable), community resources such as behavior coaches, psychologist and other specialists, and the mental health consultant, HS &

ELP determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, HS & ELP will work with such entities to directly facilitate the transition of the child to a more appropriate placement.

Monitoring and Support

HS & ELP monitors implementation of appropriate Child Guidance through regular observations completed by the Lead Teachers, Site Directors, and Education Managers. The program takes a team approach when supporting Educators to meet the needs of young children. Coaching, technical assistance from the Developmental Services Team, collaboration with Family Services, and time for reflective practice and reflective supervision provide high levels of support. HS & ELP also partners with our Local Education Agencies, Early Intervention, and Infant and Early Childhood Mental Health Consultation community partners as supports for Educators in setting and implementing individual goals.

All persons working directly with children or having contact with children are required to abide by this policy. Any violation of this policy will be grounds for disciplinary action, up to and including termination of employment.

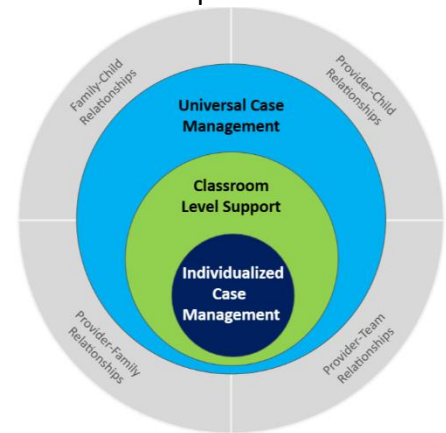
Comprehensive Services Guide

The Head Start & Early Learning Programs (HS & ELP) Comprehensive Services Guide for Case Management outlines the framework, services, practices, and procedures used to support all children and their families. Our program is rooted in the Brazelton Touchpoints™ approach, where it is understood that all development occurs in the context of relationships. This process is not smooth, but characterized by regressions, bursts and pauses. In addition, the approach emphasizes that a child's health and development depend on the strength of their relationships with the adults who care for them, and that early care and education staff are critical partners in supporting and scaffolding those relationships. HS & ELP staff are trained in this reflective approach and use multidisciplinary teams to ensure that each family has a strong network of support both within HS & ELP and within their community. HS & ELP developmental services are designed with individual children, groups of children, staff, and families in mind.

Together with parents, HS & ELP uses a continuum of developmental services to support the health and well-being of children in culturally responsive ways. Social-emotional supports help children learn communication, coping, and other skills to help them regulate their emotions and behavior. This continuum of services includes proactive supports, consultation, responsive supports, and case management.

HS & ELP uses a concentric framework of layering support from the outside in starting with relationships and universal case management working inward toward individualized case management. The model is a way to support social emotional competence in infants and young children. The outer layer of support is relationships, including the family-child relationships, provider-child relationships, family-provider relationships, provider-team relationships.

At the foundation, relationships are the starting point and the most important component. This is where the Touchpoints™ strength-based assumptions and guiding principles scaffold staff in their relationships with children, families, and each other. Universal Case Management is the process used to assess and facilitate care for all children. It includes universally applied developmental and social-emotional screenings and internal referrals. Each child's Family Advocate and Primary Educator work together to assess and coordinate care with a focus on the family-child relationship. Classroom level support helps educators plan for varied and complex needs within the classroom (typically around 20-30% of children need adjustments to the environment, routine, activities, or materials to be successful in group care). Classroom Level Support may be based on the needs of one child, or several children, but the focus is proactive supports to benefit the whole classroom. In these cases, HS & ELP teams meet to plan and coordinate supports that will build classroom community and the learning environment including the space and materials, as well as routines, activities, ratios, group dynamics, and the emotional tone. Intentional teaching and curriculum are practiced such as Second Step, as well as co-regulation strategies designed to help children develop and use skills in the moment (e.g. breathing techniques and talking about feelings). Individualized Case Management is designed for children who need individualized support, ongoing assessment, planning, care coordination and advocacy (typically around 5% of children enrolled). At this level, social-emotional supports are given to help children learn communication, coping, and other skills to help them co regulate their emotions and behaviors. Teams meet regularly for ongoing assessment, planning, and coordination in service of an individual child and family. This level of support is individualized to the child within their family system and specific HS & ELP setting.



Transportation

Transportation at HS & ELP is provided to children by contract with a local bus company for families at the North Orange Site. If your family needs transportation services, your Family Advocate will be able to assist you by filling out a Transportation Request Form. Decisions to offer transportation are made by assessing family need, availability of space, and funds, as well as compliance with the Department of Early Education and Care (EEC) that the bus route can be completed in 45 minutes or less.

Cancellation Lines

Once your child is receiving bus transportation, you will be required to call the cancellation line at (978) 575-0522 or the classroom line at (413) 475-1518 by 7:00am if your child will not be using the transportation services on any given day.

Transportation Services

During the year, there may be times when transportation services to families may need to be reassessed based on the following: start of a new school year; change in family address or educational setting; access to transportation; or change in priority points. If it is found that your child is no longer eligible for transportation, you will be given a two-week cancellation notice so that you can make other arrangements.

Transportation Signature Sheet

Children come to the program locations in different ways, including private vehicle, public transportation, walking, and by school buses provided through HS & ELP or local public schools. EEC requires us to collect information about how you intend to drop-off and pick-up your child at school and this form requires your signature in agreement of your transportation choices.

Private Vehicle Transportation

Parking is available at each site. Parent/guardians are required to accompany a child into the classroom and must ensure Educators are aware you have transferred supervision to them. Drivers should drive slowly (5mph) and use caution when driving in or around a child care site. Parking is not allowed in designated school bus zones. No child may be left alone in a parked vehicle. Unattended vehicles should not be left idling.

Public Transportation and Walking

Contact the site if you need assistance with public transportation times and locations or if you have any concerns about conditions of crosswalk markings. Parents/guardians are required to accompany a child into the classroom.

Pedestrian Safety

Pedestrian Safety is taught to the children in HS & ELP within the first 30 days of their entrance into the program and a brochure about pedestrian safety is shared with parents at intake.

We encourage families to reinforce the following pedestrian safety rules with their children:

- Cross streets at a corner, using traffic signals and crosswalks.
- The bus signal lights and school bus stop sign are not a guarantee that traffic will stop for the bus. Make eye contact with the driver, wait for the red school bus lights and a thumbs up signal from the driver before crossing in front of the bus. Do not assume that because you can see the driver that the driver can see you.
- Look left, right, and left again when crossing, and keep looking at traffic as you cross. Walk, do not run, across the street.
- Walk on sidewalks or paths. If there are no sidewalks, walk facing traffic as far to the left as possible.
- Watch for cars that are turning or backing up.
- Parents and children must hold hands in parking lots, at bus stops, and when crossing streets.

Authorizing Others to Pick Up Your Child

During the intake process, the parent/caregiver is asked to give written authorization to HS & ELP to release the enrolled child to other adult(s) the parent/caregiver deems appropriate. Written authorization must be given for any adult other than the parent who is actually signing the child care agreements to pick up the child. Parents can add or remove names from the Authorization: Release of Child list at any time by notifying HS & ELP in writing. Parents are urged to keep this list current and to use great care in selecting substitute persons to bring their child home in the event the parent is not available. Please only include people whom you are reasonably confident could be available to pick-up your child within a 30-minute time frame, when needed.

If a parent or other authorized adult appears to be under the influence of drugs or alcohol when a child is being released:

- The staff person will encourage and assist the parent or authorized adult to make other arrangements for transporting and/or supervising the child, such as calling another authorized person on the Authorization: Release of Child Form.
- Staff are not allowed to stop a child from being picked-up by the legal guardian; however, if alternative arrangements are not made, the staff may, out of concern for the safety of the child, call the police for assistance and notify a supervisor/manager as soon as reasonably possible.
- If the authorized adult is not the legal guardian, staff do not have to release the child. The staff person will contact the child's legal guardian to inform them of the concern and make a plan for release of child.

Contact and Release of Information

Adults with legal custody are the only people able to remove a child from the bus or childcare setting without a signed release. All other adults including older siblings (16 and older) must be listed on the Authorization Release of Child Form and Emergency Contact forms. Please keep your Authorization, which includes Release of Child Form, Emergency Contacts, and Permission to Leave Premises, current. Also, be sure to notify staff of all changes in address and telephone numbers. Parents and authorized adults must show a picture identification before the child is

released to them until they are recognizable by transportation and program staff. Program staff will not release the child to anyone without the written authorization of the parent/guardian. In the case of emergency, a person not previously on the release list may pick up the child, provided the custodial parent provides text, email, or, in an extreme emergency and with program manager or director approval, verbal permission. Biological parents who do not live with their children must provide proof of custodial rights before being on the release list, except at the discretion of the custodial parent.

Bus Safety

Each school bus is equipped with a two-way radio communication system and/or cell phone. There is a Bus Monitor on all vehicles used to transport children to and from HS & ELP to monitor children's safety and social-emotional well-being. All Bus Drivers and Monitors have received training through the Massachusetts Department of Early Education and Care on transporting children for the protection of children in vehicles. All Monitors have been certified in First Aid and CPR. The Bus Driver completes pre-trip and post-trip safety inspections. Both Bus Driver and Monitor keep track of attendance as children board and exit the bus. The Bus Driver and Monitor walk through the bus to ensure that all children have been unloaded. Children are accompanied to and from the bus at the center by program staff under the supervision of an EEC certified Educator.

Bus safety also includes maintaining a safe riding environment for children, families, and staff. We ask that:

- Children do not bring food, money (or other small items) or medications onto the bus.
- You do not smoke within 100 feet of the bus.
- You refrain from inappropriate language or behavior on or near the bus.

We thank you for your cooperation in the above matters. Families who do not follow these guidelines may have their child's transportation services temporarily suspended until a meeting can take place to discuss a plan. If you have any concerns, please contact your Family Advocate or Educator for assistance.

Due to time constraints, the bus is not able to wait if a child is not at the designated stop at the designated window of time. We would appreciate your cooperation with the following guidelines:

- Have your child ready at the bus stop at least 10 minutes before the scheduled bus pick-up time.
- Be outside at the bus stop ready to receive your child off the bus at least 10 minutes before the scheduled drop-off time.
- If for some reason transportation is delayed, please wait at least 10 minutes after pick up and drop off time before you call the site. Please do not call the bus company.
- Wait with your child and bring your child to the bus for pick-up and be at the designated drop-off location when your child returns home. For safety reasons, please wait with your child at your designated bus stop at least five feet from the road. Remember to stay out of the bus "danger zone" area because the bus driver cannot see you. You are responsible for your children until they are safely on the bus and for assisting your child

off the bus in the afternoon. Children must be accompanied to the bus and picked-up by an authorized adult or youth 16 years of age or older. Always have a photo ID available for identification.

Safe Riding Practices

- All buses are equipped with appropriate seat restraints for the age and weight of the child. Special accommodations are made as necessary for children with disabilities. Children should not bring any items onto the bus except closed backpacks, carry-on bags, diaper bags, etc. For safety purposes, no food, drink, money (small items) or medication is allowed on the bus. All belongings are safely stored out of exit pathways. The Bus Monitor is responsible for ensuring that each child is secured correctly in the appropriate restraint seating system and that all children's belongings are safely secured.
- The Child Guidance Policy is followed for staff/child interactions on the bus. The Bus Monitor establishes clear and consistent bus safety rules with the children and maintains a predictable routine. When a child's behavior presents as unsafe, including undoing a seat belt or standing up, the Bus Monitor redirects the child. If the unsafe behavior persists, staff will partner with families to find ways to support the child.

Field Trips

Any field trip initiated by parents or staff will be shared in writing with each parent so that each family may have the opportunity to understand and agree to the trip and the choice of transportation. Parents sign the Permission to Leave Premises form to agree to walking trips to a local park or other event/location within the community.

Please note the following procedures in our program:

- A first aid kit containing required supplies is taken on all field trips. The Educator brings a list of all emergency contact numbers and takes attendance of everyone on the bus. Once the bus is loaded, the attendance information is shared with the transportation office and driver.
- In the case of an accident, the procedure for accidents listed below will be followed.
- The Educator will review safety guidelines with all adults going on the field trip before leaving.
- In some circumstances, the parent/guardian may be asked to accompany their child on the field trip.

When a Child Is Waiting Unattended at a Bus Stop

If a child is waiting alone at the bus stop or near their designated pick-up area, the Bus Monitor's first concern will be the child's immediate safety. The child will be escorted onto the school bus.

The bus will not leave the pick-up area until every reasonable effort has been made to locate the parent/guardian. This includes but is not limited to:

- The Bus Driver will briefly sound the horn.
- The Bus Monitor will call the parent/guardian.

- If the parent/guardian has not been located within 5 minutes, the bus will proceed to the next stop; while on route staff will:
 - Call the local police department and report the situation.
 - Report the incident to their Supervisor, Director, or Manager.

When the Authorized Adult is Not Present at the Drop-off Site

No child will be dropped off anywhere except for their designated bus stop. The only exception is if a child's legal guardian retrieves their child at another stop on the bus route. If an authorized adult is not present at the drop-off location, the child will be returned to their site where an authorized adult will be responsible for picking up the child.

The Bus Driver will NOT make a second attempt to drop off the child.

A staff member will attempt to contact the parent and those persons on the Authorization: Release of Child Form: Emergency Contacts. If the parent or other authorized person has not come to pick up the child within a reasonable period, the Department of Children and Families may be contacted.

Returned Children Protocol and Cancellation of Transportation Services

If a child is returned to the site, program staff will contact the family to discuss why the child was returned and will support the family to help resolve the matter. Transportation expectations and drop-off options will be discussed and the Director of Child & Family Support Services will be notified. **Transportation services may be cancelled after a child is returned 4 times.**

Emergency Situations in Transportation

Disabled Vehicle

If the school bus breaks down on route, the Driver and Monitor's first responsibility is to ensure the safety of the children and the vehicle. The Driver notifies the bus company and a replacement bus is sent out. Children and seat restraints are safely transferred to the new bus, attendance is taken, and the bus finishes the route. In the meantime, the Bus Monitor contacts the site and asks them to contact parents to inform them of any delays that would affect them. A note from the Director of Child & Support Services or designee goes home to parents informing them of the breakdown. An incident report is submitted to the Director of Child & Family Support Services within 24 hours.

Accident Involving a Bus

In the event of an accident, the protocol is similar. After ensuring the immediate safety of the children and vehicle, the Bus Driver secures the bus out of the way of traffic, if possible. The Bus Driver calls the police and the bus company. The Bus Driver and Bus Monitor determine if evacuation is necessary. If so, they follow the bus evacuation procedure, taking attendance before and after evacuation. The Bus Monitor checks each of the children for visible injury. First responders also evaluate all children for possible injuries and make any necessary recommendations for further treatment. See Medical Emergency below for responding to an

injury. The Bus Monitor calls the Director of Child & Family Support Services, Manager, or Director as soon as possible. Appointed staff contacts parents/guardians of children on the bus by phone, with written notification to follow. The Director of Child and Family Support Services notifies the Department of Early Education and Care, the Region 1 Head Start Office, and the Department of Transportation in accordance with the appropriate regulations. The Bus Monitor submits an Incident Report to the Transportation Supervisor within 24 hours of the accident, as well as a bus seating chart to describe where each child was sitting at the time of the accident.

Medical Emergency

If a medical emergency occurs while the bus is on route, the Bus Monitor will assess the situation, using First Aid and CPR training protocol. The Bus Driver will stop the bus and, if determined by the Monitor, the Driver will call 911. The Bus Monitor will also consult the essential medical information that travels with children on the bus. Buses are equipped with a first aid kit and a body fluid kit. First Aid/CPR is administered as needed. See health policies section for additional information. The Bus Monitor calls the Director of Child & Family Support Services, Director, or Manager as soon as possible. Appointed staff notifies parents/guardians of children on the bus by phone, with follow up in writing. Upon arrival of the emergency response team, the Bus Monitor will provide any available medical information. The Bus Monitor submits an Incident Report to the Director of Child & Family Support Services within 24 hours of the accident.

Emergency Preparedness

First Aid and Emergency Treatment

HS & ELP has extensive Health and Safety practices that are outlined in the program's Health Care Policies and Procedures. These are updated based on local, state and federal guidance and Caring for Our Children Standards.

By signing the parent permission page, you are giving permission for our staff, providers, or approved assistants to administer First Aid and/or CPR and enact emergency procedures if necessary, including but not limited to an epinephrine auto-injection for suspected exposure to a life-threatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child. In addition, you are giving permission for program staff, providers, or approved assistants to access transport for a child to a medical facility and for the child to receive emergency medical treatment.

All HS & ELP Educators and approved assistants are trained in the basics of First Aid and may need to treat your child when appropriate. Every effort will be made to contact you in the event of an emergency requiring immediate attention for your child. However, if you cannot be reached, HS & ELP may need to contact your child's physician. HS & ELP may also transport your child to your preferred hospital, listed on your face sheet (or the nearest hospital), and secure the necessary treatment for your child.

- In the case of an emergency (such as a serious fall, or a serious cut), the Educator will begin administration of emergency first aid and/or CPR and call 911 for assistance.
- A program staff member or FCC Educator will contact you to come and pick up your child or, if response time is a factor, you will be asked to meet your child and staff person at the hospital.
- When parents cannot be reached, those listed as emergency contacts will be called as a further attempt to reach parents. Until you are reached, a designated program staff person will continue to try to contact you. For this reason, please update us if any of your contact information changes.
- In the event of a serious injury, or an injury that requires that the parent pick up the child from care, the program will require a Doctor's note of medical clearance for the child to return to school.

Head Start & Early Learning Programs takes steps every day to ensure the health and safety of clients and staff. Educators are monitoring classrooms and playgrounds for hazards and minimizing risk in the environment. Maintenance staff works to keep buildings safe and free of hazards. Sites practice evacuation drills and sheltering in place for storms or other unsafe outside risks.

Missing Child Procedure

If attendance procedures fail, and a child becomes separated from the group, the following procedure must be implemented:

- The Educator who is the first to become aware that a child is missing will immediately alert the rest of the education team in the room/location.
- One Educator will leave the room/immediate location to explore nearby areas to which the child may have wandered.
- One Educator will immediately call the Supervisor or, if the supervisor is not available, another staff person in the building to enlist their help in searching. All available office workers should stop their work and assist in the search for the child.
- If a third Educator is present, that person should primarily engage the children who are present, to keep them occupied and calm.
- If the child is not found within a brief period (no longer than several minutes), the police and the family must be informed.
- Such incidents result in reports to and investigations by the Department of Children and Families (DCF) and the Department of Early Education and Care (EEC). The Program Director or designee reports, as appropriate, to the responsible HHS official immediately but no later than 7 calendar days following the incident, or as soon as practical, related to significant incidents affecting the health and safety of program participants.
- Staff members must cooperate with all such investigations.

Emergency Closures

Severe Weather

Under certain severe winter conditions, sites may close and/or transportation may be cancelled. Families will receive a text message about cancellations or delays through the TalkingPoints App. In addition, any transportation cancellations, closings, or delays due to weather will be announced on WGGB channel 40 (www.wggb.com). Sites closing for center-based services will be announced individually on the HS Weather Line on weather event days.

If you are receiving Head Start at Home services, your Home Visitor will be in touch with you if they are unable to deliver regular services due to weather conditions.

Weather Line

Franklin: (413) 475-1560

Hampshire: (413) 387-1260

Western Hampden: (413) 654-1760

Power Outage/Loss of Heat or Water

Power, heat, and water loss that cannot be corrected within a reasonable timeframe and as such would create an undue hardship on children and staff will cause the site to close. If the situation occurs during service hours, staff will assess the amount of time it will take to repair the problem. Care for the remainder of the day will be cancelled if the repair significantly

affects heat, sanitation, lighting, and/or the overall safety of the program. Parents will be notified, and children will be transported home by contracted transportation, or parents will be asked to pick up their child.

Fire or Other Need for Emergency Evacuation

Evacuation maps are posted in each classroom. During evacuation, staff assist children, including using evacuation cribs for infants. Individual plans are created for any child requiring special assistance during an evacuation. Attendance lists are carried by classroom staff during an evacuation, with attendance taken during and immediately following the evacuation of the building. Each classroom site has a designated meeting place for use during an evacuation or evacuation drill. Alarm systems communicate directly with the fire department.

Evacuation

Parents will be notified in an appropriate and timely manner and children will be transported by staff/program vehicles or contracted services to the designated site. Parents will be asked to pick up their child, or the program will transport, as appropriate.

Franklin County

- **Turners Falls classrooms** will be evacuated to Greenfield Community College (GCC) Main Campus, One College Drive, Greenfield, MA 01301.
- **North Orange classrooms** will be evacuated to Mahar Regional High School, 507 South Main Street, Orange, MA 01364.

These sites will be used unless directed differently by the local emergency authority.

Hampshire County

In the event of general evacuation for sites in Hampshire County, children will be evacuated to the nearest identified public school or library:

- **For the Vernon Street and Easthampton sites**, this is Northampton High School or JFK Middle School.
- **For the Amherst Community Child Care site**, this is Wildwood Elementary School, 71 Strong St., Amherst, MA 01002.
- **For the Ware site**, this is Ware Public Library, 37 Main Street, Ware, MA 01082.

These sites will be used unless directed differently by the local emergency authority.

Hampden County

Sites in Agawam and Westfield will be evacuated to the nearest public school, church, or community building not involved in the evacuation:

- **For Agawam**, they would go to the Benjamin Phelps School on Main Street.
- **For Westfield**, the school could be Southampton Rd Elementary School at 330 Southampton Rd. or the Intermediate School at 350 Southampton Rd.

These sites will be used unless directed differently by the local emergency authority.

In order to transport the children as safely as possible if the school is too far to walk or the weather is questionable, we would contact our contracted bus company to assist pick up of children at their site and move them to one of the nearby identified evacuation spaces.

Sites have basic emergency supplies for children in their care to be taken in case of area-wide evacuation. Supplies include food, water, diapers, a hand cranked flashlight, and a NOAA radio.

“Shelter in Place Order” During a Natural Disaster or Civil Emergency

A “shelter in place order” is given when the emergency authority feels it is safer for children to remain in their current location than to be evacuated. Each site maintains emergency supplies for sheltering in place. Supplies include food, water, diapers, hand cranked flashlight, and a NOAA radio for such situations. Direction will be taken from the local emergency authority.

Additional Health Facts

Meningococcal Disease

This is health information required by MA state law that we share with families at time of enrollment.

Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease.

Are children in daycare at increased risk for meningococcal disease?

Children under 5 years of age have a higher rate of meningococcal disease than older children, but daycare is **not** considered to increase risk for meningococcal disease.

Is there a vaccine against meningococcal disease?

There are currently 2 types of vaccines available to children in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is approved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Should my child receive meningococcal vaccine?

Meningococcal vaccine is now recommended routinely for children 11-12 years of age with a booster dose at 16-18 years of age. College freshman and other newly enrolled college students living in dormitories are recommended to have received a dose of meningococcal vaccine within 5 years of enrollment. Other high-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. Children and adults with terminal complement component deficiency (an inherited immune disorder) should also receive the vaccine. Parents of children in these groups should discuss vaccination with their child's healthcare provider.

At the current time, routine vaccination with meningococcal vaccine is **not** recommended for healthy pre-school children who are not in one of the high-risk groups. Your child's healthcare provider can provide additional information about vaccination in this age group.

How can I protect my child from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent hand washing, and respiratory hygiene and cough etiquette.

Individuals should:

1. Wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water, or an alcohol-based hand gel or rub may be used if hands are not visibly dirty).
2. Cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. Not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at: (617) 983-6800, or toll-free at: (888) 658-2850, or on the MDPH website at: www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219.

Influenza Immunization Information

The Massachusetts Department of Public Health is now requiring all providers of early education to distribute information to parents and guardians regarding the benefits of annual influenza vaccination for children ages 6 months to 18 years of age. Your advocate will give you the flyer, The Flu: A Guide for Parents, which is also available at: www.mass.gov/flu.

If you have any questions, please contact the Health Manager at: (413) 387-1268.

Lead Poisoning Prevention

It is a Head Start and Department of Early Education and Care requirement that all children, regardless of risk, be screened for lead poisoning at least once between the ages of 9-12 months, and annually thereafter at ages 2 and 3 years. Children must also be screened at age four if they live in a community deemed at high risk for lead poisoning by the Department of Public Health. See the Health section above for more on HS & ELP's Lead Plan.

For more information on lead poisoning, you can visit: <http://www.mass.gov/dph/clppp>, or call the Childhood Lead Poisoning Prevention Program at: (800) 532-9571.

Parent and Community Complaints Policy

Participation by parents and the greater community is an important aspect of Head Start & Early Learning Programs. One way that HS & ELP supports this participation is through maintenance of an effective system for collecting, documenting, and responding to complaints or concerns from parents or the greater community.

It is the policy of HS & ELP to promptly review, respond to, and resolve complaints from the community in accordance with the procedure described below:

- Within 5 working days of becoming aware of an action or actions that cause concern, a formal parent or community complaint must be submitted in writing to the Director of Child and Family Support Services at 56 Vernon Street, Northampton, MA 01060. The written complaint should include an explanation of the problem, date and time of occurrence, inclusion of names of individuals thought-to-be involved, and complainant's name and phone number.
- The Director of Child and Family Support Services will investigate and make every effort to resolve the complaint within two weeks of receipt; if the Director of Child and Family Support Services cannot satisfactorily resolve the complaint, she will refer the complaint to the Head Start Director.
- The Director will review the complaint and, within two weeks of receipt and in consultation with Community Action Senior Administrative Staff, as appropriate, will determine necessary follow up steps and actions.
- In all instances that involve the greater community, the Head Start Director will inform the Agency Executive Director and the Policy Council of the complaint and engage the Policy Council, to the extent possible, regarding action to be taken.
- In instances that involve individual parents' complaints, Head Start Senior Staff will do their utmost to retain family confidentiality and, in those that are of a serious nature, will inform the Policy Council of action taken, as appropriate.
- HS & ELP shall not respond to anonymous community complaints.