



Defense Logistics Agency
CHILD AND YOUTH PROGRAMS
caring hands. happy hearts.

PARENT **HANDBOOK**

February 2017

May 2017

WELCOME

Welcome to the Defense Logistics Agency (DLA) Child Development Program (CYP) in Columbus. As a working parent, you face competing priorities of balancing the demands of work with the needs of your family. Our goal is to support families by offering quality, affordable child development programs that provide you with the peace of mind needed so that you can focus on meeting your work requirements. We consider it a privilege to share in the growth and development of your child and we hope that it will be a positive experience for your family.

Our program offers quality childcare provided by highly trained staff. Our developmental programming is designed to stimulate a child's emotional, physical, social and intellectual development. We strive to provide safe, healthy environments, enriching experiences and warm, loving care for your child.

This handbook will provide basic information about our program and our operating policies and procedures. We encourage you to read the information in the handbook and discuss any questions you may have with us.

Parent and staff partnerships are essential to the success of our program and your questions, comments and suggestions are always welcome. We encourage you to participate in the many opportunities that are offered for parent involvement that include the Parent Advisory Committee, parent education sessions, special events and daily conversations with staff.

We look forward to getting to know you better and hope this will be an exciting and rewarding experience for you and your child.

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PROGRAM TELEPHONE NUMBERS

Child Development Center (CDC) Main Number/Front Desk	614-692-2852
Child Development Center Waiting List and Registration	614-692-8024
CDC Nurse	614-692-5622
Child Development Center Director	614-692-6651
CDC Assistant Director – Infant/Toddler Program	614-692-5074
CDC Assistant Director – Preschool/Pre-K Program	614-692-8023
Training & Curriculum Specialist – Infant/Toddler	614-692-5071
Training & Curriculum Specialist – Preschool/Pre-K	614-692-8026

CHILD DEVELOPMENT CENTER PHILOSOPHY

MISSION STATEMENT

Our mission is to provide a child development program that directly supports families and reduces the conflict between parental responsibilities and work requirements. Child Development Programs help DLA retain a quality workforce by:

- Contributing to the quality of life and well-being of families with young children
- Supporting economic self-sufficiency of military service members and DoD civilian employees by providing affordable, accessible child care
- Simplifying moves to a new location by ensuring the availability of quality and standardized child care
- Helping DLA commanders fulfill his/her responsibility to maintain the morale and welfare of military service members and DoD civilian employees
- Ensure inclusion of children with special needs

GOAL

Our goal is to provide you with the best service possible to:

- Provide safe, developmentally appropriate environments and quality care for children and youth with strict adherence to health, sanitation, safety, fire, nutrition, and risk management requirements
- Provide qualified and experienced management, support, and staff who communicate positively and professionally with children and parents and who recognize, encourage, assess and support each child's strengths and capabilities.
- Provide a nurturing environment that positively contributes to children's physical, social, emotional, and cognitive growth and development where children learn through meaningful interactions with both adults and other children.

PROGAM PARTICIPATION

FAMILIES

Families are the first and primary teachers in their child's life. We support families in this role through a variety of services that address the specific needs of each family, to include formal and informal education opportunities. Communication between the child's primary teacher and family, as well as management and support staff, is critical and includes an open, honest exchange of ideas, concerns, shared decision making, and respect for cultural diversity. We encourage families to share their culture, heritage and home language.

CONFIDENTIALITY

Only authorized DLA Child Development Program staff will have access to patron files. The DLA Child Development Program is committed to protecting the privacy of patron information. Medical information concerning patrons is confidential under state and federal law and may not be discussed at any time with any person (who does not have a bonafied need to know) under any circumstance.

DIVERSITY/NON-DISCRIMINATION

In accordance with Federal Law, Title VII, the Defense Logistics Agency Child Development Program prohibits discrimination based on race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity.

OPEN DOOR POLICY

DLA Child Development program staff are approachable and accessible to parent/guardians during the center's operating hours. Parents/guardians can voice their concerns, complaints and/or compliments regarding their customer service experience. The DLA Child Development Program offers a family friendly environment that encourages parents/guardians to drop in to visit or observe their child/youth.

CHAIN OF COMMAND

The most effective way to resolve issues is to channel them through the Child Development Program Chain of Command. Should all attempts at resolution fail, parents/guardians can elevate their issues or concerns up through the Chain of Command in the order below:

- Classroom Lead (each classroom has a Lead assigned)
- Assistant Director(s): Ellie Borck (Infant/Toddler Program), 614-692-5074
Heather Pierro (Preschool/PreK Program), 614-692-8023
- CDC Facility Director: Tracy Charles, 614-692-6651
- Director, Family & Morale Welfare & Recreation (FMWR):
Brandon Doherty, 614-692-3187

SUMMARY OF PARENT'S RESPONSIBILITIES

Parents have the responsibility to:

- Sign the child into and out of the CDP facility daily by swiping in/out at the front desk and signing in/out in the classroom.
- Keep staff informed of any changes in location or phone number where they can be reached in the event of an emergency (when they are not at the location identified in the child's file).
- Keep staff informed of any changes in the registration paperwork (i.e. address, phone numbers, emergency contacts, etc.)
- Inform staff of any new/unusual marks or bruises when bringing the child into the center.
- Provide one or more changes of clothing for children.

- For children in diapers or pull ups, provide diapers, wipes (in original container), bottles when appropriate, clothing, and a plastic bag for soiled clothing for children.
- Bring the child dressed for both indoor and outdoor activities.
- Mark clearly, with full name, all clothing and other articles brought to CDC.
- Make sure the child does not bring items (toys, books, food) to the CDC. The CDC is not responsible for lost or broken items. The only time children will be allowed to bring items from home is on scheduled share days, which will be determined by each classroom.
- Know about any change in policy or procedure.
- Know the CDC's discipline policy as explained in this handbook.
- Abide by CDC policies and procedures and refrain from asking for exceptions to policy.
- Inform staff if child has been exposed to a contagious illness or if the child will not be present for an extended period of 2 or more days.
- Notify staff of planned vacations and other absences in advance.
- Notify and submit a withdrawal slip two weeks in advance.
- Pick-up child on time.
- Payments will be paid in advance of service on the 1st and 15th of each month. A \$10.00 non-refundable late fee per child will be assessed close of business the 5th business day if fees are not received by scheduled payment date. Scheduled payment dates will be posted for your convenience in the front lobby.

CONFIDENTIALITY OF INFORMATION

- Information gathered at registration documents eligibility and family background, sponsor consent for access to emergency medical care, and data required to set fees and enroll in USDA food program.
- Information is provided to attending physician when it is necessary for child to be taken to medical facility by someone other than a parent. Information on immunizations and medical problems will be used for program admission screening procedures.
- Family income data will be used to determine fees. Disclosure of family income is not required; however, failure to do so will result in fees set at the highest category. Family income information is only maintained in registration office file and is only accessible to management and administrative staff. Access to a child's files is limited to management, administrative staff required to maintain files and staff directly providing care for the child. Parent signature on enrollment forms authorizes this access. Formal and informal developmental assessments are completed on each child. Program management, trainers and staff directly providing care for the child will have access to the assessment information. Information is used to ensure daily activities meet the needs of each individual child.
- Note that inspectors may also have access to the above mentioned files.

PARENT COMMUNICATION AND INVOLVEMENT

Under the guidance of Department of Defense Instruction 6020.2, Army Regulation (AR) 608-10 and AR 215-1, CDP are offered as a supplement to family needs, rather than as an

entitlement of government employment. It is not the intention of CDC to be a substitute for parents, nor to be the primary agent for care and development of your child. We are here to help you balance your family and work commitments. We seek your involvement and welcome your comments and questions.

Communication is one of the keys to building successful relationships. The CDC provides a variety of avenues to keep parents informed about their child's classroom and the CDC in general. Methods may include daily or weekly feedback sheets, daily verbal feedback, courtesy telephone calls, newsletters, special events, bulletin boards and emails.

Two-way professional courtesy is also vital to building successful relationships. We strive for consistency and professionalism in our relationships with families. Should issues occur that classroom staff and parents cannot resolve, management is always available for information and assistance.

The Military Child Care Act (MCCA) of 1989, as amended requires options for parent involvement in child and youth programs. There are several ways you can become involved in CDP.

OPEN DOOR POLICY

Visitors and parents are welcome at any time during operating hours. Parents dropping off or picking up their children are not required to wear a visitor's identification badge. However, visitors, workers, and parents visiting their children's classroom are required to sign in/out at the front desk and obtain a visitor's identification badge prior to entering the classroom. This is to ensure that the CDC staff is aware of all persons observing and/or entering classrooms in the event of an emergency; e.g., fire; as well as a precaution against possible child abuse by persons not employed by CDC. Visitors must also sign in on the individual room's sign in/out sheets when in the classroom for periods greater than 5 minutes. All visitors, with the exception of parents, will be escorted at all times. We encourage parents to visit their child's classroom during the lunch period and enjoy Family Style Dining. If you plan to join your child for lunch, please let the front desk know so you can be added into the meal count.

PARENT VISITS

Parents are invited to participate by visiting their child's classroom whenever convenient. Parents are welcome to call and discuss areas of success or concern with any member of our management team. Children benefit when parents display genuine interest in their daily activities.

PARENT ORIENTATIONS

Parents new to the CDC must attend an orientation **prior** to the child's first day. This orientation will familiarize parents with CDC policies and basic operations. The CDC staff will provide the times and locations at the time of enrollment.

PARENT ADVISORY COMMITTEES (PAC)

The CDC has a volunteer advisory committee made up of interested parents. This volunteer parent group meets quarterly to discuss ways to support the CDC in providing quality care options. The PAC may also discuss issues of common concern involving children and youth. Further information about the PAC is available from the CDC Director.

VOLUNTEERS

The program encourages parents to volunteer in their child's program whenever possible. This allows the parent to have a firsthand working knowledge of how the children spend their day; assists the staff in providing essential individual attention to the children/youth; and fosters closer relationships between the program and the parents. Speak to your child's teacher or the assistant/facility director if you interested in volunteering.

PARENT FEEDBACK/SUGGESTIONS

The programs encourage input from parents. If you have an idea or suggestion, please give it to the staff in the room or to the assistant/CDP director. If you wish to have a matter brought before the Parent Advisory Committee, discuss it with your committee representative or notify the assistant/facility director that you would like to present an issue at the next meeting, and request the matter be placed on the committee's agenda. Annual Parent Satisfaction Surveys give parents the opportunity to rate our programs. In addition, during the accreditation process, this is done once again.

ELIGIBILITY

Eligibility for the CDC is contingent on the status of the sponsor.

- Eligible patrons include:
 - Active duty military personnel.
 - DoD civilian employees paid from either appropriated funds (APF) or non-appropriated funds (NAF).
 - Reserve Component military personnel on active duty or inactive duty training status.
 - Combat related wounded warriors.
 - Surviving spouses of Military members who died from a combat related incident.
 - Those acting in loco parentis for the dependent child of an otherwise eligible patron.
 - Others authorized on a space available basis (to include DoD Contractors)
- In the case of unmarried, legally separated parents with joint custody, or divorced parents with joint custody, children are eligible for child care only when they reside with the Military Service member or eligible civilian sponsor at least 25 percent of the time in a month that the child receives child care through a DoD program.

PRIORITY SYSTEM

CDC Programs shall be offered to the qualifying children of eligible patrons as follow:

- Priority 1: The highest priority for full-time care shall be given to qualifying children from birth through age 12 years of age of combat related wounded warriors, child development program direct care staff, single or dual active duty Military Service members, single or dual DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons. With the exception of combat related wounded warriors, ALL eligible parents or caregivers residing with the child are employed outside the home.
- Priority 2: The second priority for full-time care shall be given equally to qualifying children from birth through 12 years of age of active duty Military Service members, DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons, where a non-working spouse, or in the case of a DoD civilian employee with a same-sex domestic partner, is actively seeking employment. The status of actively seeking employment must be verified every 90 days.
- Priority 3: The third priority for full-time care shall be given equally to qualifying children from birth through 12 years of age of active duty Military Service members, DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons, where a non-working spouse, or in the case of a DoD civilian employee with a same-sex domestic partner, is enrolled in an accredited post-secondary institution. The status of post-secondary enrollment must be verified every 90 days.
- Space Available: After meeting the needs of parents in priorities 1, 2, and 3, CDCs shall support the need for full-time care for other eligible patrons such as active duty Military Service members with non-working spouses, DoD civilian employees paid from APF and NAF with non- working spouses or same-sex domestic partners, eligible employees of DoD Contractors, Federal employees from non-DoD agencies, and military retirees on a space available basis. In this category, CDCs may also authorize otherwise ineligible patrons in accordance with 10 U.S.C. 1783, 1791 through 1800, 2809, and 2812 to enroll in the CDP to make more efficient use of DoD facilities and resources.
- Priority Determination. Individual priorities will be determined based on the date of application.

HOURS OF OPERATION

The Child Development Center is open from 0600 to 1800 Monday through Friday. The center is closed on weekends and federal holidays. The CDC may also be closed upon the issuance of an Executive Order closing the government (e.g. State Funeral) or for weather related incidents. These type of events will be announced locally by the Site and public media.

ADMISSION CRITERIA

The Child Development Center cares for children ages 6 weeks through 5 years of age or until kindergarten eligible. The program reserves the right to direct withdrawal of any child at any time if deemed necessary by Child Development Program management after consultation with the child's parents or guardians. If we are unable to meet your child's needs in their current placement, every effort will be made to assist you with finding viable alternative care.

REGISTRATION

Parents/guardians must register their children at the CDC's Parent Registration Services. Registration takes approximately 45 minutes so we request that an appointment is made to ensure that we cover all needed paperwork before your child begins to participate in the program. Appointments may be made by calling Shanita at 614-692-8024. Families must re-register their children on an annual basis. Re-registration takes approximately 30 minutes and an appointment may be required. Prior to your appointment please ensure all documentation is completely filled out so not to interfere with the next appointment. Parents must provide two local emergency notification/release designees contact numbers when they register their child. Emergency notification/release designees are only authorized to pick up a child in the event that a parent is unable to be contacted in an emergency; or when a parent has informed the CDP that a documented emergency notification/release designee will pick up their child. Telephonic notification to add or change emergency notification/release designees is not acceptable. Additions/deletions must be made in person.

Failure to leave an accurate emergency notification/release designee information may result in loss of your privileges. Emergency notification will occur if your child becomes ill, injured, or if unusual behavior persists. In case of a weather-related emergency, parents will be informed if closure is authorized. Parent will be expected to pick up their child as quickly as possible, but no later than 1 hour after parent is notified. Failure to do so may result in suspension of program privileges.

Parents must fill out the necessary paperwork and attend an orientation before their child can receive services in any program. All paperwork must be signed (by the Parent, or guardian who is the DoD Sponsor/ ID card holder) and **must be updated annually**.

Parents will need to provide the following:

- Proof of Sponsor Eligibility (Military ID Card or proof of DoD employment).
- A copy of a Child's Health Assessment within 30 days of enrollment and updated annually.

- A copy of the child's official immunization record at the time of registration.
- Latest copy of Sponsor's Leave and Earnings Statement(LES) and LES for all family members contributing to household Total Family Income
- Any Special Needs information (i.e. medications, allergies, illnesses, etc.)

In addition (but not limited to), parents will be asked to complete:

- A CYS Services Registration Sheet, the Department of Defense Child Development Request for Care Record, DD Form 2606.
- A USDA CACFP Eligibility and Enrollment Application Form.
- The Department of Defense Child Development Center Fee Application, DD Form 2652
- The DLA Child & Youth Health Screening Tool, DLA Form 1855-1.

In the event that a special need is identified, additional forms or documentation may be required.

CHILDREN WITH SPECIAL NEEDS

Our program makes every effort to accommodate children with special needs. Every effort will be made to place children with special needs (asthma, allergies, cancer, learning disabilities, developmental delays, vision and hearing problems, diabetes, attention deficit disorder, etc.) in DLA CDC. To ensure an appropriate program or service for the child, a multidisciplinary team called the Inclusion Action Team (IAT) meets to review to determine appropriate accommodation and recommendations for a developmentally appropriate environment. The objective of the IAT is to review relevant records and give the child's parents an opportunity to share information about their child to ensure the success of the child's placement into our program. The goals of the IAT are to ensure the child has a positive experience while participating the CDP services, ensure staff members are trained to provide the individual care needed and ensure safety, health and well-being of the while in care. The IAT meeting is conducted prior to initial placement in the CDP or when a special need is identified, annually and when there are changes in the child's health or behavioral status. If the IAT determines that appropriate accommodations cannot be made, review by higher headquarters will be required.

HEALTH RECORDS REQUIREMENTS AND IMMUNIZATIONS

The CY Programs registration forms will be filled out, signed and dated by the parent. The form includes consent for CDC representatives to act on behalf of the parent(s) in a medical emergency or dental care situation.

DLA Child Health Assessment, DLA Form 1855 will be completed by parents and a licensed independent health care practitioner within the past calendar year or within 30 days following an initial registration.

Children enrolling in or currently enrolled at the CDC must provide written documentation of immunizations appropriate for the child's age per immunizations recommended by the

Center for Disease Control, Advisory Committee on Immunization Practices ACIP are required.

Children will be screened for special needs at initial registration and annually thereafter by use of the current DLA Child and Youth Program Health Screening Tool.

IMMUNIZATIONS:

Immunizations are a proactive health measure to protect children who have an increased risk for communicable disease while in a group-care setting. To provide maximum protection, immunizations are required at the earliest recommended interval. Immunization is particularly important for children in child care because preschool-aged children have the highest age-specific incidence or are at *high* risk of complications from many vaccine-preventable diseases.

Personnel are to review and annotate dates of immunizations for each child in the CDC as designated in the Child and Youth Management System (CYMS). A hard copy of the immunization record will be kept in the child's file on site as well as electronically in CYMS.

The only allowable exceptions to this requirement are for health care provider-documented medical reasons or for religious objections. Philosophical exemptions are not permitted. A request for a waiver based on a medical condition must be accompanied by a signed, stamped, and dated statement from a credentialed medical provider documenting why the child is exempt. A request for a waiver based on a religious objection must be accompanied by a signed statement of the parent specifying the religious objection.

The CDC Director is the approval authority for all medical and religious exemption requests. The CDC Director may seek advisement from the supporting HQ DLA Nurse Consultant or their Legal Office on any particular waiver requests. The CY Nurse will be apprised of all approved waivers.

In the event of an immunization-preventable disease outbreak, the CY Program Coordinator/Director will take appropriate action to exclude from CY programs, children who have been granted immunization waivers. The CYP Nurse will be consulted when assessing re-admission to CY programs.

Immunizations that are annotated in CYMS as having been waived must have supporting documentation by CY Program Coordinator/Director in the child's file or scanned into CYMS. This annotation includes completing the shot comment in CYMS for the applicable vaccination(s).

CYMS is set up to provide a 30-day advance notice that immunizations are due. In addition, designated CY Program personnel will run an Immunization Report at a minimum monthly to identify those children that have immunizations coming due in the next 30 days. For those children with pending immunizations, the parent should be notified in writing what is required and by what date.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ELIGIBILITY AGREEMENT

DLA Child Development Programs participate in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Based on state requirements parents may be asked to complete a State enrollment form. As a non-profit program we are eligible to claim reimbursement from USDA for meals and snacks served to children in attendance at our facility. **Note: As a new Government operated facility, we are not yet enrolled in the USDA CACFP but will be by the end of the calendar year. Our menus meet USDA's requirements but we will not receive any kind of reimbursement until we are officially enrolled in the program.**

USDA NONDISCRIMINATION STATEMENT

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information maybe 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 <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> 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 by:

Mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

Fax

Email: program.intake@usda.gov

Our local EEO office phone number: 614-692-0743

USDA is an equal opportunity provider and employer.

PROGRAM POLICIES

DAILY HEALTH CHECKS

Children are screened daily upon arrival at the program. A child with an elevated temperature, rash, or any symptoms of an illness or contagious disease will not be admitted to the program. (See below for information on exclusion criteria.)

If there appears to be any question as to the child's state of health after an absence due to illness, the child may be refused admittance until a written medical statement is provided. Parents will inform the program immediately upon notification of a contagious illness affecting the child. **Readmission after a medical procedure (i.e. surgery, cast, stitches, hospitalization, an emergency room visit, etc.) requires a doctor's note clearing the child to participate in a group care setting.**

ILLNESSES, EMERGENCIES & INCIDENTS

If a child becomes ill during the day, parents will be notified and are expected to pick up their child within 60 minutes. Once children are identified as ill and parents contacted, the child will be moved from the classroom to an isolation area, to limit the spread of any communicable condition or unexpected release of bodily functions. Failure to pick up an ill child promptly will result in program management contacting the Family's emergency contacts and/or chain of command. Some conditions requiring exclusion are as follows:

- Illness exclusion temperatures for children are:
 - Under 3 months of age - 100.5°F
 - Over 3 months of age - 101.0°F
 - During flu season – 100.0°F all children AND at least one respiratory symptom, such as runny nose, cough, congestion, sore throat, intestinal upset, or diarrhea
- Children will be excluded from CDC activities when diarrhea is:
 - Two loose stools over the normal stool pattern for the child
 - Multiple episodes not contained in the diaper
 - Contains pus or blood.
- Children will be excluded for vomiting when there are 2 or more episodes in 24 hours.
- Children will be excluded if they are lethargic or ill to the point they aren't participating in normal classroom activities or require one-on-one care.

If management staff is notified of the possibility of children or staff being diagnosed with a communicable disease, a notice of communicable disease exposure will be displayed at the entrance of the affected facility. Notifications will also be placed in all classrooms. While it may be possible to identify a program affected by a communicable disease (the infant program, for example), the CDC is not permitted to identify a child or a particular classroom or suite of classrooms.

A child who has contracted a contagious illness or rash will be readmitted to the center when the following conditions exist:

- The contagious stage of the illness has passed.
- The child is physically able to participate in class activities.

- A physician's note for readmission is presented.

Admission to the center during or following an absence due to common childhood ailments will be allowed when the following conditions exist:

- Skin lesions or open sores are not weeping, bleeding, oozing, or draining. Lesions from impetigo are no longer weeping. Scabies is under treatment.
- Lice are under treatment and nits are removed.
- Pinworm and/or ringworm treatment has occurred 24 hours before readmission.
- Conjunctivitis has diminished to the point that eyes are no longer discharging.
- Chicken pox lesions are crusted, usually 5 to 6 days after onset.
- A complete day's dosage (24 hours) of medication/antibiotics has been administered. (For strep and other bacterial infections, the child's physician has approved readmission, and the child does not require additional staff to care for him/her.)

While at CDP, your child is under constant supervision. However, minor injuries may be sustained during normal play or activities. When this happens, staff will perform the necessary first aid and fill out an Incident/Accident report for your notification and signature. Should your child be injured seriously or become ill during the course of the day, the Director will ensure you are contacted

In emergencies, parents will be called immediately. Failure to reach a parent will result in a call to emergency contacts and/or chain of command. It is extremely important that management has a phone number where parents or the designee can be reached every day. If an injury or illness is sufficiently severe, the child may be transferred to the nearest emergency room and treatment will be administered prior to parent's arrival. In the event that a child is transported to the hospital, a member of management, the nurse, or a classroom teacher familiar with the child will travel along with him/her and will stay with the child until a parent arrives.

SPECIAL DIETS/ALLERGIES

Parents of children who have allergies or intolerances to any food, pets, plants, medications/drugs, etc. must have a Medical Action Plan (MAP) for Allergies, signed by the child's physician, on file. In the case of a food allergy, a Special Diet Statement must also be completed by the child's physician and maintained on file. Parents requesting a special diet for religious reasons must provide a written request listing foods to be excluded from the child's diet and foods that may be substituted. For children requiring accommodations for multiple food allergies an IAT review may be required. The only diet request that we can accommodate are for medical or religious reasons. We are unable to accommodate diet requests based on personal or parental preference.

MEDICATION ADMINISTRATION

Medication will be administered only to children in the full-day programs under the following conditions:

- A physician has prescribed oral medication.

- Oral antibiotics, antifungals, antihistamines and decongestants are the only categories of medication that can be routinely administered by authorized CDC personnel.
 - See the nurse for the most current list of medications. This list may be updated from time-to-time and will be distributed when updates occur. Any medication not included on the approved list may be administered only after an exception to policy is approved by the HQ Health Consultant or designee. In this case, special training for CDC staff may need to take place prior to the medication being administered.
- The parent/guardian must present a completed Child Development Program Medical Dispensation Record to the center/program director. ***NO MEDICATION WILL BE ADMINISTERED BY CDP WITHOUT REVIEW by the CDP Nurse and AUTHORIZATION FROM THE CENTER/PROGRAM DIRECTOR.***

Medication is required to be:

- In the original container with a childproof cap.
- Dated, with physician's name and instructions for use (No PRN "as needed" medication may be administered with the exception of a rescue medication or in the case of an approved exception to policy).
- Labeled with a pharmacy label containing the child's name, name of medication, dosage strength, frequency, and duration to be given (to include ending date).
- Only be accepted with appropriate medication dispenser.
- Medications requiring refrigeration will be isolated with the refrigerator in a separately secured container
- Over-the-counter medications will only be administered when ordered by a physician. The over-the-counter medication **MUST** contain a prescription label. The exception to this rule is over-the-counter "basic care items" limited to topical items used for the prevention of sunburn, diaper rash (ointment and lotions), etc. A list of basic care items has been reviewed and authorized by the DLA CDP Nurse. For use of these items parents must complete the DLA Basic Care Item Permission to Administer DLA Form 1849-3. All basic care items will be administered in accordance with parental instruction and manufacturer's directions. **Basic care items may be used only in the absence of broken skin and when there is no sign of infection.**
- Parents must administer the first 24 hours of all oral medication before CDC personnel administer dosage.
- At no time will medications be added to infant formula.
- Medication will be stored in a locked container out of children's reach

MEDICATIONS WILL NOT BE ADMINISTERED IN THE HOURLY PROGRAM EXCEPT FOR EMERGENCY SITUATIONS (i.e. Epi-Pen® or Inhalers).

RESCUE MEDICATION

Children requiring rescue medications per Medical Action Plans (inhalers, antihistamines, and epinephrine, Tylenol® /Motrin®) may not be present for care at the CDC if the rescue medications, dispensing devices and paperwork are not up to date and on site.

CHILD CARE FEES

The DLA fee policy is updated on an annual basis. Fees for children enrolled in the CDC will be collected in advance of services rendered. Fees are based on total family income as reflected on DD Form 2652 (Application for Department of Defense Child Development Center Fees). This form must be updated annually or when significant financial changes occur in employment or household status. In addition, DLA requires that patrons' DoD fee applications be audited annually by the MWR Financial Manager.

Newly enrolled families are required to make their initial payment for care at the time they accept the child care space offered. The initial payment will be 10% of their monthly child care fees. The initial payment is non-refundable.

Fees are due and payable in total on the 1st and the 15th day of each month.

Holidays do not affect the fees. Payments may be made by personal check, certified check, money order, cash, credit, or debit card. There is a return check fee of \$25.00.

Please be sure sponsor's full name and current address are on each check or money order and made out to IMWRF. Also, please list your child's name on the lower left-hand corner of the check.

LATE PAYMENT FEES

CDP Full Day Program – Late payment fees are charged after the 5th business day of the payment cycle. For services billed twice a month a one-time \$10.00 fee per child will be assessed on the 6th business day of each missed payment cycle. For fees paid on a monthly basis, a one-time late payment of \$ 20.00 per child will be assessed on the 6th business day after the 1st of the month billing.

To maintain your child's place in a CDP program during an illness, regular fees must be paid. Parents may opt to use vacation weeks as illness leave. Use of vacation leave for illness is restricted by the same criteria as vacation leave. See below for restrictions.

DELINQUENT ACCOUNTS

DLA CDCs cannot absorb losses incurred by patrons not paying childcare fees in a timely manner. Past Due accounts refer to an account that is not paid by COB the 5th business day after the billing cycle. CDC Management will initiate timely notification and collection actions on all outstanding accounts. Families must receive written notification of termination after mid-month review if they are carrying an unpaid balance. If the account is not satisfied by the 8th business day after the 15th of the month billing cycle, ***child care services will be terminated*** unless a command approved financial hardship waiver has been initiated. Terminated accounts will be submitted to the Nonappropriated Fund (NAF) Financial Management Office (FMO) for collection.

If services are terminated this means the child is no longer enrolled. Parents will need to complete a DD2606 to place their child back on the waiting list.

Patrons will still be responsible to satisfy their delinquent account with the MWR FMO Office.

Hourly patrons with an unpaid balance (for hourly care and/or no-show fees) will be denied future use of hourly services until the outstanding bill has been paid in full.

Exceptions to the above procedures due to unusual need/family circumstances will be submitted in writing, through the CDC Director and FMWRC Chief with final approval by the Site Director or designee.

RETURNED CHECKS

You will be charged a service fee if a check is returned by the bank. If the bank returns a check, it will be returned to FMO. It cannot be re-deposited. The check and the service fee charge must be redeemed with either cash or a money order payable to DLA One Fund. It is to be delivered directly to FMO. Returned checks, once identified, are considered a delinquent account and must be redeemed within 5 business days for continued placement in CYS Services programs. Those patrons with returned checks will have to make future payments through a money order or credit card. Checks will no longer be accepted.

CHILD CARE FEE ADJUSTMENTS

Fee adjustment will be made only in the following circumstances:

- If a child must be kept out of the program for medical reasons for greater than ten (10) consecutive business days or longer. Proper medical documentation from the child's doctor must be presented to the center/program director in order to receive any adjustment.
- Any special circumstances that might allow for fee adjustment (i.e., joint custody of child by court decree, special education arrangements, change in work or marital status, etc.) must be presented to the center/program director for consideration who will forward to the Director, Family and MWR for approval.
- Sponsor's spouses who lose/terminate employment/student status are granted 90 days to find other employment or enrollment will be terminated. A 90 day waiver will be requested by the patron
- For blended families, The Total Family Income (TFI) of the household in which the child spends most of his or her time must be used for TFI.
- Fees for legally separated families will be supported by a legal separation document or a notarized statement documenting that patron is legally separated. NOTE: Notarized statements to document legal separations must be co-signed by a Commander (in the case of a military member). DoD Civilians must provide a legal separation document. All other fee determinations related to family structure/situations will be resolved by the CDC Director on a case-by-case basis.
- Fee Adjustments for Financial Hardship Waiver: The Site Director or designee may temporarily adjust fees for individual Families based on financial hardship or other special circumstances on a case-by-case basis.
- Requests for a child care fee reduction based on financial hardship must be reviewed by the CDC Director. The reviewer must provide a recommendation to the approving

authority. Financial hardship reductions must be re-evaluated and approved at least every six months.

- Families whose child care fees are 25 percent or more of their TFI must be informed they are eligible to request a financial hardship waiver.

VACATION/LEAVE CREDIT

Leave/Vacation Credit is available in CDC Programs. A 2 week leave/vacation credit is offered annually for each child enrolled in the CDC program. Vacation must be taken in a minimum increment of five consecutive work days. Families must provide advance notice to take leave/vacation. Refunds for leave not taken are not authorized. Vacation Credit may not be used in lieu of a 2-week termination notice.

DAILY ADMISSION AND RELEASE

The parents, legal guardians, or other persons (designated in writing) are required to drop off and pick up their children. If persons other than the parent are picking up or dropping off children/youth, the office must be notified in advance in writing. Children will be released only to those persons whose names are listed on the Emergency Contact Form at the CDC. For safety reasons, children will not be released to anyone under the age of 18. Parents or designees are required to sign in/out and accompany each child to/from the proper classroom daily. In order to maintain correct accountability for the safety of your child, it is mandatory for all patrons to swipe their child into CYMS at the front desk AND sign-in on the classroom sign-in sheet. If a child is bussed, to and from the program to school, the parent is required to keep the program informed of the pick-up and drop-off schedule and any changes that may occur. Parents must also notify the program of any day their child is not returning to the program on the bus for whatever reason.

PICK UP OF CHILD

Children will be picked up in a timely manner and prior to closure of the facility. If a parent cannot be located to pick up a child in the event of an emergency due to illness, inclement weather, environmental closure, etc. the following procedure will be put into place:

- Request for pick-up by the identified emergency contact(s).
- If the contacts are not available, notification of the family status will be made to the Family Advocacy Program (FAP) staff and the installation police.
- Determination of further processes will be made in coordination with the CDC Director, FAP and the police.

LATE PICK-UP FEE

DoD Policy authorized late pick-up fees:

Family pays the Program \$1.00 per minute up to 15 minutes per family per program regardless of the number of children in care at that program. For example, a family who has two children in the CDC a \$15 late pickup fee at the CDC In addition, when the Family is later than 15 minutes, the family is charged \$5.00 per child, for the remainder of the hour and then \$5.00 per child, for each hour thereafter.

Late fees are payable by check or money order the next day when services are rendered. Regularly scheduled or hourly patrons with an outstanding late pick-up fee must pay this fee before they will be allowed back into care. Persistent problems will be brought to the attention of the CDC Director and the FMWR Director for resolution or for alternate child care options to meet patrons' needs.

Late pick-up fees are not charged for approved mission related circumstances when specific arrangements to extend child care are made prior to pick-up.

PROGRAM WITHDRAWAL

A written notice of withdrawal must be submitted to the front desk or the registration office at least two weeks prior to your child's last day of attendance. You will be held responsible for all fees incurred from the time of registration until the date of withdrawal. **You will be charged for two weeks of service if written notice is not presented. Vacation/leave credit cannot be used in lieu of cancellation notice. All delinquent fees will be turned over to FMO for collections (see delinquent accounts).**

REFUNDS

Refunds of program fees will be requested in writing by the child's sponsor within 10 business days of withdrawal. Valid requests for refund due to PCS, TDY, extended illness or family emergency will be submitted in writing with required documentation through the Facility Director and MWR Chief with final approval by the Site Director or his designee.

PERSONAL ITEMS OF CHILDREN

Please do not allow your child to bring toys/items from home except in the case of a comfort item to help your child adjust with transitions or rest time, or during specific periods (such as "show and share", pajama day, etc.). Items such as personal electronics are not permitted to be brought to the program.

Please provide a change of clothing as "accidents" do happen. The change of clothing must be labeled with your child's name and be appropriate for the season. Nap time sheets and blankets are provided, but parents of children over the age of 18 months may provide a favorite blanket. Parents are responsible for weekly laundering of their child's blanket.

STAFF QUALIFICATIONS AND BACKGROUND CHECKS

Eligibility requirements for CDP staff vary with the level of each position. The minimum qualifications for an entry-level position are: 18 years of age; high school diploma or equivalent; able to speak, read, and write English; and able to lift 40 pounds. Background checks are completed and reviewed for each employee initially and every 5 years thereafter. Employment is contingent on a favorable background check.

GUIDANCE and DISCIPLINE

Caregiving staff help children learn to develop self-control, express their feelings in acceptable ways, and when age appropriate, learn to resolve their own conflicts. Guidance and discipline will be provided consistently and constructive in nature. This includes:

- Establishment of simple understandable rules posted in clear, positive and concise language. Children have been involved in the development of the policies, procedures, and expectations for behavior (as age appropriate).
- Role-modeling of appropriate behavior and conflict resolution skills
- Use of positive rather than negative language
- Demonstration of realistic, age-appropriate expectations of behavior
- Use of techniques that include redirection, separation of child from situations, and praise of appropriate behavior
- Staff and children should demonstrate caring, trust and respect for each other. Name calling, labeling or stigmatizing should never occur and will NOT be tolerated among staff or towards children. Neither children nor staff will be publicly humiliated.
- Physical restraint will not be used unless it is absolutely necessary to prevent injury to the adult or child;
- Assistance to help the child recover self-control which may require separation of the child from all activities with a staff member staying close to the child and engaged in calm conversation until the child has recovered. "Time out" will never be used as punishment, nor will it involve separation from the group.

A child may not be punished by:

- (1) Spanking, pinching, shaking, or other corporal punishment;
- (2) Isolation for long periods;
- (3) Confinement in closets, boxes, or similar places;
- (4) Binding to restrict the movement of mouth or limbs;
- (5) Humiliation or verbal abuse;
- (6) Deprivation of meals, snacks, outdoor play opportunities, or other program components. Restrictions of the use of specific play materials and equipment, or participation in a specific activity should be appropriate to the developmental age of the child. Restrictions are permissible to ensure the safety of others or as part of the strategy to help the child learn self-control.

If a child consistently demonstrates behavior that creates an unsafe environment for children, staff, or himself/herself, the child may be placed on a progressive guidance plan. This guidance plan would be coordinated with management staff, classroom staff, and the child's parent(s) and would outline clear measures to be taken if specific behaviors are observed. Our goal is always to make every effort to keep children in our program. It is RARE that services would be terminated for a child due to behavior issues. However, if one-on-one care is needed on a regular basis to ensure the safety of the child or others, alternative care may need to be secured.

Biting is a common issue in group care settings. Children may be frustrated, tired, hungry, angry, wanting to show affection, etc. and simply don't have the vocabulary or communication skills yet to verbalize their feelings. While both age and developmentally appropriate for young children, it can very upsetting for not only the child being bitten, but for the parents of both the biter and the child on the receiving end of the bite. Classroom staff and management work together to observe the child for patterns or triggers to the biting

and provide shadowing as a means of preventing the biting. If the biting continues, we'll work with parents in an effort to resolve the biting. This may include sending the child home for the day if the biting is excessive or consistently breaks the skin.

TOUCH

Appropriate touching involves the recognition of the importance of physical contact to a child with respect to guiding behavior and providing a nurturing environment. It also recognizes the importance of adult respect for personal privacy and personal space of children, and responses affecting the safety and well-being of a child. Appropriate forms of adult-child initiated affection include: kissing anywhere on the hands or head except for the mouth; hugs; lap sitting; reassuring touches, e.g. on shoulders or naptime back rubs (over the child's clothing); and child initiated forms of affection.

Inappropriate touching is touching that creates an improper and/or negative emotional or social effect on the child and is touching that violates law or American societal norms. Inappropriate touching usually involves coercion or other forms of exploitation of the child and satisfaction of adult needs at the expense of the child. Inappropriate touch is often applied in anger and reinforces the concept with the child of "striking out" to respond to a problem. Examples of inappropriate touching include forced greeting kisses (hello/goodbye), corporal punishment, slapping, striking, pinching, prolonged tickling, fondling, or molestation.

CDC staff may touch the genitals and proximate body areas of a child in a manner, and to the degree necessary, to diaper and/or assist the child in proper toileting procedures provided the following conditions are met:

- Staff will receive training in diapering and toileting procedures as part of the orientation process.
- Should a child's genital area need to be checked for reasons other than diapering or toileting procedures (i.e., injury, child complaint), the director, nurse or other caregiver will be present as a witness. This check will be documented on a DLA Form 1845, Incident Report.

CHILD ABUSE REPORTING PROCEDURES

Department of Defense Child Abuse/Safety Violation Hotline: If you suspect child abuse, child neglect, or safety violations in any DoD sponsored Child Development Program, report them to your installation Family Advocacy Program (FAP) at 614-692-7217 or call the Department of Defense Child Abuse/Safety Violation Hotline, 1-877-790-1197.

All CDC personnel are mandated reporters as required by AR 608-18 and 608-10 and must follow the child abuse reporting procedures. The reporting point of contact is the Family Advocacy Program Manager, 614-692-7217.

For information on the prevention, identification, and/or reporting procedures for child abuse, please contact the Family Advocacy Program Manager at the number listed above.

VIDEO MONITORING SYSTEM

A digital video monitoring system is in place in CDC facilities. Information is recorded during all hours of operation. It records video of all activity areas as well as playground areas. The intent of this video monitoring system is to reduce the likelihood of child abuse/neglect and to protect staff from unwarranted allegations of child abuse/neglect. There are also many additional uses for the system. Parents are able to view *live feed* of their child on a monitor at the entrance of each program especially during the times of transition as children begin attending the program. It also allows CDP staff to review images on video in an attempt to proactively address safety issues or busy transition times within classrooms.

It is important for parents to know that this system is in use and that children' activities are recorded on a daily basis. Recorded images will not be copied or distributed except for use by authorized individuals such as the Police, Family Advocacy Program Staff, Office of Counsel, and Franklin County Children's Services to help substantiate or un-substantiate any allegations of child abuse/neglect and to help determine whether a criminal offense or violation of the CDC's discipline and guidance policy has occurred.

MINIMIZING THE RISK OF CHILD ABUSE

Our facilities are built to minimize the risk of or the potential for child abuse. Vision panels in doorways and hallways allow better supervision of activity rooms. Entrances to the building are limited and monitored. Exits to unfenced areas are alarmed. Bathrooms are within classroom areas and are easily monitored. Employees undergo background checks prior to hire. Personal references are checked for accuracy and only the best qualified are hired. Staff must participate in annual training on child abuse recognition, reporting, and prevention. Adult/child ratios are regularly monitored. Parents are notified of all field trips beyond the program grounds. Sign-in/out sheets and daily attendance records promote accountability. Staff and visitors must wear identification badges and colored smocks to identify the status of their background checks (blue smocks indicate all background checks are completed and adjudicated favorably; yellow indicates all local checks and fingerprints are completed and the CNACI has been initiated). Staff in yellow smocks must be in Line of Sight Supervision (LOSS) of a cleared staff person at all times while working with children. An open door policy is extended to all CDC parents. Parents are asked to participate in internal assessments of programs by completing surveys and/or checklists and as members of a Multi-Disciplinary Inspection Team (MDTI).

The CDC's policy requires that we write "accident/ incident reports" for all falls, scratches, bruises, bites and scrapes that occur while your child is in our care. You will be asked to sign the report as documentation that you have been informed of the accident/incident. Please inform care-giving staff of any bruises, bumps, or abrasions that may have occurred at home daily upon arrival.

SUDDEN INFANT DEATH SYNDROME

DLA follows the American Academy of Pediatrics guidance to reduce the risk for Sudden Infant Death Syndrome (SIDS) in Child Development Services settings. The American Academy of Pediatrics no longer recognizes side sleeping as a reasonable alternative to

sleeping on the back. This position has been found to be unstable and increases the chances of infants rolling onto their stomachs.

Exceptions requested by parents to place infants on their stomachs are no longer permissible. Children **MUST** be placed on their backs to sleep until they reach 13 months of age.

Exceptions for children to be placed on their sides, stomachs, or for use of a wedge under the mattress may be authorized only in the case of a documented, diagnosed medical condition. In this situation, the child's physician must provide detailed written instructions.

A CYS Infant Sleep Position Agreement must be signed by all patrons enrolling infants less than 12 months of age in the Child Development programs.

SECURITY

CDP staff are aware and trained in general safety and security procedures. They have been trained in evacuation procedures in the event of security issues or natural disasters. Emergency kits are assembled and ready to move in the event of the need to evacuate. Fire evacuation drills are practiced monthly. Tornado drills, shelter-in-place drills, and security evacuations to our "safe haven" are practiced on an annual basis. In the event of an evacuation away from the CDC facility, parents will be notified by phone or text about where to pick up their child(ren).

ACCESS CONTROL SYSTEM

Entrance to all CYP facilities is strictly controlled and limited to facility staff members, parents/designated representatives, children enrolled or participating in CYP and other individuals authorized by the CYP.

All patrons, staff members and visitors enter and exit CYP facilities through the front entrance/reception areas, except during emergency evacuation and fire drills. The entrance is monitored at all times during hours of operation.

Visitors who are allowed access to the facility must sign in at the front desk upon entry, and receive and wear a Visitor's badge. Visitors will be escorted during the visit.

DIAPERS

It is the parent's responsibility to ensure that enough diapers and baby wipes are available on a daily basis. A sufficient supply is defined as one diaper per hour that the child is in care, plus two more for emergencies. Diapers are checked hourly and changed promptly if wet or soiled. Only disposable diapers are permitted in the program. Diapers and wipes should be labeled with child's first and last name

Wet and soiled clothing will not be laundered, but will be stored separately from clean clothing until it can be given to parents.

DRESS CODE

Children should arrive each morning in clean, weather appropriate, comfortable clothes in which they can play and get messy.

Please label all clothing that may be removed such as coats, jackets, hats, mittens and bags. A change of weather-appropriate clothing (children have occasional accidents), labeled with his/her name is to be left at the program.

For health and safety, all children must wear closed toed shoes. Weather permitting, the children will play outside daily and should be dressed accordingly. The Safety and Occupational Health office works with us to monitor conditions that might prevent children from being outside (or limit their time outside) such as humidity, temperature, and wind chill.

It is not recommended for children to wear long earrings or jewelry that could get caught on objects. Since Infants and Toddlers explore their world through their senses (largely by putting things in their mouths), barrettes, beaded hair, earrings, bracelets and necklace pose a serious choking hazard to these young children. Parents are strongly cautioned not to allow infants and toddlers to wear the above items in the child care setting.

MEALS

All DLA Child and Youth programs participate in the USDA Child and Adult Care Food Program (CACFP). Note: our program won't enroll in the CACFP until later in the calendar year but all menus meet USDA requirements. In order to reap the maximum benefits from this program, parents may be asked to complete the USDA application and return it back to the program. Through this program a nutritious breakfast, lunch and an afternoon snack are served to children.

Weekly menus are posted at the front desk for your review. If at any time you'd like a copy of the menu, please don't hesitate to ask the front desk staff or any member of management. The scheduled times for breakfast, lunch and afternoon snacks will also be posted on the parent bulletin boards outside the classroom door or inside in the cubby area. Substitutions are comparable in nutritional value and posted prior to the facility opening for the day.

Programs will conduct Family-style dining in the following manner:

- Tables, chairs, dishes, glasses, and eating utensils of a design and size suitable for use by children must be provided
- Ensure CDC/SAC children are not seated for meals/snacks until the food is ready to be served.
- Food is offered to children/youth. Children will not be forced to eat, and food will not be used as a punishment or reward. NOTE: Children will not be required to eat all the food on their plate or to eat certain foods.
- Toddler-age children and older will participate in cleaning tables, setting tables, and preparing for meals. Once tables are ready, all children and adults will sit together to dine "family style." Children will serve themselves with adult assistance. The

pitchers should be appropriate for the age group, such as little pitchers with a small amount of milk for toddlers.

- CDC staff members will sit and eat with the children as part of meal and snack services. Adults will use proper table manners and carry on pleasant conversations with the children as they eat.
- CDC staff members will take one child-sized portion and will serve themselves from the same serving containers as the children. Only adults in ratio and participating in family style dining may eat. NOTE: Management, support and CYP A staff are not provided with food unless they are actively interacting by sitting at the table with children during family style dining or in the eating area with youth at the time of meal/snack service. The number of staff eating with the children should not exceed the staff/child ratio unless management staff or trainers are present as part of official observation/role modeling requirements.
- All components of a meal/snack are served at the same time (e.g. dessert or beverage is not saved until after the meal.) Staff may not require children to finish one component in order to receive the next, i.e. children will never be required to “finish their vegetables” before receiving their protein or beverage.
- Clean up after meals will be conducted by both children and adults. Children will help scrape and stack dishes, wipe spills, and clean tables.

FEEDING

Infant feeding in the CDC is intended to ensure safe, caring, feeding of infants. Infants will be fed when they are hungry, rather than on caregiver -imposed schedules.

- Feeding infants in large groups, propping of bottles, and putting older infants to bed holding milk or juice-filled bottles are unsound, non-nurturing practices that may result in middle ear infections, dental problems, or choking. Infant feeding practices facilitate interaction with infant and allow for attention to their needs.
- Infants must be held during all bottle feedings. Bottles will not be propped for self-feeding.
- Children are not permitted to walk around with bottles as this exposes them to safety and health risks.
- Parents of infants will be provided with daily communication regarding their child’s daily intake of food and a coordinated feeding plan will be developed which outlines the introduction of new foods. This is especially important for infants, where food allergies may develop as new foods are introduced.
- Infants will be fed individually. Patterns established for infant feedings will be based on individual children’s feeding plans, and individual schedules will be developed by caregivers in coordination with the parents. Individual infant feeding plans will be maintained in the classroom where the child is located. Spoon-feeding and self-feeding will be encouraged based on the child’s interest and ability. Infants may be seated in low chairs with trays or held on an adult’s lap for spoon-feeding.
- Ensure that the low chairs used for infant feeding have safety straps, trays, and wide bases and are used only for feeding. Ensure children are not left unattended in chairs.
- The CDC supplies ready to feed infant formula to infants, 6 weeks to 12 months of age. You must provide enough clean bottles to satisfy your child’s daily formula

intake. **NOTE: The CDC does NOT provide formula at this time, but WILL provide formula once the program is enrolled in the CACFP (sometime later this year).**

- Infant feeding is very individualized and children are offered food according to their eating schedule.
- All bottles will be returned at the end of the day for sanitizing.
- Each bottle will only be used once.
- Bottles will not be heated in a microwave oven.
- Any requests to continue feeding formula beyond twelve months must be accompanied by a doctor's request.
- Parents of infants are encouraged to write in their child's daily activity report and verbally communicate, daily with their child's caregiver to establish the number of ounces to be fed at each feeding.
- Mixed cereal and formula in a bottle will not be accepted unless prescribed by a physician and signed documentation is submitted.

If your infant does not use or cannot tolerate the formula used by the CYP you may provide your own. A waiver is required to be signed and kept on file if parents prefer to bring in their own formula or will be providing breast milk. All infant formula provided by the parent must be:

- Provided daily, in bottles containing a single serving and labeled with date, child's full name, and bottle contents.
- Premixed, ready to feed.
- Each bottle must have a lid that covers the nipple to prevent contamination.

Breast milk:

- May be brought in bottles labeled with the date child's first and last names and the date pumped.
- If previously frozen, must be labeled with the date pumped and the date that it was removed from the freezer.
- Parents are responsible for ensuring that breast milk sent to the CDC has been stored appropriately while at home (appropriate temperature and time).
- Mothers who breastfeed their infant are encouraged to visit the center as they can to feed their child. A lactation room is available on a first come, first served basis.

Your child must have previously had the offered food at home before he/she can be offered the food at the CDC.

Baby foods will not be fed directly out of the commercial container. All baby food will be transferred to feeding dishes before feeding.

Families who have opted out of participating in the CDC provided food program, must provide all formula and food required by their infant. Baby food must be commercially produced and in sealed unopened containers.

As children begin to transition to table food and milk, parents are encouraged to work with caregivers and introduce all foods before we introduce at center. Infants/ Toddlers will not be allowed to walk around with bottles/cups.

To ensure compliance with the CACFP program guidelines and limit the possible exposure of allergens to allergic children, no outside food will be permitted to be brought into the programs. This includes food or snack items during celebrations or special occasions.

PARKING

Please park *only* in designated parking spaces. For the safety and security of your child, do not leave children unattended in vehicles. Appropriate authorities will be notified if unattended children are observed. Leaving an unattended car running is not only against the law, but is also a serious safety hazard.

TRANSITIONING

Children may be moved to an older age group within the CDC when the center staff and the parents determine the child has the necessary skills to adjust to the older age group AND a space becomes available in the receiving classroom. Parents will be contacted when a move is being considered. The child will be introduced to the receiving staff members and a gradual transition will begin. The child will make several visits to the new room to participate in the scheduled activities. The transitioning period will usually extend over one week, with each visit being a little longer than the last. Parents will be kept informed of the child's adjustment. When the child is comfortable with the change, he/she will join his/her new friends on a full time basis.

HANDWASHING, SANITATION, STANDARD PRECAUTIONS POLICY

Good hand washing is our first line of defense against the spread of many illnesses. Proper hand washing is required by all staff, volunteers, and children to reduce the risk of transmission of infectious diseases to themselves and others. Staff and those children who are developmentally able to learn health practices are instructed in, and monitored on proper hand washing procedures. Children will wash their hands independently or with staff assistance to ensure the task is completed successfully at various times throughout the day (upon entering the classroom, after diapering or toileting, before/after meals/snacks, after playing outside or in water, etc.). After assisting a child with hand washing, the adult will wash their own hands. Parents visiting their child (i.e., breakfast, lunch, special events) must wash their hands upon entering the classroom.

Our program follows stringent cleaning and sanitation guidelines to reduce the spread of infectious diseases and maintain a healthy, clean environment for children enrolled. Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting. Surfaces that require an additional step after cleaning to reduce germs to a level that is unlikely to transmit disease are sanitized with "bleach water" which is made fresh daily.

EMERGENCY PROCEDURES

ADVERSE WEATHER/LOCAL OR NATIONAL EMERGENCY

The CDC will follow DLA guidance for any closure due to inclement weather or other emergency situation (i.e., early release, delayed opening, delayed arrival or reduced operation. When notification is received during hours of operation that the installation has implemented an **Emergency Closure** or **Early Release**, non-emergency parents will be expected to pick up their children within one hour of the designated early release time. The CDC will follow Force Protection Guidelines for Threatcon conditions.

TELEPHONE NUMBERS

Please keep the program informed of any change in home or work telephone numbers and emergency contact numbers. It is imperative that we have up-to-date home, cell and work numbers where someone can be reached in the case of an emergency.

CHILD DEVELOPMENT CENTER ACCREDITATION

DLA Child Development Centers are accredited by the National Association for the Education of Young Children (NAEYC). NAEYC administers the largest and most widely recognized accreditation system for all types of early childhood programs and child care centers. NAEYC is the nation's largest organization of early childhood educators.

- Early childhood programs accredited by the NAEYC Academy for Early Childhood Program Accreditation have voluntarily undergone a comprehensive process of internal self-study and improvement. Each NAEYC- accredited program must meet all 10 of the NAEYC Early Childhood Program Standards.
- All NAEYC-accredited programs must:
 - promote positive relationships for all children and adults.
 - implement a curriculum that fosters all areas of child development – cognitive, emotional, language, physical, and social.
 - use developmentally, culturally, and linguistically appropriate and effective teaching practices.
 - provide ongoing assessments of child's progress.
 - promote the nutrition and health of children and staff.
 - employ and support qualified teaching staff.
 - establish and maintain collaborative relationships with families.
 - establish and maintain relationships with and use resources of the community.
 - provide a safe and healthy physical environment.
 - implement strong program management policies that result in high-quality service.

NAEYC Accreditation is valid for 5 years. During that period, programs make annual reports documenting that they maintain compliance with the program standards. All NAEYC-accredited programs are also subject to unannounced visits by NAEYC assessors. For more information about NAEYC Accreditation, visit www.naeyc.org/accreditation.

NAP AND REST PERIODS

Infants are allowed to form and follow their normal sleeping patterns. Rest periods will be provided appropriate to age and needs, with at least an hour scheduled for all children under 5 in full day care if your child has not napped after a 30 minute period, activities that do not disturb others who are resting will be provided. Children who wake early will not be required to remain on their cots/mats, but can also participate in quiet activities until the rest period is over. The rest period typically runs from after lunch until 2:00 for PreTodds and Toddlers and 2:30 for Preschool and Pre-K classrooms. Nap is an important part of the day allowing children to rest and rejuvenate so they can complete their day.

CDC HOURLY CARE

Hourly care is offered patrons on a space available basis. Patrons must attend a short orientation period prior to scheduling the first hourly care appointment.

Children with an identified special need must have all medical documentation reviewed by the Inclusion Action Team (IAT) prior to receiving services to ensure appropriate accommodations are in place. (See CHILDREN WITH SPECIAL NEEDS)

Non-rescue medications will not be administered during hourly care. Please ensure that your child has received all medications required prior to being dropped off. For children with prescribed rescue medications (e.g. inhalers, Epi-pen®s), rescue medication and all required paperwork must accompany child when received into hourly care. Please give any special instructions to program assistants upon arrival in Hourly Care.

Payment for hourly care is to be made at the time of service. Check, credit card or money order will be accepted. Patrons are responsible for payment of entire period of reservation regardless if the actual period used is less than the original reservation. Late pick-up fees apply for children left in the center past their scheduled reservation time (see late pick-up). If payment is not made, the account will be considered delinquent and forwarded to FMO for collection.

Hourly patrons with an unpaid balance (for hourly care and/or no-show fees) will be denied use of hourly services until the outstanding bill has been paid in full.

Portions of reservations not utilized will be billed a \$4.00 non-cancellation fee.

CANCELLATIONS

We request that cancellations be called in as soon as you know that the reservation is not needed. If you must cancel, please call before 0900 hours. If the reservation is not kept, and no cancellation call has been received by 0900 hours, a \$4.00 non-cancellation fee will be charged. This fee is to be paid before a new reservation can be made. No reservations or cancellations will be valid by voicemail.