



Bettye Ackerman-Cobb
CHILD AND YOUTH PROGRAM
caring hands. happy hearts.

PARENT HANDBOOK

September 2022

WELCOME

Welcome to the Defense Logistics Agency (DLA) Child Development Program (CDP). As a working parent, you face competing priorities balancing work demands with your family's needs. 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 your child's growth and development, and we hope that it will be a positive experience for your family.

Our programs offer quality childcare provided by highly trained staff. Our developmental programming stimulates a child's emotional, physical, social, and intellectual skills. We strive to provide safe, healthy environments, enriching experiences, and warm, loving care for your child.

This handbook will provide basic information about our programs and 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 for parent involvement, including 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.

PROGRAM TELEPHONE NUMBER

Child Development Center (CDC) Main Number

(804) 279-3018

Table of Contents

- PROGRAM TELEPHONE NUMBER..... 2**
- CHILD DEVELOPMENT CENTER MISSION STATEMENT..... 6
- GOAL 6
- PROGAM PARTICIPATION 6
- CONFIDENTIALITY 6
- DIVERSITY/NON-DISCRIMINATION 6
- OPEN DOOR POLICY..... 7
- CHAIN OF COMMAND..... 7**
- SUMMARY OF PARENT'S RESPONSIBILITIES..... 7
- CONFIDENTIALITY OF INFORMATION..... 8
- PARENT COMMUNICATION AND INVOLVEMENT 8
- OPEN DOOR POLICY..... 8
- PARENT VISITS 9
- PARENT ORIENTATIONS 9
- PARENT ADVISORY COMMITTEES (PAC)..... 9
- VOLUNTEERS..... 9
- PARENT FEEDBACK/SUGGESTIONS..... 9
- BIRTHDAY/ HOLIDAY CELEBRATIONS 10
- ELIGIBILITY 10
- PRIORITY SYSTEM 10
- HOURS OF OPERATION..... 10
- ADDMISSION CRITERA 10
- REGISTRATION 10
- HEALTH RECORDS REQUIREMENTS AND IMMUNIZATIONS 11
- CHILDREN WITH SPECIAL NEEDS..... 11
- CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ELIGIBILITY AGREEMENT 12
- USDA NONDISCRIMINATION STATEMENT 12
- PROGRAM POLICIES..... 13**
- DAILY HEALTH CHECKS..... 13
- ILLNESSES, EMERGENCIES & INCIDENTS 13
- SPECIAL DIETS/ALLERGIES 14
- MEDICATION ADMINISTRATION 15

CHILD CARE FEES	16
LATE PAYMENT FEES.....	16
DELINQUENT ACCOUNTS.....	16
RETURNED CHECKS.....	17
CHILD CARE FEE ADJUSTMENTS	17
VACATION/LEAVE CREDIT	18
DAILY ADMISSION AND RELEASE	18
PICK UP OF CHILD.....	18
LATE PICK-UP FEE.....	18
PROGRAM WITHDRAWAL.....	19
REFUNDS.....	19
PERSONAL ITEMS OF CHILDREN	19
STAFF QUALIFICATIONS AND BACKGROUND CHECKS.....	19
GUIDANCE and DISCIPLINE	19
TOUCH POLICY	20
CHILD ABUSE REPORTING PROCEDURES.....	20
VIDEO MONITORING SYSTEM	21
MINIMIZING THE RISK OF CHILD ABUSE.....	21
SUDDEN INFANT DEATH SYNDROME.....	22
SECURITY.....	22
ACCESS CONTROL SYSTEM.....	22
DIAPERS	22
DRESS CODE	23
FIELD TRIP PARENTAL PERMISSION.....	23
MEALS	23
FEEDING.....	23
PARKING	25
INCOME TAX RECEIPTS.....	25
TRANSITIONING	25
HANDWASHING, SANITATION, STANDARD PRECAUTIONS POLICY.....	25
EMERGENCY PROCEDURES.....	26
ADVERSE WEATHER/LOCAL OR NATIONAL EMERGENCY	26
CLASSROOM INFORMATION	26

CURRICULUM.....	27
ADDITIONAL ACTIVITIES AND RESOURCES SUPPORT SERVICES.....	27
NAP AND REST PERIODS	27

CHILD DEVELOPMENT CENTER 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 to 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 childcare
- Simplifying moves to a new location by ensuring the availability of quality and standardized child care
- Helping DLA commanders fulfill their 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 Child and Youth Program (CYP) 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 adults and other children.

PROGRAM PARTICIPATION

FAMILIES

Families are the first and primary teachers in their child's life. We support families in this role through various services that address each family's specific needs, including formal and informal education opportunities. Communication between the child's primary teacher and family and management and support staff is critical. It 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 under any circumstance.

DIVERSITY/NON-DISCRIMINATION

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

OPEN DOOR POLICY

DLA Child Development program staff are approachable and accessible to parents/guardians during the center's operating hours. Parents/guardians can voice their concerns, complaints, and compliments regarding their customer service experience. 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 problems or concerns up through the Chain of Command in the order below:

Primary Program Assistant (Classroom Lead Teacher)

Assistant Facility Director: Catrice Bolden

CDC Facility Director: Casey Chapman

Chief, Family and Morale Welfare & Recreation (FMWR): Ursula Hickox

SUMMARY OF PARENT'S RESPONSIBILITIES

Parents have the responsibility to:

- Sign the child into and out of the CYS facility daily.
- Keep The Child Development Center (CDC) Administration informed of any changes in the registration paperwork, such as address change, phone number change, emergency contact, etc.
- Inform the staff of any new/unusual marks or bruises when bringing the child in to ensure they are not mistaken for abuse.
- Provide the CYS provider with changes of clothing for children birth-kindergarten.
- Provide the CYS provider with replacement diapers, wipes in original container, bottles when appropriate, clothing, and a plastic bag for soiled clothing for children birth-kindergarten.
- Bring the child dressed for both indoor and outdoor activities.
- Mark clearly, with full name, all clothing, and other articles brought to CDC.
- Ensure to limit personal items 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 the classroom will determine.
- Remain knowledgeable about any changes in policy or procedure.
- Maintain knowledge of the discipline procedure of CDC as explained in this handbook.
- Abide by CYS policies and procedures and refrain from asking for exceptions to policy.
- Inform CYS staff if child has been exposed to a contagious illness or if the child will not be present.
- Notify CYS staff of planned vacations and other absences in advance.
- Notify and submit intent to withdraw in writing.
- 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 on the 5th business day if fees are not received by the scheduled payment date.

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 the USDA food program.
- Information is provided to the attending physician when the child must be taken to a medical facility by someone other than a parent. Information on immunizations and medical problems will be used for program admission screening procedures.
- Total Family Income data will be used to determine fees. Each family, regardless of income category, must provide income documentation. Families are **not** permitted to enroll in the highest fee category automatically. Failure to provide the required information will delay the processing and approval of childcare services and could result in the denial of childcare.
- Family income information is only maintained in the 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.

PARENT COMMUNICATION AND INVOLVEMENT

Under the guidance of Department of Defense Instruction 6020.2, Army Regulation (AR) 608-10-1, and AR 215-1, Child Development Programs are offered as a supplement to family needs rather than as an entitlement to government employment. It is not the intention of CDP to be a substitute for parents nor to be the primary agent for the care and development of your child. We are here to help you balance your family and work commitments through various care options. We seek your involvement and welcome your comments and questions.

Communication is one of the keys to building successful relationships. The CYP provides a variety of avenues to keep parents informed, such as daily or weekly feedback sheets, daily verbal feedback, courtesy telephone calls, newsletters, special events, bulletin boards, The Parent Advisory Council, and email.

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.

As amended, the Military Child Care Act (MCCA) of 1989 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 classrooms must sign in/out at the front desk of the CYS facilities and obtain a visitor's identification badge before entering the classroom. This ensures that the CYS staff is aware of all persons observing and entering classrooms in an emergency, e.g., fire, and a precaution against possible child abuse by persons not employed by CYP. 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, except parents, will be escorted at all times. We encourage parents to visit their child's classroom during lunch and enjoy Family Style Dining.

PARENT VISITS

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

PARENT ORIENTATIONS

Once an offer is accepted through Militarychildcare.com (MCC), CDC administration staff will reach out to the email on file with MCC. Parents will then be provided with an enrollment packet that must be completed **before** orientation is scheduled. Parents new to the CDC must attend an orientation before their child's attendance. We will discuss and familiarize parents with CDP policies and basic operations during orientation.

PARENT ADVISORY COMMITTEES (PAC)

The CDP has a volunteer advisory committee made up of interested parents. This volunteer parent group meets regularly to discuss ways to support the CDP 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 Director of the CDC.

VOLUNTEERS

The program encourages parents to volunteer in their child's/youth'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; fosters closer relationships between the program and the parents, and makes the children feel very important. Speak to your child's teacher or the assistant/facility director if you are 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 the assistant/CYS director. If you wish to have a matter brought before the Parent Advisory Committee, discuss it with your committee representative or chairperson, notify the assistant/facility director that you would like to present an issue at the next meeting, and request that the matter be placed on the committee's agenda. Annual Parent Satisfaction Surveys allow parents to rate our programs. In addition, during the accreditation process, this is done once again.

BIRTHDAY/ HOLIDAY CELEBRATIONS

Parents are encouraged to attend and help with the festivities. Please work within your child's program to plan for your child's birthday.

ELIGIBILITY

We provide childcare to support the personnel and the mission of the DoD. Eligibility is contingent upon the status of the sponsor.

- Eligible patrons include:
 - Child Development Program Staff
 - Active-Duty Combat-Related Wounded Warrior
 - Active-Duty Military/Active-Duty Coast Reserve
 - Guard/Reserve on Active Duty or Inactive Duty Training Status
 - DOD/Coast guard Civilian
 - Gold Star Spouse
 - DOD Contractor

PRIORITY SYSTEM

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

- **Priority 1-** Child development program staff, Active-Duty military, active duty coast guard, Guard/Reserve on Active Duty or Inactive Duty Training Status
- **Priority 2-** DOD/Coast guard Civilian
- **Priority 3-** Gold Star Spouse and DOD Contractor

HOURS OF OPERATION

The CDC is open from 0600 to 1800 Monday through Friday. The CDC is closed on

- Federal Holidays
- 2-Inservice training days

Additional closures and adjusted hours may occur upon the issuance of an Executive Order or site-specific guidance to include weather-related incidents. These types of events will be announced locally by the Site and public media.

ADMISSION CRITERIA

The Child Development Center cares for children ages six weeks through 5 years of age or eligible for Kindergarten. The program reserves the right to direct withdrawal of any child if deemed necessary by Child Development Program management after consultation with the child's parents or guardians. If we cannot 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 Parent Registration Services located at the Child Development Center. 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. Once all enrollment paperwork is received, CDC administration staff will reach out to schedule an appointment for the completion of registration/ orientation. Families must re-register their children on an annual basis. Re-registration takes approximately

30 minutes, and an appointment is required. Before your appointment, please ensure all documentation is filled out so as 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 if a parent cannot be contacted in an emergency. A parent has informed the CDC that a documented emergency notification/release designee will pick up their child. Telephonic notification to add or change emergency notification/release designees is unacceptable. Additions/deletions must be made in writing.

Failure to leave an accurate emergency notification/release designee information may result in the 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 the closure is authorized. Parents will be expected to pick up their child as quickly as possible, but no later than 1 hour after the parent is notified. Failure to do so may result in the 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 cardholder) and **updated annually**.

Parents will need to provide the following documents:

- Most recent Leave and Earnings Statement (LES) or paystub for all family members contributing to household Total Family Income. This will correspond with DD Form 2652 Application for Department of Defense Child Care Fees.
- Health Screening Tool #1
- DLA Form 1856 (Child Care Emergency Contact Information)
- DA Form 5222-R (Sponsor Consent)
- DD Form 2606 (Request for Care Record)
- DLA Form 1854-1 (Child Care Agreement)
- Touch Policy
- USDA Forms (Civil Rights Data Collection and CACFP)

HEALTH RECORDS REQUIREMENTS AND IMMUNIZATIONS

- Army Child and Youth Services Health Screening Tool #1
- A stamped and signed copy of the Child and Youth Services Health Assessment/Sports Physical Statement or an appointment slip for a scheduled appointment within 30 days to complete.
- A copy of the child's official immunization record at registration.
- Special Needs information (i.e., medications, allergies, illnesses, etc.) **

****If a special need is identified, additional forms or documentation may be required.**

CHILDREN WITH SPECIAL NEEDS

Accepting a child with special needs offers a wonderful opportunity and one of the best socialization experiences to children in CDC program. 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 the DLA CYP. To ensure the appropriate program or service for the child, a multidisciplinary team implements an Inclusion Action Team (IAT) review to determine appropriate accommodation and recommendations for a developmentally appropriate environment. The objective of the IAT is to review relevant records and allow the child's parents 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 in the CYP services, ensure the staff is trained to provide individual care needed and ensure the safety, health, and well-being of the child while in care. The IAT meeting is conducted prior to initial placement in the CYP 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, a review by a higher headquarter will be required.

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. Parents may be asked to complete a state enrollment form based on state requirements. As a non-profit program, we can claim reimbursement from USDA for meals and snacks served to children participating in our CDC.

USDA NONDISCRIMINATION STATEMENT

By Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, 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, audiotape, 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 <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> and 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, by visit www.gsa.gov/technology/technology-purchasing-programs/telecommunications-and-network-services/federal-relay-fedrelay?gsaredirect=fedrelay. 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.

Email
program.intake@usda.gov

Phone
804-279-4443

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PROGRAM POLICIES

DAILY HEALTH CHECKS

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

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

ILLNESSES, EMERGENCIES & INCIDENTS

If a child becomes ill during the day, parents will be notified and expected to pick up their child within 60 minutes. Once children are identified as sick 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 promptly pick up an ill child will result in program management contacting the Family's emergency contacts and chain of command. Some conditions requiring exclusion are as follows:

Illness exclusion temperatures are for children:

- Under three months of age - 100.5°F (Axillary)
- Over three months of age - 101.0°F (Axillary)
- During flu season – 100.0°F (Axillary) for all children AND at least one respiratory symptom, such as runny nose, cough, congestion, sore throat, intestinal upset, and diarrhea

Children will be excluded from CYP activities when diarrhea is:

- Two loose stools over the normal stool pattern for the child or one watery stool with fever
- Multiple diarrhea episodes not contained in the diaper
- Diarrhea contains pus or blood.
- Children will be excluded for vomiting when there are two or more episodes in 24 hours.

CONTAGIOUS ILLNESSES

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 on the classroom door. Also, a notice of communicable disease exposure will be placed the aforementioned named binder in the lobby.

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.

CENTER READMISSION AFTER ILLNESS

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 ringworm treatment has occurred 24 hours before readmission.
- Conjunctivitis has diminished to the point that eyes are no longer discharging.
- Chickenpox 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 them.)

While at CYP, 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 day, the Director will assure you are contacted.

In emergencies, parents will be called immediately. Failure to reach a parent will result in a call to emergency contacts and chain of command. Management must have a phone number where parents or the designee can be reached daily. 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 the parent's arrival. If a child is transported to the hospital, a member of management will travel with the child.

SPECIAL DIETS/ALLERGIES

Parents of children who have allergies or sensitivities to food, pets, plants, medications/drugs must complete a special needs assessment. This form will indicate medical conditions, allergies, diet, and other special precautions necessary for the child's care. A Health Care Provider must complete a special diet form for all special diet requirements. In the event of a severe food or environmental allergy, an Allergy Medical Action Plan completed by the Health Care Provider will also be required. Parents requesting a special diet due to religious reasons must provide a written request listing food 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 necessary. The only diet request that we can accommodate is for medical or religious reasons. We are unable to accommodate diet requests solely 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 CYP personnel. The parent/guardian must complete Child Development Program Medical Dispensation Record for medication administration in the center. See the Appendix I at the end of the handbook for the CYS Prescribed Medication Guide for the most current list of medications. This list may be updated from time to time and distributed when updates occur. Other physician-prescribed medications may be administered after specific consultation with the health consultant (i.e., CYD Nurse Specialist and Public Health Nurse) and the provision of special training to CYP personnel.

NO MEDICATION WILL BE ADMINISTERED BY CDP WITHOUT REVIEW by the CYS 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).
- 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 an appropriate medication dispenser.
- Medications requiring refrigeration will be isolated with the refrigerator in a separately secured container
- Over-the-counter medications will not be administered unless ordered by prescription and contain a pharmacy label. The exception to this rule is over the counter "basic care items," limited to topical items used to prevent sunburn and diaper rash (ointment and lotions). The DLA CYS Nurse has reviewed and authorized a list of basic care items. For the use of these items' parents must complete the DLA CYP Basic Care Item Permission to Administer DLA Form 1849-3. All basic care items will be administered according to parental instruction and in accordance with the directions on the label. **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 CYS Services personnel administer the dosage.
- At no time will medications be added to infant formula,
- IAW CYS Health Program SOP, medication will be stored in a locked container out of children's reach

CHILD CARE FEES

DLA fee policy is updated on an annual basis. Fees for children enrolled in CYS programs 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 there is a significant financial change, employment status, or changes in household status. DLA requires that patrons' DoD fee applications be audited annually.

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

Payments will only be accepted by personal check, bank check, money order, cash, credit, and debit cards. Personal checks must be made out to FMWR; please be sure they include the sponsor's full name, current address, and SSN. There is a return check fee of \$25.00.

LATE PAYMENT FEES

CDC Full Day Program – Late payment fees are charged after the 5th business day of the payment cycle. A one-time \$10.00 fee per child will be assessed on the 6th business day of each missed payment cycle for services billed twice a month. Full payment, including late fees, must be received by the last working day of the month, or services will be terminated until full payment is received. Families risk losing their childcare space on the last working day of the month when full payment is not received. Holidays do not affect the fees. Payments will only be accepted by personnel check, bank check, money order, cash, credit, and debit card.

Regular fees must be paid to maintain your child's place in a CDC program during an illness. 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 CDC programs cannot absorb losses incurred by patrons not paying child care 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 and will be charged a service fee of \$10.00 per child per billing cycle. If the account is not satisfied by the last day of the month, the account becomes *delinquent*.

Delinquent accounts are denied services and will be submitted to the Nonappropriated Fund (NAF) Financial Management Office (FMO) for collection.

Full payment (to include late payment fees) for Full Day, Part-Time, and Before and After School care must be received by the last working day of the month, or services will be suspended until full payment is received. Families risk losing their childcare space (service termination) on the last working day of the month when full fee payment is not received unless a command-approved financial hardship waiver has been initiated. If service is terminated, your child is no longer enrolled in the program. Patrons will still be responsible for satisfying their delinquent accounts with the DFMWR FMO Office.

Exceptions to the above procedures due to unusual needs/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 the bank returns a check. 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 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 five business days for continued placement in CYS Services programs. Those patrons with returned checks will have to make future payments through a money order, debit, 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. The child's doctor must present proper medical documentation to the center/program director to receive any adjustment.
- Any special circumstances that might allow for fee adjustment (i.e., joint custody of the 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 their 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 legal document separations must be co-signed by. DoD Civilians must provide a legal separation document. The CYS Services Chief will resolve all other fee determinations related to family structure/ situations on a case-by-case basis.
- SAC Families who are registered/enrolled for the Before or After school program and Middle School Program families registered in the Before School Program will not be required to pay fees for full days, half days, snow days, spring/fall/winter breaks and limited days at the beginning/ending of the school year.
- Fee Adjustments for Financial Hardship Waiver: The Site Director or designee may temporarily adjust fees for individual Families based on financial hardship or other exceptional circumstances on a case-by-case basis.
- Requests for a child care fee reduction based on financial hardship must be reviewed by the CYP 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

DLA offers both a 2- and 4-week Leave/Vacation Fee Plan (which reserves their child's space) for each child enrolled in the Regularly Scheduled Child Care Development Programs. It is not required that these vacation weeks be taken consecutively. However, a credit will not be granted for leave taken less than one full week (five consecutive business days) at a time. DoD policy states that leave be given in no less than one week increments and cannot be accumulated from year to year. Refunds for leave not taken are not authorized. Before your vacation/leave, please notify the center/program director in writing of your request for vacation/leave credit (including the dates that your child will be absent. (Vacation Credit may not be used in lieu of a 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/ youth will be released only to those persons whose names are on file at the program office. There is non-release of children to siblings or others under age 13. Parents or designees must sign in/out and accompany each child daily to/from the proper classroom. To maintain correct accountability for your child's safety, all patrons must swipe their child into CYMS at the front desk AND sign in on the classroom sign-in sheet.

PICK UP OF CHILD

Children will be picked up in a timely manner and prior to the facility's closure. 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

Defense Logistics Agency (DLA) Child and Youth Program authorizes late pick-up fees. There is a late pickup fee of \$1.00 per minute up to 15 minutes per family per program, regardless of the number of children in care at the CDP. After 15 minutes, the charge is \$7.00 per child/per site for the next 45 minutes.

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 being 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 childcare options to meet patrons' needs.

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

PROGRAM WITHDRAWAL

Parents are required to provide a two-week termination/disenrollment notice to withdraw from the CDP. Patrons who fail to provide a two-week termination/disenrollment notice will be charged the applicable fees. You will be held responsible for all fees incurred from the time of registration until the date of withdrawal. **All delinquent fees will be turned over to FMO for collections (see delinquent accounts).**

REFUNDS

Refunds are offered on a case-by-case basis. Refunds will not be authorized for child absences less than two weeks, program closure due to inclement weather, or unused leave/vacation. Valid requests for refunds 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.

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,” Hat Day, etc.). We have sufficient quantities of educational materials that encourage appropriate development. There may be certain days when staff will request that certain items be brought from home to supplement learning.

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

In CY5 Services CDC programs, personal items such as personal electronics are not permitted to be brought to the program. If the program has a special activity permitting such items, you will receive information in writing regarding the event.

STAFF QUALIFICATIONS AND BACKGROUND CHECKS

Eligibility requirements for CY5 staff vary with the level of each position. The minimum qualifications for an entry-level position are 18 years of age; a high school diploma or equivalent; ability to speak, read, and write English; and able to lift 40 pounds. Background security checks are completed and reviewed for each employee initially and every five years thereafter. Employment is contingent on a favorable background check.

GUIDANCE and DISCIPLINE

Caregiving staff helps children learn to develop self-control, express their feelings in acceptable ways, and, when age-appropriate, learn to resolve their conflicts through the following methods:

- Establishment of making simple, understandable rules
- 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 diversion, separation of the child from situations, praise of appropriate behavior, or gentle physical restraint

Discipline will be constructive, including methods such as a diversion, separating a child from dangerous situations, and praising appropriate behavior.

The Three R's—restitution, resolution, and reconciliation—are incorporated into the four discipline steps for mistakes, mischief, and mayhem that unintentionally or intentionally create serious problems of great consequence.

When an occasional minor conflict or problem surfaces, our primary effort is to redirect the child from the inappropriate behavior and engage that child in other activities. When a child's behavior becomes momentarily unmanageable, temporary removal from the group is our most effective tool. If the disruptive behavior persists, parents will be consulted. Each challenging situation is dealt with on an individual basis. Corporal punishment will NOT be used under any circumstances.

If a child continually exhibits persistent detrimental and unmanageable behavior and cannot adapt to a group care situation, alternative care will be recommended. If this situation should arise, you will be assisted in locating alternate care options. Policies regarding some specific behavioral concerns and discipline are available in the program for your review.

Program personnel understands that biting is a typical behavioral response for some pre-toddlers through preschool-age children. Program staff will work with the children and parents to modify this behavior when it occurs. In those rare instances where biting becomes a problem, a conference will be held with the child's parents even after changing the environment and schedule. After exhausting all reasonable solutions to the issue at hand, alternative options for child care will be discussed.

TOUCH POLICY

Touching is an appropriate part of child nurturing. Appropriate touches recognize the importance of physical contact to child nurturing and guidance. Adults' respect for personal privacy and the child's personal space is also important. Appropriate touches involve responses affecting the safety and well-being of a child from a potentially dangerous situation. Other types of appropriate touching for preschool-age and younger children are diapering, cleansing genital areas after bowel movement or urination and an "accident", hugging, lap sitting, nap-time back-rubs, and for most ages, a reassuring touch on the shoulder. Inappropriate touches involve coercion or other forms of exploitation of the child's lack of knowledge; satisfaction of adult needs at the expense of a child's; violation of laws against sexual contact between adults and children; physical force to change a child's behavior. Examples of inappropriate touching include but are not limited to the following: forced good-bye kisses, corporal punishment, slapping, hitting, pinching, tickling for prolonged periods, fondling or molestation, or forced inappropriate or sexualized touching of another person.

CHILD ABUSE REPORTING PROCEDURES

Department of Defense Child Abuse/Safety Violation Hotline: If you suspect child abuse, child neglect, or safety violations in any CYS Services programs, report them to your installation Family Advocacy Program Manager at 804-279-4337 or call the Department of Defense Child Abuse/Safety Violation Hotline, 1-877-790-1197.

All Child and Youth Program personnel are mandated reporters as required by AR 608-18 and 608-10-1 and must follow the child abuse reporting procedures. The reporting point of contact is the Military Police.

For information on the prevention, identification, and reporting procedures for child abuse, please contact the Site Family Advocacy Program Manager at 804-279-4337.

VIDEO MONITORING SYSTEM

A digital video monitoring system is in place in Child and Youth facilities. Information is recorded during all hours of operation. It records videos of all activity areas as well as playground areas. This video monitoring system intends to reduce the likelihood of child abuse/neglect and protect staff from unwarranted child abuse/neglect allegations. There are also many other uses for the system. Parents can view 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 CDC staff to review images on the video to proactively address safety issues or busy transition times within classrooms.

Parents need to know that this system is in use and that children's activities are recorded daily. Recorded images will not be copied or distributed except for use by authorized individuals such as the Police, Family Advocacy Program Staff, and Child Protective Services to help substantiate or un-substantiate any allegations of child abuse/neglect and to help determine whether a criminal offense or violation of CDP Services 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. An open-door policy is extended to all CYS Services parents. Parents are asked to participate in internal assessments of programs by completing surveys and checklists and as members of a Multi-Disciplinary Inspection Team.

The CYS Services policy requires that we write "accident/ incident reports" for all falls, scratches, bruises, bites, and scrapes 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 notify the caregiving staff of any bruises, bumps, or abrasions 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.

Exceptions requested by physicians to place infants on their stomachs due to a medical condition are permissible with 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

CYS staff are aware and trained in general safety and security procedures. They have been trained in evacuation procedures for 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 and security evacuations are practiced on an annual basis. If we are ever notified that we need to evacuate the installation due to an emergency, buses/vans will be used to transport children from all CYSS programs to pre-determined locations in the community. The MPs will be available to assist as needed. Parents will be notified to pick up their children by phone, email, or text about the mobilization location.

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.

Upon entry, visitors allowed access to the facility must sign in at the front desk and receive and wear the dated badge. Visitors will be escorted during the visit.

DIAPERS

It is the parents' responsibility to ensure that enough diapers and moist baby wipes are available daily. A sufficient supply is defined as one diaper per hour that the child is in care of, 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 the 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. Clothing for children to take off and put on themselves is encouraged.

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 their names will be left at the program.

For health and safety, all children must wear closed-toed shoes. Weather permitting, the children will play outside and should be dressed accordingly. In winter, children will play outside for approximately 10-15 minutes. We utilize the Child Care Weather Watch chart and The National Weather Service website for conditions that might prevent children from being outside: 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 childcare setting.

FIELD TRIP PARENTAL PERMISSION

A signed parental permission slip is required for each excursion when children or youth will be taken on and off the program premises. Permission slips will include written pick-up and drop-off times, trip location, type of transportation, trip-leader contact information, special dress requirement, needs for children or youths to bring special items or money, and other pertinent information.

MEALS

Our program participates in the USDA Child and Adult Care Food Program. To reap the maximum benefits from this program, parents may be asked to complete the USDA application be completed and returned it to the program. Through this program, children are served a nutritious breakfast, lunch, and an afternoon snack.

Weekly menus are posted on the parent bulletin board for your review. The scheduled times for breakfast, lunch, and afternoon snacks will also be posted on the parent bulletin board.

Substitutions are comparable in nutritional value and posed prior to the facility opening for the day.

FEEDING

Infants will be held for all bottle feedings. The CDC supplies ready-to-feed infant formula to infants six weeks to 12 months of age. You must provide enough clean bottles to satisfy your child's daily formula intake. 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.
- A doctor's request must accompany any requests to continue feeding formula beyond twelve months.
- 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 formula or will be providing breast milk. All infant formula provided by the parent must be:

- Provided daily, in bottles containing a single serving (either disposable plastic liners or plastic bottles) and labeled with the date, child's full name, and bottle contents.
- Premixed, ready to feed.
- Each bottle must have a lid-covered 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. Expressed milk must be used within 72 hours of being expressed unless frozen.
- If previously frozen, it must be labeled with the date pumped and the date that it was removed from the freezer. Frozen milk must be used within 24 hours of thawing in the refrigerator.
- Parents are responsible for ensuring that breast milk sent to the CYS Services program has been stored appropriately while at home (appropriate temperature and time).
- Mothers who breastfeed their infant are encouraged to visit the center as necessary to satisfy the child.

When infants transition to strained baby food and cereal, they will be placed in an appropriate sitting device to be fed.

Parents and staff members will discuss the process for infants transitioning from bottle formula to milk or from baby food to table food in advance and develop a successful plan for the infant.

The CDC also offers cereal and jarred baby foods to infant-age children. Parents and caregivers of infants (less than 12 months) will develop a monthly individual infant feeding plan that will be used to introduce different foods.

Your child must have previously had the offered food at home before they 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 introducing them at the 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 against the law and a serious safety hazard.

INCOME TAX RECEIPTS

If you plan to claim childcare expenses on federal income tax returns, please keep the receipts given to you when you pay for childcare. The CDC will be able to supply a copy of childcare costs from the CYMS program by February 1 of the following year. The CYP employer identification number is required on your income tax forms for income tax purposes.

TRANSITIONING

Children may be moved to an older age group within the CDC when the center staff and the parents determine that the child has the necessary skills to adjust to the older age group. 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, they will join their new friends on a full-time basis.

HANDWASHING, SANITATION, STANDARD PRECAUTIONS POLICY

Good handwashing is our first line of defense against the spread of many illnesses. Proper handwashing 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 handwashing procedures. Children will wash their hands independently or with staff assistance to ensure the task is completed successfully throughout the day (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 childcare 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,” made fresh daily.

EMERGENCY PROCEDURES

ADVERSE WEATHER/LOCAL OR NATIONAL EMERGENCY

CDP will follow DLA guidance for any closure due to inclement weather or other emergency (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 CDP will follow Force Protection Guidelines for Threatcon conditions. You may check the DLA Inclement Weather hotline at 804-279-3799 for updates on the opening/closing status of Installation.

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 an up-to-date home, cell, and work numbers where someone can be reached in the case of an emergency.

CLASSROOM INFORMATION

NAEYC ACCREDITATION

DLA Child Development Centers are accredited by the National Association for the Education of Young Children (NAEYC) for accreditation. NAEYC administers the largest and most widely recognized accreditation system for all types of early childhood programs and childcare 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 internal self-study and improvement process. 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.
 - Implementing a curriculum that fosters all areas of child development – cognitive, emotional, language, physical, and social.
 - Uses developmentally, culturally, and linguistically appropriate and effective teaching practices.
 - Provided ongoing assessments of the child’s progress.
 - Promote the nutrition and health of children and staff.
 - Employee and support qualified to teach 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.

- Implementing strong program management policies that result in high-quality service.
- NAEYC Accreditation is valid for five 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.rightchoiceforkids.org.

CURRICULUM

The CDC uses the Early Learning Matters (ELM) curriculum to implement developmentally appropriate activities for all children ages six weeks to 5 years. The program allows for meaningful and long-lasting learning involving active thinking and experimenting to learn how things work. This is best accomplished through purposeful play facilitated by highly intentional teaching practices. Both practices require each child to have a primary caregiver who observes and documents the child's interests, strengths, and abilities. This allows the primary caregiver to plan individualized learning activities. Such activities support school readiness for children by expanding their play into learning experiences. This early learning program is designed to prepare children for kindergarten. The program has a greater academic focus covering social-emotional, self-regulation, science, math, language/literacy, creative arts, social studies, and health/physical fitness to prepare the whole child for school success. Activities are planned to teach children kindergarten etiquette and the skills they need to become academically successful.

ADDITIONAL ACTIVITIES AND RESOURCES SUPPORT SERVICES

- Children and families often go through life changes and challenging times. These times can be reflected in a child's behavior in the program. Children may exhibit challenging behaviors or behaviors that cause concern during these stressful times. Over time, if your child demonstrates any challenging/concerning behaviors, this will be addressed as a strength-based team approach.
- If the challenging/concerning behavior persists, or when we see a problem that is serious in nature, we will develop a behavior modification plan. Our caregivers will collect information on the nature and extent of the behaviors. The in-room caregiver will meet with the directors and Training and Curriculum Specialist to discuss an intervention plan. The team will also meet with the parents and discuss what intervention works best for their child. In many cases, strength-based support and intervention will solve the identified issue. If not, we meet with parents and staff to develop a more comprehensive plan. The parents' input is essential in developing the most appropriate strategy for the specific child. Close cooperation between the parents and staff is essential to help and support the child.
- Many other resources can assist children and families through difficult times (e.g., deployment, the stress of divorce, debts, death, or medical problems). We can assist with finding local resources to help you through these times.

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 daycare. Other activities will be provided if your child has not napped after 30 minutes. Children who wake early will not be required to remain on their cots/mats until the rest period is over. The rest period runs from 12:30 until 2:30 pm daily. Nap is an integral part of the day, allowing children to rest and rejuvenate so they can complete their day.

SPECIAL INSTRUCTION FOR INFANTS AND TODDLERS

Please allow enough time upon arrival to check your child's diaper and change if soiled, complete daily instruction forms, and label bottles and belongings. Individual cubbies and storage bins will be provided for each child.

BREASTFEEDING POLICY AND TRAINING

Bettye Ackerman Cobb Child Development Center welcomes and supports breastfeeding. A comfortable and private area is provided for mothers to use for breastfeeding or pumping breastmilk. Our staff is trained in supporting breastfeeding practices, responsive feeding and the handling and storage of breastmilk. Infants will be fed on demand and staff will inform families about child feeding preferences. Our staff know the breastfeeding policy which is provided to all infant families upon enrollment.

BREASTFEEDING SUPPORT

Because breastfeeding provides the healthiest start for babies, providing ideal nutrition and a multitude of health benefits for both infant and mother, it is important for the Bettye Ackerman Cobb Child Development Center to support and encourage breastfeeding.

We will ensure that:

- We provide a breastfeeding-friendly environment. We invite mothers to come to the center and nurse their babies or express breastmilk at any time during the day, and there is a comfortable place for them to do so. We display culturally appropriate posters of mothers nursing their babies.
- All breastfeeding families are able to properly store and label milk for childcare center use. There is always refrigerator space available for daily storage of breastmilk. We do provide freezer storage for breastmilk. We have written guidelines that we share with our families, and all milk at our center is properly labeled.
- All new staff receives training in storage and handling of human milk, developmentally appropriate infant feeding practices, breastfeeding promotion and the support of exclusive breastfeeding.
- We inform women and families about the importance of breastfeeding. We provide families with culturally appropriate information about the risks/ benefits of different feeding choices and about the importance of exclusive breastfeeding (no infant formula, water, juice or solid food is served.) We discuss breastfeeding with potential families and share breastfeeding materials and resources with our families.
- We support breastfeeding employees. Employees have access to a clean, private location to nurse their babies or express milk and are able to break as needed to do so.
- We develop a feeding plan that supports best feeding practices with each family and share a daily breastfeeding/infant feeding plan with our families. We work with each family to encourage practices that will help maintain breastfeeding. This includes nursing

on demand when with their babies, responding to feeding cues rather than feeding on a schedule, and the developmentally appropriate introduction of complementary foods.

APPENDIX I

CYS Prescribed Medication Guide

1. **Prescribed Medications for Short Term Conditions.** Medications administered for short-term (typically less than one month) conditions or illnesses. Antibiotics, antihistamines, and decongestants administered for short-term conditions typically will not require consultation with the installation Health Consultant/ APHN. Other short-term medications require consultation with the installation health consultant/ APHN. Examples of these prescribed medications are as follows:

- a. **Antibiotics.** Medications that stop the growth of or destroy microbes. The most common side effects are nausea, vomiting, and/or diarrhea. Common **examples** are as follows but not limited to:

Trade (Brand) Name	Generic Name
Amoxil	Amoxicillin
Augmentin	Amoxicillin / Clavulanate
Amicil, Omnipen	Ampicillin
Polytrim	Polymixin
Tobrex	Tobramycin
Bactrim	Trimethoprim
Zithromax	Azithromycin

- b. **Antihistamines.** Medications used to relieve the symptoms of allergies. The most common side effects are drowsiness, restlessness, dizziness, and moodiness. Common **examples** are as follows but not limited to:

Trade (Brand) Name	Generic Name
Allegra	Fexofendadine HCL
Benadryl	Diphenhydramine
Claritin	Loratadine
Zyrtec	Cetirizine
Periactin	Cyproheptadine

- c. **Antivirals.** Medications that lessen the severity of an illness caused by a virus. The most common side effects include sleepiness, headache, dry mouth, nausea, vomiting, and irritability. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Relenza	Zanamivir
Tamiflu	Oseltamivir

d. **Antihistamine/Decongestant Combinations & Steroids.** Medication used to relieve congestion. The most common side effects include nausea, dry mouth, and headache, as well as those mentioned for antihistamines. Common **examples** are as follows, but not limited to:

Trade (Brand) Name	Generic Name
Robitussin	Guaifenesin
Dimetapp	Brompheniramine / Phenylpropanolamine
Nasonex	Mometasone furoate
Deltasone	Prednisone
Pulmicort	Budesonide
Flonase	Fluticasone propionate
Flovent	Fluticasone
Singulair	Montelukast

e. **Topical Steroids & Antifungals.** Medications that lessen the severity of an infection by preventing further spread of the infectious agent. The most common side effects include nausea, rash and/or swelling at the site, headache, and sensitivity to the sun. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Mycostatin	Nystatin
Kenalog	Triamcinolone
Westcort Cream	Hydrocortisone-valerate
Diflucan	Fluconazole

2. **Prescribed Medications for Ongoing Conditions.** Note: Currently, the only long term conditions addressed in this guide are related to Behavioral and Mental Health conditions based on supporting literature noting ADHD as the number one reported associated condition within the Children with Special Health Care Needs (CSHCN) population with medication administration. Some long-term medications are controlled substances. Controlled substances are governed by the Controlled Substances Act and Drug Enforcement Agency (DEA) regulations, which regulate their manufacture, importation, possession, use, and distribution. Safety requirements must be maintained to support the administration, storage, and disposal of these medications IAW AR 608-10 and other established regulations and policies. Consultation with the installation health consultant/APHN/ is required in addition to specialized instruction on potential side effects and tracking guidance of the medication especially when the medication is a controlled substance. Most

medications in this category require a MIAT. Examples of long-term medications are as follows:

ADHD Medications, Anti-Depressants, & Mood Stabilizers. Medication that assists with balancing chemicals in the brain to assist with focusing and staying on task. The most common side effects include headache, stomach pain, decreased appetite, headaches, moodiness, and sleep problems. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Adderall (Controlled, Schedule II)	Dextroamphetamine/Amphetamine
Dexedrine (Controlled, Schedule II) Dextrostat, ProCentra	Dextroamphetamine
Ritalin/Concerta/Methylin/Quillivant (Controlled, Schedule II)	Methylphenidate
Catapres	Clonidine
Risperdal	Risperidone
Abilify	Aripiprazole
Strattera	Atomoxetine
Lexapro, Luvoc	Escitalopram, Fluvoxamine
Focalin	Dexmethylphenidate
Intuniv/Tenex	Guanfacine
Prozac	Fluoxetine
Zoloft	Sertraline
Latuda	Lurasidone
Vyvanse (Controlled, Schedule II)	Lisdexamfetamine

3. **Prescribed Rescue Medications.** Rescue medications are used during emergency medical events to prevent or stop serious worsening of a medical condition. Rescue medications have varied routes of administration and are typically categorized by the associated medical condition, e.g., asthma, severe allergic reactions, seizures, and hypoglycemic episodes in diabetes. Rescue medications require consultation with the health consultant/APHN and require additional specialized instruction regarding potential side effects and tracking guidance if the medication is a 'controlled substance.' All medications in this category require a MIAT review. Rescue medications must have a corresponding healthcare provider signed CYS Medical Action Plan and/or Special Diet Statement (as applicable). Examples of rescue medications are as follows:

- a. **Asthma Rescue Medication.** Medication that assists with improving airflow to the lungs. The most common side effects are nervousness, nausea, headache, and

vomiting. Medication may be administered via a nebulizer or inhaler. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Proventil, ProAir Ventolin	Albuterol
Xopenex, Pirbuterol	Levalbuterol

b. **Hypoglycemia Rescue Medication (For Children/Youth with Diabetes).** Medication needed in the emergency treatment of extremely low blood glucose (blood sugar) levels. The most common side effects are nausea, vomiting, rash, and itching. Common **example**:

Trade (Brand) Name	Generic Name
GlucaGen	Glucagon

c. **Allergy Rescue Medication.** Medication that assists with allergic reactions by helping to stop the response to the allergen and in severe allergic reactions relaxing airway muscles and improving blood flow. The most common side effects are a fast/pounding heartbeat, dizziness, headache, and shakiness. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
EpiPen **	Epinephrine
Benadryl	Diphenhydramine
Allegra	Fexofendadine HCL

**Note: When an EpiPen is prescribed, it must be in its original twin-pack form as prescribed by health care provider.

d. **Seizure Rescue Medication.** Medication that assists in reducing or stopping seizure activity. The most common side effect is drowsiness. Common **examples** are as follow but not limited to:

Trade (Brand) Name	Generic Name
Diastat AcuDial, Valium	Diazepam (Controlled, Schedule IV)
Ativan	Lorazepam (Controlled, Schedule IV)
Klonopin/ Rivotril	Clonazepam (Controlled, Schedule IV)
Tegretol	Carbamazepine
Lamictal	Lamotrigine
Depakene, Depakote	Valproic Acid
Tylenol*	Acetaminophen (Febrile Seizures*)

4. **Other Prescribed Medications.** These medications include some commonly prescribed medications that do not readily fit into the previously mentioned medication categories in this guide. These medications require consultation with the health consultant/APHN and may need additional specialized instruction regarding potential side effects and tracking guidance if the medication is a 'controlled substance. Common examples are as follow but not limited to:

Trade (Brand) Name	Generic Name	Uses (not all inclusive)
Tylenol	Acetaminophen	Reduces Fever; Aids in Pain Relief
Motrin	Ibuprofen	Reduces Fever; Aids in Pain Relief
Zantac	Ranitidine	Gastroesophageal reflux disease
Imitrex/Alsuma	Sumatriptan	Migraine headaches