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Dear Parents,

Welcome to the San Joaquin Child Development Center.

There is great potential within each child. The programs at the Child Development Center (CDC), Defense Logistics Agency (DLA), Distribution Center at San Joaquin is designed to help children build within them a positive self-concept that will help them become productive, caring adults. Our programs provide educational experiences and relationships that play an important role in the development of the children who attend them. Children learn best when their physical and psychological needs are met. We endeavor to help them by providing a safe, healthy, and stimulating environment where children feel accepted and respected for being the unique person that he/she is; by providing a place where they have opportunities to participate in age appropriate, developmental activities as part of a group or individually that allows for optimal social, emotional, physical, creative, and cognitive growth; by providing a place where they can safely express their feelings without withdrawing, fighting, or giving up their rights; by providing a place where they are free to make choices and then accept the responsibility for the choices they make; and by providing character education that will help develop and nurture a spirit of cooperation, creative problem solving, and individual responsibility which will impact positively upon their lives.

Our curriculum is based on current education goals in the early childhood field to prepare children for the eventuality of school. The curriculum is also planned to reflect the interests and needs of the individual child as well as the group, and reflects both our families and our vision for children. Learning is an individual accomplishment which takes place within the learner as they discover and experience the world around them. Each child develops at an individual pace, has individual interests and a unique learning style. Development and learning take place within the context of secure relationships.

We recognize that parents are their child’s first teacher and we support parental teaching with exciting developmental activities and opportunities intertwined with age appropriate social interactions. We also realize that the child’s primary relationship is with the parent(s). Therefore, we ensure that our curriculum supports the family and honors the home culture. In addition, curriculum supports strong bonds of attachment between children and their primary caregivers.

We welcome our families and encourage frequent communication and visits to ease the stress between family and work responsibilities. We work to build strong partnerships with our families as we join them in support of the Military mission.

This handbook is offered to help parents and visitors understand what our programs offer and require. Please read it carefully. We are here to serve the DLA community.

Dolores Williams
CDC Director
WELCOME

Welcome to the San Joaquin Child Development Center. We hope that this parent handbook will help to prepare you and your child for some of the new and exciting learning experiences you will have this year.

FMWR Chief
Danny Sullivan

Director/Coordinator
Dolores Williams

Trainer/Assistant Director
Renee Montagnon vice Kristina Gonzales

Administrative Assistant
Cynthia Paredes

Clerk
Jonathan Belcher
HOURS OF OPERATION

Operating hours are Monday through Friday 0545-1745 hours. We do not provide evening or weekend care. The center offers quality developmental care to children ages six weeks to kindergarten age. Curriculums are planned for each individual group. The CDC is closed Saturday, Sunday, Federal Holidays and one in-service day per year.

CHILD DEVELOPMENT SERVICES MISSION OBJECTIVES

1. Promote the quality of the workforce by providing a quality program to parents.
   a. Supporting readiness by reducing lost duty time due to conflict between parental responsibilities and unit mission requirements.
   b. Assist DOD military and civilian personnel working parent or full–time student parents of children to kindergarten to locate at least one affordable option for quality child care.
   c. Assist DOD military and civilian personnel who are working parents or full–time student parents of school–age children in locating at least one affordable option for quality child care.
   d. Whenever possible, support the needs of personnel for hourly and part week care in programs in the CDC.

2. Promoting military retention by providing services that increase service member and civilian personnel satisfaction with the DLA as a way of life.

3. Contributing to the quality of life and well–being of families in the command with young children.
   a. Support parental child–rearing responsibilities by providing developmentally appropriate quality care options for children.
   b. Operate using measurable standards and compliance assurance procedures to ensure that continuity and consistency of CDC operations exist DLA–wide.
   c. Contribute favorably to the growth and development of children while they are in the DLA’s care.
   d. Support Service families in their effort to attain economic self–sufficiency by providing accessible and affordable child care for working parents.
   e. Provide employment and career advancement opportunities within CDC programs for military and Department of Defense (DOD) civilian family members.
   f. Support community activities in their effort to improve the quality of life by providing accessible and affordable child care for community volunteers.
PHILOSOPHY

Our practices are based on current knowledge of child development and early childhood education. We support the development of the whole child, meaning all areas of development are considered inter-related and equally important. Our program acknowledges that children learn through active, hands-on involvement with their environment, peers, and caring adults. We respect each child’s unique interests, experiences, abilities and needs, thus allowing us to be responsive to and appropriate for each child. Children are valued as individuals, as well as part of a group. Likewise, our program respects and supports the ideals, cultures, and values of families in their task of nurturing children. We advocate for children, families, and the early childhood professionals within our program.

GOALS AND OBJECTIVES

- Foster positive identity and sense of emotional well-being
- Enhance social skills
- Encourage children to think, reason, question, and experiment
- Promote language and literacy development
- Build physical development and skills
- Support sound health, safety, and nutritional practices
- Advance creative expression, representation, and appreciation for the arts
- Appreciate and respect cultural diversity
- Develop initiative and decision-making skills

OUTCOMES

- Children will experience growth and learning in their social, emotional, physical, language and cognitive development
- Children will develop a positive sense of self as valued members of the community; will progressively gain social competence and display pro-social behaviors
- Children will gain competence in problem solving strategies, will gain understanding of concepts and relationships, and will develop logical, representational and symbolic thinking skills; children will also learn to take initiative and make relevant decisions.
- Children will gain competence in their home language to include ability to communicate through language, to discriminate the sounds of language, to ask/answer questions, to gain understanding of print and concepts, and to make sense of print.
- Children will display a progressively higher level of competence in their gross and fine motor skills, hand-eye coordination, mobility, and balance.
- Families will feel supported and nurtured in their child rearing efforts
- Families will experience greater support in dealing with the challenges of life in a military community.
- Families experiencing lengthy separations due to deployments will be supported via formal or informal parent/staff support groups and networks with other community agencies

**SUMMARY OF PARENT'S RESPONSIBILITIES**

Parents have the responsibility to:

1. Sign the child into and out of the CDC facility daily.
2. Keep the CDC staff provider 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 on the registration card.
3. Keep CDC staff informed of any changes in the registration paperwork, such as address change, phone number change, emergency contact, etc.
4. Inform the CDC staff/provider of any new/unusual marks or bruises when bringing the child in to ensure that they are not mistaken for abuse.
5. Provide the CDC provider with changes of clothing for children birth-kindergarten.
6. Provide the CDC provider with replacement diapers, wipes in original container, bottles when appropriate, clothing, and a plastic bag for soiled clothing for children birth-kindergarten.
7. Bring the child dressed for both indoor and outdoor activities.
8. Mark clearly, with full name, all clothing and other articles brought to CDC.
9. 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 classroom.
10. Know about any change in policy or procedure.
11. Know the discipline procedure of CDC as explained in this handbook.
12. Abide by CDC policies and procedures and refrain from asking for exceptions to policy.
13. Inform CDC staff if child has been exposed to a contagious illness.
14. Notify CDC staff of planned vacations and other absences in advance for children birth-5 years or kindergarten.
15. Notify and submit a withdrawal slip two weeks in advance to the CDC.
16. Pick-up child on time.
17. Payments will be paid in advance 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

a. 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.

b. 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.

c. Family income data will be used to determine rate structures. 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.

d. 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.

e. 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 results. Results are used to ensure daily activities meet the needs of each individual child.

PARENT COMMUNICATION AND INVOLVEMENT

a. Under the guidance of Department of Defense Instruction 6020.2, Army Regulation (AR) 608-10 and AR 215-1, CDC programs 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 through a variety of care options. We seek your involvement and welcome your comments and questions.

b. Communication is one of the keys to building successful relationships. The CDC 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 and email.

c. 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. Management will take appropriate action when necessary for staff behaviors and parents are reminded of their equal responsibility to remain calm and courteous.

d. 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 CDC programs:

**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, workmen, and parents visiting their children's classroom are required to check in at the front desk of the CDC facilities and obtain a visitor’s identification badge prior to entering the classroom. This is to ensure that the Child and Youth Program 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 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 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. Parents will be served child size portions at a minimum fee of $2.00. Please make arrangements at least a day in advance to participate in lunch.

**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**

Parents new to CDC must attend an orientation prior to the attendance of their child. 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 volunteer advisory committees made up of interested parents. These volunteer parent groups meet regularly 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 they may be experiencing at home. Sub-group PACs may be set up by parents in any areas of interest or concern such as pre-school room, toddler rooms, first child group etc. Further information about the PAC is available from the Director of the CDC.
PARENT AND VOLUNTEER RECOGNITION CEREMONY (PVRC)

Annually the CDC recognizes parents and volunteers who contributed their time and service to the CDC. Parents must complete the volunteer log listing the time, date and activities in which they volunteered. See the CDC Director for specific activities.

VOLUNTEERING AND SPECIAL PROJECTS

Parents are encouraged to volunteer in our programs by accompanying their children on field trips, sharing special talents, reading stories, etc. Parents wishing to volunteer regularly should call the CDC to set up training and a volunteering schedule. Occasionally, CDC needs parental input on special projects i.e. the annual Installation Program Self-Assessment Evaluation Team of all programs. Parent involvement is important so that the users of our services are represented in our evaluations. Volunteer agreements and training will be required of all parents participating in this program.

PARENTAL CONCERNS

The following procedure must be used with any program related complaint or concern:

1. Discuss the issue with your child’s Teacher. If he/she is unable to resolve the matter within 2 days, you may move to step 2.
2. Discuss the issue with the Assistant Director. If he/she is unable to resolve the matter within 3 days, you may move to step 3.
3. Request a meeting with the Director. If he/she is unable to resolve the matter within 4 days, you may move to step 4.
4. Request a meeting with the FMWR Chief. If he/she is unable to resolve the matter within 5 days, you may move to step 5.
5. Request a special meeting with the Site Director of the Defense Distribution Center at San Joaquin, California. The Site Director has the final decision.
6. On step 3, 4 and 5 complaints must be submitted in writing to the CDC Office.

SUGGESTIONS

We are working on establishing an e-mail address for parents who wish to contact us regarding suggestions, comments, or concerns about their child’s program. If you do not have email access, suggestions, comments, and concerns can be dropped in the box located outside in the lobby of the CDC. Parents may drop in suggestions anonymously. If you would like a written response, please include your name, address, and phone number.

PROFESSIONAL STAFFING

The DLA, CDC, Defense Distribution Center at San Joaquin is staffed by professionally trained staff. All direct-care personnel have specialized training in child development. The training starts before they enter the classrooms and continues throughout their employment. Some of the subjects they study are nutrition, CPR, first aid, safety, regulatory guidance, administering
medication, age-appropriate activities, and child growth and development. In addition, all CDC staff undergoes extensive background clearances to ensure that only the best qualified are selected to work with your children.

a. As with all jobs, training is an important factor. CDC Services strives to provide quality programming. This can only happen with well-trained staff. All staff are required to participate in training. There are two phases to training: Foundation and Annual training.

b. Foundation training is a 5 step program: Orientation to the Training Program; 18 hours of Supervised Work Experience; Entry Level; Skill Level and Intermediate Level Training. Foundation training is to be completed within 18 months from date of orientation and includes but is not limited to the following: CPR, 1st Aid; Child Abuse Identification, Reporting and Prevention; Administering Medication; Food Handling and 13 modules that have been developed according to age, e.g. infant, toddler, preschool, school age, and middle school/teen. After completion of the modules, staff members are tested, and then are observed by the trainers and/or directors to ensure they show competency in each area. Modules include safety, environments, guidance, health and child abuse prevention/identification to name a few.

c. After all foundation training is completed staff must complete 24 hours of annual training. This training includes but is not limited to workshops, reading, and update of various classes in CPR, 1st aid, child abuse identification/prevention, communicable illnesses, food handlers, and medication dispensation.

d. For more information concerning CDC training, contact the Training and Curriculum Specialist (TACS) at 209-839-5883. They will be happy to go over the program in more detail with you.

ADULT/CHILD RATIOS

<table>
<thead>
<tr>
<th>Child Category</th>
<th>Age of Child</th>
<th>Number if Caregivers to Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>6 weeks-12 months</td>
<td>1:4</td>
</tr>
<tr>
<td>Pretoddlers</td>
<td>12 months-24 months</td>
<td>1:5</td>
</tr>
<tr>
<td>Toddlers</td>
<td>25 months-36 months</td>
<td>1:7</td>
</tr>
<tr>
<td>Preschool</td>
<td>3 - 5 years or kindergarten age</td>
<td>1:10</td>
</tr>
</tbody>
</table>

ELIGIBILITY, WAITLIST AND PRIORITY OF SERVICES

Eligibility for CDC admission includes children ages six (6) weeks to kindergarten age for active duty military, DOD civilians, reservists on active duty, military retirees DOD Contractors or tenant activities on site (to include those employed at the child development center), grandchildren of DOD civilian employees, and parents of outside children. Installation Site Directors have the authority to establish a priority system for their site with the first priority given to children of active duty military personnel and DOD civilians.
The San Joaquin Child Development Center’s Priority for Care policy is as follows:

**PRIORITY #1:**
1a. Combat-Related Wounded Warriors  
1b. Child Development Direct Care Staff  
1c. Single military service members on active duty or dual active duty  
1d. Active duty service member with a working spouse (including DoD spouse)  
1e. Single DoD civilian employees paid from APF or NAF  
1f. Dual DoD civilian employee couples  
1g. DoD civilians with working spouses who are not DoD civilians  
1h. Surviving spouses of military members who died from a combat related incident  
1i. Children with siblings currently attending

**PRIORITY #2:**
Full time care given equally to children 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 individuals acting in loco parentis on behalf of the aforementioned eligible patrons, where a nonworking spouse or in the case of a DoD Civilian employee, a same sex domestic partner is actively seeking employment. The status of actively seeking employment must be verified every 90 days.

**PRIORITY #3:**
Full time care will be given equally to children 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 individuals acting in loco parentis on behalf of the aforementioned eligible patrons, where a nonworking spouse or, in the case of a DoD Civilian employee, 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.

**PRIORITY #4:**
All others that do not fall within Priority 1, 2 and 3 on a space available basis.

**Excess Demand Waitlist**
If no space is available at the San Joaquin Child Development Center based on the child’s age and service requested, the child’s name will be placed on the Excess Demand Waitlist. The Excess Demand Waitlist will be maintained according to the family’s priority number and the date care was requested. Once a space becomes available the sponsor will be notified and will have twenty-four (24) hours to accept or decline the space offered. If the offered space is declined, the sponsor will have the option to remove the child from the waitlist OR move the child’s name to the bottom of the waitlist for their priority number. If accepted the sponsor will have 2 weeks to complete the registration process and begin care.
Projected Demand Waitlist:

The projected demand waitlist is used when sponsors are anticipating future childcare needs. Placement on this list helps CYS services staff to project community childcare needs. Placement on this list is used for expectant parents, sponsors with children who are inbound to the community, and sponsors with spouses who are actively seeking employment. If no space is available at the CDC upon birth of child, arrival to community, etc., children are removed from this list and placed on the Excess Demand Waitlist based on priority and the DATE OF THE ORIGINAL WAITLIST REQUEST.

Updating Waitlist Applications.

In order for sponsors to maintain their status on any waitlist they must contact the child development center every 90 days to confirm their wish to remain on the list. Failure to do so will automatically drop the child’s name from the waiting list. It is important for sponsors to give updates to the child development center regarding change of telephone numbers, change of unit or job location, or if you go on leave – if the center is unable to contact you when a space becomes available, then your space will be made available to the next eligible patron on the waiting list.

The primary mission of the CDC is full-time child care. The CDC may offer a 3-full day and hourly care program if there is space available after meeting all requests for full time care. All part week and hourly care patrons may be required to give up their childcare space if full-time care is needed by patrons. The minimum charge for intermittent care is 2 hours and reservations must be made in advance in order to determine if there is availability for your child.

When a SPACE is needed for partial day, part week or hourly care children regularly utilizing a space will be notified to vacate the space or pay the full day rate. A 30-day notice will be provided to patrons to seek alternate care or begin paying full time fees. Patron will have two weeks from notification to decide to stay or give up the space.

a. Spaces:

1. All infant, Pre-toddler, Toddler, and Preschool spaces are considered full day spaces and will be filled first with full day children.

2. Spaces may be utilized for less than full time care only when no child qualifying for full time care is on the waiting list.

3. Space may be utilized for hourly care on a “regularly scheduled basis” only if there are no children on the waiting list eligible to utilize the space.

4. When a space is needed for full day care, partial-week or hourly care children regularly utilizing a space will be notified to vacate the space or pay the full day rate. A 30-day notice will be provided to patrons to seek alternate care or begin paying full time fees. The patron will have two weeks from the notification to decide to stay or give up the space.
b. Partial-Week Program:

1. The partial-week program is a program developed specifically for the San Joaquin Child Development Center. It is designed to meet the needs of parents requiring care for 3 full days per week. DLA headquarters will set the fees for this program based on DOD fee guidance.

2. Upon registration parents will request which days they will be requiring care. Once enrolled, these days may only be changed with a 30-day written notice from the parent and are subject to availability at the center.

3. Payments for Partial-Week care will be accepted on the same payment schedule as the Full-Day program. Patrons will be required to pay for the days they have registered for regardless of whether or not their child attended on those days. The only exception to this is the use of vacation days. Please see the Parent Handbook for the policy on Vacation Time.

4. All policies regarding late fees, withdrawal notifications, parent communications, registration, etc. listed in the Parent Handbook will be followed the same as Full Day patrons.

c. Hourly Care:

1. Patrons wishing to use the child development center Hourly Care Program will be required to complete the registration process prior to acceptance of reservations.

2. DLA headquarters will set the fees for this program based on DOD fee guidance.

3. There will be a 2-hour minimum charge for care, after which fees will be assessed in quarter-hour increments. Actual time spent at center will be rounded to the nearest quarter hour.

4. Reservations will be required 2-hours in advance of desired reservation time. Patrons pay for a 2-hour minimum even if time used is less.

5. Hourly Care must be paid in full on the day service is provided.

6. If care needs to be extended past the designated reservation time, the parent must call the center and inform them.

REGISTRATION

Registration is free. It is good for 1 year, e.g. 1 Aug 12- 31 Jul 13. All children's records must be updated each fiscal year. Parents are responsible for the annual update and will not necessarily be notified by the CDC. All children must be registered with CDC prior to acceptance into the CDC program. This is a 2 to 3 step process and is easily accomplished when the parent supplies the required documentation as noted below.

a. Child’s immunization (shot) record for ages 0-5 or kindergarten age
b. Latest copy of Sponsor’s LES, 1040 or Check Stub for all family members
contributing to household TFI (Total Family Income)

- Names of three (3) people at DLA or the local area to be used as Emergency Notification/Release Designees*
- Special needs information.

*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 CDC Services program/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 by completing the Registration Information Changes/Deletions/Additions. The emergency notification/release designee designation does not authorize visitation of a child by an emergency notification/release designee.

**Step 1**
- Bring registration documents to the CDC, Monday-Friday, 0545-1745 hours. Staff will supply registration packets and aid in their completion. You may also schedule a registration appointment by calling 209-839-4901. Registration will include the following required documents:

  - Copy of child’s official Immunization Records
  - Current Physical for each child, updated annually.
  - Information on child/children’s special needs (i.e. medications, EFMP, allergies, illnesses)

Active duty parents who are single or dual military (and any single/dual deployable civilians) must submit a completed Family Care Plan within 30 days from the date of registration with the CDC.

- Completed Total Family Income Form and copies of LES, 1040 or Check Stub (to verify income).

**Step 2**

If the child is 0-12 months, parents meet with a CDC staff member to complete the Infant Feeding Plan. If the child has special needs, the parent is requested to attend the Special Needs Accommodation Process (SNAP) meeting PRIOR to the child being accepted into a CDC program. This meeting will be set up with you by a member of the CDC staff. See the Children with Special Needs paragraph below for more information.

**CHILDREN WITH SPECIAL NEEDS**

- We realize accepting a child with special needs offers a wonderful opportunity and one of the best socialization experiences to children in CDC programs. Children with special needs may be accepted into the CDC programs on an individual basis after the Special Needs Accommodation Process (SNAP) determination. Children with food intolerance/allergies, Asthma/Respiratory Airway Disease, Seizures or Diabetes will need to have a Medical Action Plan completed prior to SNAP. Parents must meet with
the child’s physician to complete the CDC Services Medical Action Plan that will describe the appropriate way to respond to the child’s medical condition and details on administering medication, if needed. The Medical Action Plan must be signed and stamped by the health care provider and the health nurse. Parents are required to attend their child’s SNAP review, on an as needed basis.

b. **Children with special needs may not participate in a CDC program until the SNAP review is completed; direct care staff has received specified training in the care of the special needs child and all requirements have been met as set forth in the SNAP meeting. Physicals and all care plans need to be completed prior to attending the SNAP. After the SNAP, the child/children may enter the program.**

b. If a child develops a special need during the registration year, parents should visit the CDC to have their child’s special need reviewed through the SNAP process. Parents are required to obtain/fill out paperwork explaining the child’s special need and listing any medication the child may need to take. A new health assessment reflecting the child’s special need and any Medical Action Plan must also be submitted to the CDC office. If you have questions concerning SNAP, please contact the CDC Director.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ELIGIBILITY AGREEMENT**

Child and Adult Care Food Program (CACFP) Eligibility Forms are not collected as we claim at the base rate for reimbursement. This is a program of the U.S. Department of Agriculture which CDC is eligible to participate in.

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

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

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov

(4) Our local EEO office – Richard Maldonado (209) 839-4014

USDA is an equal opportunity provider and employer.

**WIC: The Foundation of Healthy Families**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program)

To find the WIC offices serving your area go to: http://www.fns.usda.gov/wic/contacts

**FEES**

a. CDC fees are established annually by the Department of Defense and are based on total family income of the household for contractors, active military and DOD civilians. Parents must provide a most recent leave and earning statement (LES), 1040 or pay check stub, when completing the fee application during the registration process. Parents not providing this documentation and those patrons from outside will be automatically charged the highest rate. Child care fees are subject to change in accordance with DLA established implementation dates, and a 30-day advance notice will be given if such a change becomes necessary. Fees will not be adjusted/changed more than once annually (calendar year) in accordance with DLA established implementation dates. Fees may change within a calendar year only when a financial hardship exists that has been reviewed and approved by the Commander, or designee, or when a patron moves from part-time care to full time care. Audits are performed annually on parent income statements and fraudulent declarations will be turned over to the Military DLA action. Please review our Standard Operating Fee Policy for further and more specific information.
b. A schedule of current fees is available at the front desk of the CDC. The installation commander may verify the information on the form. Parents who deliberately misrepresent their income are subject to prosecution under State and Federal laws. See 18 U.S.C. Section 1001.

c. Based on DoD’s annual review of child care fees, it was determined that fee subsidies for DoD contractors and specified space available patrons are not authorized. The term “space available patron” does not include active duty Military Service members with non-working spouses or DoD civilian employees paid from APF and NAF with non-working spouses. Patrons employed by other federal agencies other than DoD, retirees, and other non-eligible users will pay the non-subsidized fee. For SY 17-18, contractor employees in Total Family Income (TFI) Category 9 will pay the fee outlined as TFI CAT 9A. Child care fees for current DoD contractors and specified space available patrons in all other categories will pay the fee based on their TFI similar as other child and youth patrons. Any DoD contractors, and/or specified space available patrons enrolling on or after February 1, 2018 will pay the unsubsidized fee listed under TFI Category 9 A.

d. MCRs are not authorized for DoD contractors and specified space available patrons.

e. When a waiting list exists and unemployed or receiving unemployment benefits the Site Director has the authority after 90 days to terminate child care services.

f. Newly enrolled families are required to make an initial fee payment for care at the time they accept the child care space offered by CYP registration services.

g. An annual enterprise-wide staff in-service/training day is authorized. DLA CDC’s throughout the enterprise will be closed. Parents must make alternative plans for care. No fee rebates will be given to parents for this planned closure.

PAYMENTS

a. CDC 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. Full payment to include 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 child care 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. There is a return check fee of $25.00.

a. To maintain your child's place in a CDC 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.
**LATE PICK-UP FEES**

CDC programs have a late pick-up fee of $1.00 per minute up to 15 minutes per Family per site regardless of the number of children in care at that site. Child and Youth Program emergency procedures will be developed locally and followed when a child(ren) is left at the program two hours after closing the facility. Guidance will be coordinated with the local security office, Family Advocacy Program Manager or state agencies, whichever applies.

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

**ARRIVAL AND DEPARTURES**

a. The CDC facility is NON-SMOKING. Smoking is not allowed within 50 feet of the CDC. Parents are asked to extinguish all cigarettes, cigars, etc., prior to entering any facility. Children are to be swiped in and out at the kiosk located on the front desk of the CDC. All children must be accompanied upon each admission by a parent or a person authorized on the CDC Registration Card. These forms allow persons other than the parents to admit or release the child from the CDC. It must be filled in and signed by the parent. The CDC staff will not accept telephone calls, written notes, etc., for admitting or releasing a child. This is for the child's protection. The person picking up the child/children must present proof of identification. Children may not be released to siblings or other children under the age 13 years.

b. Please be sure the staff member/provider is aware of your child's arrival so that your child may be warmly welcomed and involved in the activities. Parents must remain until a brief health inspection and necessary communication between direct care staff provider and parent occurs to ensure optimal care.

c. Parents should alert the direct care staff to any bruises, scratches, etc.; while signing into the facility so the injury will not be mistaken for abuse/ neglect (see Suspected Child Abuse/ Neglect). Information provided by the parent on any bruises, scratches, etc. will be recorded in the child’s file and reflect being present before entering the CDC facility on that date.

**VACATION**

Leave/Vacation Fee Options are only available in two week options in CDC Programs.

a. Vacation must be taken in a minimum of one week increments (i.e., 5-day time blocks: Monday – Friday). The child care space is reserved for the family until the child returns.

b. Families must provide a one-week advance notice to take leave/vacation.
c. Leave/Vacation must be tracked.

WITHDRAWAL PROCEDURES

The CDC must be notified in writing on the CDC Services withdrawal form at Appendix B two weeks before withdrawal in order to ensure proper billing. The account must be paid in full. No refund of fees will be given if two weeks' notice has not been given.

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. For income tax purposes, the CYP employer identification number is required on your income tax forms 75-1360092.

HEALTH REQUIREMENTS

a. Health records will be on file at the CDC as long as the child is enrolled.
   1) Any restrictions or special precautions concerning medication, allergies, insect sting reactions, and special needs will be specified on the child’s health assessment by a physician and on the back of the CDC Registration Document by the parent. See Section on Children with Special Needs for additional information.
   2) Dietary restrictions due to food allergies or any other medical reason, and recommended food substitutes must be specified by a physician on the CDC Diet Statement. CDC personnel within program capabilities will implement physicians and/or dietitian’s recommendations. When the recommendations of the physician cannot be met, parents will be required to provide the appropriate substitution.
   3) Any child with a religious dietetic requirement must provide a signed statement by a pastor, minister, or rabbi which must include a contact phone number.

b. Children/ accepted in CDC programs must:
   1) Have documentation and records of all age appropriate immunizations as determined by the MEDDAC based on the American Academy of Pediatrics guidelines. In the event that a parent requests a waiver for religious or medical reasons, a waiver of the immunization requirements must be approved in writing by the Chief of Preventive Medicine or health consultant. Parents will be counseled that children with waivers will be excluded from the program in the event of vaccine preventable communicable illness outbreak.
   2) Have a CDC services health assessment completed by parents and medical staff prior to attendance at the CDC.
   3) Have a signed statement by a pastor, minister, or rabbi, to include a contact phone number.
number for any child with a religious dietetic requirements or restrictions.

HEALTH ASSESSMENT

The CDC will need a copy of the Child Health Assessment and Medical Records-Supplemental Medical Data, Child/Youth Physical CDC Health Assessment. Sponsors must complete and sign the portions that apply to them; a health care provider must sign and stamp the portions that apply to medical personnel prior to attendance at the CDC with the exception of special needs children. Special needs children health assessments must be completed prior to attending the SNAP meeting for entrance into a CDC program. See page 14 CHILDREN WITH SPECIAL NEEDS for more information. The result of a well-baby or school examination, done within one year of the enrollment date, is also acceptable when the parent signs and dates DA Form 5223-R and attaches it to the well-baby/school examination.

The health assessment will be completed once upon admission and the form updated and initialed annually on the date of registration by the parent. If any change in child health status occurs, DA Form 5223-R must be re-initiated through the health nurse.

IMMUNIZATIONS

Parents must present their child’s current shot record during registration. As immunizations are updated, parents must inform the CDC of those changes by presenting the most current shot record. The flu vaccine is required yearly and must also be notated on the child’s record. Service records are updated each time the child receives an immunization. It is the parent's responsibility to ensure CDC staff is informed of any updated immunization. If the child has not received the shots that are required, the child will not be accepted for care until records are brought up to date.
# 2016 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age (Months)</th>
<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>2-3 years</th>
<th>4-6 years</th>
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<td>Influenza (Yearly)*</td>
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</table>

**NOTE:** If your child misses a shot, don’t worry. Just go back to your child’s doctor for the next shot. Talk with your child’s doctor if you have questions about vaccines.

**FOOTNOTES:**

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group. A second dose is recommended for children 6 months through 8 years of age who are getting influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child’s doctor about additional vaccines that he may need.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease spread by</th>
<th>Disease symptoms</th>
<th>Disease complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella vaccine protects against chickenpox</td>
<td>Air, direct contact</td>
<td>Rash, tiredness, headache, fever</td>
<td>Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>DTaP* vaccine protects against diphtheria.</td>
<td>Air, direct contact</td>
<td>Sore throat, mild fever, weakness, swollen glands in neck</td>
<td>Swelling of the heart muscle, heart failure, coma, paralysis, death</td>
</tr>
<tr>
<td>Hib</td>
<td>Hib vaccine protects against <em>Haemophilus influenza</em> type b</td>
<td>Air, direct contact</td>
<td>May be no symptoms unless bacteria enter the blood</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>HepA vaccine protects against hepatitis A.</td>
<td>Direct contact, contaminated food or water</td>
<td>May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine</td>
<td>Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>HepB vaccine protects against hepatitis B.</td>
<td>Contact with blood or body fluids</td>
<td>May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain</td>
<td>Chronic liver infection, liver failure, liver cancer</td>
</tr>
<tr>
<td>Flu</td>
<td>Flu vaccine protects against influenza.</td>
<td>Air, direct contact</td>
<td>Fever, muscle pain, sore throat, cough, extreme fatigue</td>
<td>Pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Measles</td>
<td>MMR** vaccine protects against measles.</td>
<td>Air, direct contact</td>
<td>Rash, fever, cough, runny nose, pinkeye</td>
<td>Encephalitis (brain swelling), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Mumps</td>
<td>MMR**vaccine protects against mumps.</td>
<td>Air, direct contact</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness</td>
</tr>
<tr>
<td>Pertussis</td>
<td>DTaP* vaccine protects against pertussis (whooping cough).</td>
<td>Air, direct contact</td>
<td>Severe cough, runny nose, apnea (a pause in breathing in infants)</td>
<td>Pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Polio</td>
<td>IPV vaccine protects against polio.</td>
<td>Air, direct contact, through the mouth</td>
<td>May be no symptoms, sore throat, fever, nausea, headache</td>
<td>Paralysis, death</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV vaccine protects against pneumococcus.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, pneumonia (infection in the lungs)</td>
<td>Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RV vaccine protects against rotavirus.</td>
<td>Through the mouth</td>
<td>Diarrhea, fever, vomiting</td>
<td>Severe diarrhea, dehydration</td>
</tr>
<tr>
<td>Rubella</td>
<td>MMR** vaccine protects against rubella.</td>
<td>Air, direct contact</td>
<td>Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes</td>
<td>Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects</td>
</tr>
<tr>
<td>Tetanus</td>
<td>DTaP* vaccine protects against tetanus.</td>
<td>Exposure through cuts in skin</td>
<td>Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever</td>
<td>Broken bones, breathing difficulty, death</td>
</tr>
</tbody>
</table>

* DTaP combines protection against diphtheria, tetanus, and pertussis.  
** MMR combines protection against measles, mumps, and rubella.
READMISSION FOLLOWING ILLNESS

Children who appear to be ill or show visible signs of fever will be closely screened and may be denied admission. When a child becomes ill during the operation hours at the CDC with any of the following symptoms, the parents will be contacted to pick the child up within one hour:

1. Temperature in excess of 100.5 F axillary for children under 3 months of age and in excess of 101.0 F axillary for children over 3 months.
2. Undiagnosed rash.
3. Vomiting - one time.
4. Conjunctivitis (Pink Eye) -- red, watery eyes with a thick yellow discharge.
5. Inability to participate in daily activities.
6. Diarrhea-frequent, loose, watery stool; 2 or more within 30 minutes to an hour.
7. Signs of the following contagious and/or infectious illnesses that include but are not limited to impetigo, scabies, ringworm, chicken pox, head lice/nits, culture proven strep infections, measles, mumps, hepatitis, pinworm.

CDC staff will provide a sick child letter to the child's parent informing the parent of the signs of illness noted in the child. A physician’s note will not automatically re-admit the child into the CDC. Children may only return to the CDC program when the following conditions exist:

1. Fever has been absent for 24 hrs.
2. Nausea, vomiting, or diarrhea has stopped for 24 hrs., or doctor says child may return in writing.
3. The appropriate number of doses of an antibiotic has been given over a 24-hour period for known strep or other bacterial infection, the child's physician has approved readmission, and the child does not require additional CDC services staff to care for him.
4. Chicken pox lesions have all crusted, usually 5-6 days after onset.
5. Scabies is under treatment and a physician's note.
6. Lice are under treatment. Child needs to be nit free upon readmission.
7. Pinworm treatment has occurred 24 hours before readmission and a physician's note.
8. Lesions from impetigo are no longer weeping.
9. Ringworm under treatment for 24 hours. The lesions must be covered. If lesions cannot be covered, child will not be admitted until lesion has shrunk and been checked.
10. Conjunctivitis (Pink Eye) has diminished to the point that eyes are no longer discharging.
11. The child has completed the contagious stage of the illness and a physician's note is provided. The child is able to participate in the normal daily activities.
INJURIES AND MEDICAL EMERGENCIES

All cuts, bruises, falls, etc., will be reported to parents. Serious injuries will be reported immediately while minor incidents such as skinned knees will be shared with parents at the end of the day. First aid will be administered for all minor injuries and the incident documented. If a child bites, you will be asked to sign the DLA Form 1845, Serious Injury/Incident Report which will be maintained on file. A DLA Form 1845, Serious Injury/Incident Report will be completed by a CDC staff member and signed by the parent within 24 hours of the incident. Parents are given a copy before filing in the CDC office and Safety Office. In the event of a serious injury or severe illness an ambulance will be called immediately. Parents will also be notified and requested to meet their child at the designated medical treatment facility. A staff member will accompany the child and remain until the parent arrives and assumes responsibility for the child.

EMERGENCY CLOSING POLICY

In case of an emergency; e.g. heat related, no water, no utilities; CDC staff will determine the safest location for all children and notify the Chief, Family and Morale, Welfare, and Recreation (CFMWR) for guidance on closing the facility. Management staff will call all parents/guardians/emergency designees to inform of pending facility closure due to an emergency situation. The children’s safety is the number one priority for all CDC personnel. Administrative staff will call the work order desk to report the situation, request support for bottled water, support for fans, etc. to assist staff during the emergency. Children may be moved to another location for safety and supervision if the emergency is not post wide and only affecting one facility. We will not leave the facility grounds except for emergency evacuations.

MEDICATION

All CDC staff members are specifically trained to administer medication only to children with special needs and must complete the DA Form 5225-R and Child Development Services Medical Dispensation Record. These are available at the reception desk when needed. Ongoing medications must be updated monthly.

Antibiotics, antihistamines, antifungal and decongestants are the only categories of medicine that can be administered by CDC staff. Other medication may be administered after consultation with the health consultant and special training to CDC staff. Parents must fill out a Medical Dispensation Card for each medicine. All medications must have the doctor's name and date on the label. Medications must have a specified dosage, and cannot read “as needed”, except for rescue meds. The prescription label must be affixed to the bottle containing the medication, not to the box. Medications requiring refrigeration will be isolated within the refrigerator in a separately secured container.

Full day CDC medications will be given as prescribed by the physician. Children must be given ORAL medications 24 hours by parents before CDC staff administers dosage. Medication cannot be sealed and unused. AT NO TIME WILL MEDICATION BE ADDED...
TO INFANT FORMULA. IAW CDC Services Health Program SOP, medications will be stored in a locked cabinet out of children's reach.

CDC staff will not administer any kind of over-the-counter medication. Diaper rash ointment, sunscreen, or teething ointments are exceptions that may be applied as a prevention measure. Parents must fill out the “Basic Care Items” form to ensure CDC staff receives correct information concerning application of diaper rash ointment, sunscreen or teething ointment. The CDC director is to be advised if a child is on any other over-the-counter medication, but it is the parent's responsibility to come to the CDC program and administer any other type of over-the-counter medication and remain for 30 minutes after administering.

“Basic Care” items cannot be shared amongst siblings.

Sunscreen cannot be aerosol.

CHILD LEFT BEHIND

If a parent cannot be located to pick up a child in the event of an emergency, e.g., sickness, facility closure, etc., the following procedure will be put into action:

a. The emergency notification designee/child release designee on the CDC Services Registration Sheet will be called. If we are unable to contact him/her, the next designee listed on the paperwork will be called.

b. If none of the designees can be contacted, the DLA police will be notified and their procedure will be followed in reference to locating the parents and custody of the child.

c. If the parents want the emergency/child release designee notified to pick up their sick child instead of the parents being contacted first, written documentation must be placed in the child's folder and on the child's registration card to document the request.

REST PERIODS/NAPS

Infants are allowed to form or follow their normal sleeping patterns. Children are not forced to take a nap; however, each child is required to observe a maximum rest period of 30 minutes before being allowed to participate in quiet activities that do not disturb those who are sleeping.

CLOTHING/HYGIENE

Children should come to the center dressed for the day's weather and its changes. Children should be clothed for the climate of the day. Children should wear clothing that is dry and layered for warmth in cool weather. Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so). When public health authorities recommend use of insect repellents due to a high risk of insect-borne
disease, only repellents containing DEET are used, and these applied only on children older than two months with an authorized basic care item form on file. Staff apply insect repellent no more than one a day and only with written parental permission. On those days when we are in doubt as to the climate outdoors, CDC will obtain information from various web sites concerning air quality and heat index. Please listen to the local weather information and send your child prepared for each day's extremes. All children will participate in outdoor activities as weather permits and should be dressed accordingly.

Healthy Air Living is an initiative that provides ways to made decisions, day to day, that take into consideration their effect on Valley air quality. Healthy Air Living is a “toolbox” of ideas and strategies that help each of us take voluntary, high-impact measures in our personal lives and workplace to reduce emissions. The healthy air index will be posted in front lobby of the CDC for parent and staff review.

a. Shoes -- For safety reasons, flip-flops, sandals, heels without straps, or wedged heels are not permitted for children in CDC. Laced-up or Velcro shoes are recommended. Walking babies must wear socks and closed-toe shoes, non-walker’s socks.

b. Jewelry – Earrings, rings, bracelets and necklaces are not permitted for children under three or who are in multiage rooms with children under three, e.g. toddler/ preschool rooms. This is to help prevent a child being hurt due to another child grabbing a piece of jewelry. Earrings are permitted in the 3/4-year-old preschool programs provided they are not hanging earrings. Hair restraints, e.g. rubber bands, elastics, scrunchies, small hair beads are not permitted, etc., holding a child’s hair must be secure to prevent children from pulling them out and putting them into their mouths and/or swallowing them. The CDC staff will not be responsible for jewelry, lost earrings or their associated parts.

c. Coats - Coats or sweaters should be provided in accordance with the weather. Ponchos and shawls are hazardous on the playground, and therefore are not permitted.

d. Pants, Shirts, Dresses -- Please dress your child in "play clothes" so that he/she may feel free to participate in our varied activities (i.e., painting, water play, meals and sandbox). Washable clothing is recommended.

e. Change of Clothing/Lost Clothing -- Two changes of clothing including closed toes shoes for all children are required. If a child does not have change of clothes we may decline child care services. If your child leaves wearing clothes belonging to CDC, please return these articles (cleaned) the next day. ALL CLOTHING MUST BE LABELED WITH INDELIBLE INK. THE CDC FACILITY DOES NOT ASSUME RESPONSIBILITY FOR LOST CLOTHING OR OTHER PERSONAL ITEMS.

f. Children’s fingernails must be trimmed short to help prevent children from inadvertently scratching other children while at play.
FOOD SERVICE

All DLA CDCs participate in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). (See paragraph entitled Child and Adult Care Food Program (CACFP) Agreement. No child will be discriminated against because of race, color, national origin, age, or handicap. If any member of a household believes that they have been discriminated against, they should contact Equal Opportunity Officer at 209-839-4014.

Regulatory requirements state that nutritious foods to help meet the child's total nutritional needs will be served in all CYP. Weekly menus are posted in each CDC lobby.

The CACFP serves breakfast, lunch, and a snack in all CDCs programs according to the time in care.

Infants (0-1 year) will be fed INDIVIDUALLY according to a feeding plan established by the parent in compliance with the United States Department of Agriculture (USDA) Feeding Infants Guide, and based on the recommendations of the child's physician or other qualified health professional. Parents of infants will provide five clean bottles daily. The CDC offers at minimum one type of ready to feed formula. If an infant does not eat the formula the CDC provides, parents must complete the Infant Feeding Form to decline CDC home formula and bring in the specific formula and/or breast milk they want to be fed to their child. Sufficient formula/breast milk for the entire day, e.g. typically 5 bottles of milk, must be provided in clean bottles labeled with the child’s first and last name and the date. Breast milk must be labeled with the dated pumped, date thawed, and date brought. One-year-olds will be served menu foods; infants may be served menu foods starting at 8 months old. These children should be off the bottle and using sipper cups.

Meals are served family style with a caregiver centrally located at each table to assist children when necessary. Children developmentally ready (around two years old) will be serving themselves and pour their own drinks at all meal services. Family style dining involves all areas of meal service. Children are encouraged to help in age appropriate ways such as: Making table decorations, cleaning and setting the table, carrying serving containers and utensils to the table, and washing hands and face before and after the meal. During Family Style Meal Service children experience independence and responsibility; expand language and thinking skills; develop social skills with adults and children; develop fine motor skills, develop good eating habits that will last a lifetime; and enjoy good food! Most importantly, they have a feeling of "family unity and acceptance" that is essential to their emotional development.

USDA NONDISCRIMINATION STATEMENT

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial
or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

DEVELOPMENTAL PROGRAMMING

A young child's work is play. Through play a child learns skills that are essential building blocks for their later academic achievement. Daily activities are developmental in nature. Activities are designed to improve age appropriate skills. CDC direct care staff establishes the daily schedule of activities. Weekly lesson plans are written for each activity and are approved by the CDC Director and the Training and Curriculum Specialists (TACS). Each room home is divided into exploration and skill centers (blocks, music, science, books, housekeeping, table activities and arts to allow children an opportunity for child directed, child initiated play in the mornings and afternoons. Weather permitting, children have regularly scheduled outdoor, i.e., large motor, play daily. The purpose of our developmental program is to encourage individual curiosity, self-respect, physical development, and artistic expression in the children. The function of CDC staff is to provide opportunities in a loving environment for learning and guidance for social, emotional, and physical development. Multi-age grouping within facility-based programs is the norm. Typically, children will be placed in groups that cover a minimum age span of 18 months, e.g. 0-18 months, 18-36 months, although a two-year age span would not be improbable. The benefits of multi-age groups are twofold. First, children are with the same direct care staff for a longer period of time giving the child one less change to make in an ever-changing world. Second, the older children, e.g. “role models,” will encourage the younger children’s development while the older children benefit from developing leadership skills.

CDC FULL DAY PROGRAM

To be eligible for care, the following items are required;

a. **Infant/Pre-Toddler.**

   1) **Age Eligibility** -- 6 weeks to 24 months approximately, or until the child's developmental level enables him to join the toddler age group. We can accept children of single or dual military parents at the age of 4 weeks on a space available basis only.

   2) **Staffing Ratio** -- AR 608-10 establishes the ratio at 4 infants (birth-11 months) to 1 direct care staff or 5 pre-toddlers (12-24 months) to 1 direct care staff.

   3) **Infant Activities** -- All infants are in cribs only during sleeping or for periods of up to 30 minutes of rest time. All infants in our care will be provided opportunities for exercise, large and small muscle development, crawling and exploring, social interaction, and the development of communication and independent activities.
4) Meals -- Infants are fed meals according to their individual schedules stated on their Infant Feeding Plan rather than imposed meal times. Meals are claimed according to the following schedule: Breakfast prior to 0830; Lunch 1100 – 1130; PM snack 1400-1430; Parents are asked to bring 4-5 clean bottles labeled with the child's first and last name and the date daily. Bottles will be returned to parents at the end of the day. No glass bottles are allowed. Medication and/or cereal will not be mixed in baby bottles. Infants under 12 months old will be held during feedings. Bottles will not be left with infants while they are sleeping and will not be propped at any time. Bottles and/or food will not be prepared for parents to take home at the end of the day. Parents providing their own formula and/or breast milk will follow the guidance found under FOOD SERVICE.

5) Diapers -- Disposable diapers must be used. The only exception to this rule is in the case of an allergy or other medical reason. If a physician's statement of allergy is presented to the CYP, the director will allow the use of cloth diapers in conjunction with plastic pants. Soiled cloth diapers and plastic pants will be immediately placed in a plastic bag without rinsing and sent home with the pants.

1. Parents must provide the following: at least twelve diapers for each child requiring them, and some type of disposable baby wipes (in original container) for infants/pre-toddlers (washcloths may not be used in the CDC). This helps reduce odors within the room as well as maintaining sanitary conditions.

2. Diapers are checked at least every hour for changing. Once asleep, children will not be awakened to be changed. They will be changed if they awaken or if they show signs of discomfort. The caregiver in the section will be happy to change the child before you leave.

3. Diaper Bags -- Please place extra supplies (bottles, diapers, change of clothes, etc.) in a diaper bag. Items in a child's bag should be appropriate to the child's needs while at the Center. It is not possible to keep track of loose items at the Center. Please label your child's possessions so we can identify them. Please do not place powder or over-the-counter medications in your child's diaper bag.

6) Infants/pre-toddlers must be dressed in appropriate clothing. Since we do spend a part of each day outdoors, this would mean no pajamas of any type but outdoor clothing, e.g. sweaters or jackets, and sturdy foot coverings, e.g. hard or soft soled shoes. Shoes -- For safety reasons, flip-flops, sandals, thongs, heels without straps, or wedged heels are not permitted for children in CDC. Laced-up or Velcro shoes are recommended. Walking babies must wear socks and closed-toe shoes, non-walker’s socks.

7) Infant sleep position policy. Please see appendix D AND E for the DLA Infant Sleep Policy. All patrons of children 0-12 months old will be required to complete the form prior to starting at the CDC.
b. **Toddler**

1) Age Eligibility -- Children transferring into the toddler program from the infant/pre-toddler room will be moved at approximately 18-24 months of age. A child can be moved earlier if the director judges that the child is mature enough to handle the program and is using a sippy cup without the need for a bottle and/or pacifier. Children entering the toddler program that are not in the infant/pre-toddler program will be at minimum 18 months of age, using a sippy cup without the need for a bottle and/or pacifier.

2) Staffing Ratio -- AR 608-10 established the ratio for toddlers as 7 children to 1 direct care staff.

**NOTE:** Parents of toddlers, please refer to the infant care section of this handbook for information regarding diapers. Pre-toddlers/toddlers who are in training pants will be required to provide a pair of plastic pants for each pair of training pants. This is to prevent urine/feces from being absorbed in the carpeted area should an accident occur. Bottles are not permitted in pre-toddler/toddler rooms. Please provide your child with a minimum of two additional clean outfits a day for a total of four outfits per day. Please do not leave bottles, medications, or toys in your child's belongings.

c. **3-5-Year-Old**

1) Age Eligibility -- A child must be three years of age and potty-trained to enter the preschool program. If a child is moving from the toddler program to the preschool program, he must be three years of age or deemed mature enough by the director to participate in the older age group's program.

2) Staff Ratio -- AR 608-10 established the ratio as 10 children to 1 direct care staff.

**DISCIPLINE/GUIDANCE POLICY**

The discipline policy of CYS reflects the overall philosophy of the program. The purpose of discipline is to aid children in developing their own inner controls. Our caregivers and providers are trained in positive guidance techniques. We do not use corporal punishment. Occasionally, a child may need to spend a few minutes away from the planned activities in order to regain self-control. This redirect is always under adult supervision and does not last for more than 5 minutes. The child is encouraged to rejoin the group as soon as he/she is ready. Our staff and providers encourage children to respect others and to express their own feelings.

Children who have difficulty meeting behavior expectations are worked with on an individual basis. If serious problems occur, parents will be contacted and a conference scheduled. At any time that a child’s behavior poses a serious risk to the safety of others in the classroom, parents will be requested to immediately pick up the child. The CDC Director will determine when the child may return to care. Should anything point to the possibility of a special need, the family will be referred to the Special Needs Accommodation Team to determine how best to
accommodate the needs of the child and the parents.

In the best interest of all the children we serve and regardless of the cause of the behavior, alternative child care arrangements may be recommended. Please refer to our SOP on guidance and discipline for full details on procedures and plans to assist children in managing their behavior.

**DISCIPLINE-BIRTH TO KINDERGARTEN:**

CDC Services personnel will discipline consistently, based on each child’s individual need and behavior. Simple understandable rules are established so that expectations and limitations are clearly defined. Discipline is constructive, e.g., use of redirection, separation from situations, praise of appropriate behavior and if needed gentle physical restraint such as holding. Children will be gently restrained to help prevent them from injuring another child, staff member, or themselves. Time out will be used as a last resort. A child cannot be punished in the following manners: spanking, shaking, pinching, or other corporal punishment; isolation away from adult sight or contact; confinement to closets, boxes or similar places; binding to restrain movement of mouth or limb; humiliation or verbal abuse, e.g., dummy, stupid, idiot; deprivation of meals, snacks, outdoor play time or other program activities (short term restrictions are permissible); A child will not be punished for lapses in toilet training or refusing food. High chairs and cribs cannot be used for discipline.

**INAPPROPRIATE BEHAVIOR TIMELINE/RISK ASSESSMENT**

When a behavior problem occurs regardless of the age of the child the CYP staff member provider will redirect child on an individual basis to address the inappropriate behavior. Staff/providers will document how often any unusual or inappropriate behavior occurs, the circumstances under which the behavior occurs and any steps taken by the staff/providers to deal with the behavior on DLA Form 1852-1, Injury/Incident Report and/or observation records. First, parents will be notified of behavior problems on a daily basis verbally and by signing and receiving a copy of the completed DLA Form 1852-1, DLA CYS Services Injury/Incident Report. When a child exhibits a discipline or behavior problem that is disruptive, aggressive, harmful to themselves or others, and/or necessitates hiring additional staff the CYS Services trainers will immediately begin written documented observations of the child behavior. “Aggressive behaviors” are those behavior patterns characterized by irritability, tantrums, destructiveness, or violence in response to frustration. Areas of observation will include: classroom curriculum, child individualization; environment; appropriate equipment and materials; program structure to include schedule, routine and transitions; activities and experiences, supportive interactions and positive social development.

Second, meetings with parents and staff will be scheduled. The first meeting is to identify the concerns, discuss possible causes and intervention strategies to use at home and in the program. One or two weeks later, a second meeting will be called to review the strategies, discuss if they were successful and/or any continuing problems. Referral may be made at this time to an outside agency.

Third, if there is no improvement in behavior a risk assessment by the SNAP will be done. The child will be assessed when the program has tried to make changes and accommodations; the
changes and accommodations were unsuccessful; and the child is likely to cause or continue to cause significant harm to other children and staff.

Child biting is a common problem in many children 1-2 years of age. It is also common in child development centers where children first experience socialization with other children in a structured environment. Parents of children in these age groups will be contacted and required to participate in meetings with their child's caregivers and administrative staff to develop a feasible plan to correct the child's inappropriate behavior. Resolution of biting problems will focus on behavior modification. If the child's behavior continues, parents will be required to participate in a risk assessment evaluation by the Special Needs Accommodation Process (SNAP).

The name of the child that bit is kept confidential. This is to avoid labeling and to give teachers the opportunity to use their time and energy on stopping the biting.

TOUCH

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 personal space of the child is also of importance. Appropriate touches involve responses affecting the safety and well-being of a child from a potentially dangerous situation. Other types of appropriate touching for children preschool age and younger are diapering, cleansing genital areas after bowel movement or urination and/or 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. These policies have been reestablished as part of the overall developmental goals of CYS and are used in all CYS Services programs.

SUSPECTED CHILD ABUSE/NEGLECT

As mandated by the California Child Abuse Reporting Law qualified personnel will evaluate AR 608-18 and AR 608-10, all unusual marks, behavior, etc. All CYP personnel are mandated reporters and are required to report any unusual marks, behaviors, etc., to the DLA police to initiate the evaluation by qualified personnel by calling 209-839-4303.

It is the parent's responsibility to notify CYP personnel of birthmarks, peculiarities, etc., so that these are not mistakenly identified as suspected abuse. These should be noted on the enrollment paperwork at the time of enrollment.

Parents should report any new bruises, injuries, or unusual marks to CYP personnel when they bring their child into a CYS Services facility for care. Suspected cases of abuse/ neglect/ maltreatment will be reported to DLA police, who will make a reasonable attempt to contact the
child’s parents before taking the child to Hospital for a medical evaluation.

Parents should report any suspected child abuse to the DLA police by calling 209-839-4303 to report. The Department of Defense Child Abuse/ Safety Hotline is 1-877-790-1197. The safety office phone number is 209-839-4077. The Family Advocacy phone number is DSN 462-4792.

MINIMIZING THE RISK OF CHILD ABUSE

Our facilities are built to minimize the risk potential for child abuse. Vision panels in doorways and hallways allow better supervision of activity rooms. Entrances to the buildings are limited and monitored. CDC bathrooms are within classroom areas and are easily monitored. Employees undergo several background checks prior to acceptance into the programs. Personal references are checked for accuracy. Only the best qualified actually become caregivers and providers. All direct care personnel participate in annual training on child abuse recognition, reporting, and prevention. Adult/child ratios are monitored hourly. Sign in/out sheets and daily attendance records promote accountability. An open door policy is extended to all CYS parents. Staff and visitors are required to wear identification badges.

TRANSITIONING

Change can be very stressful, especially for young children who have limited experiences and coping strategies. Adjustments are always needed when children move within the program or enter an early childhood program for the first time. The amount of stress and the time required to make successful adjustments can be lessened significantly if teachers, administrators, educational coordinators and parents work together to implement smooth transitions. Our program is committed to minimize the number of transitions experienced by an individual child during the day and program year, while, at the same time, planning necessary transition experiences in collaboration with parents/families in advance of the proposed transition. We invite you to meet with your child’s current and future teaching staffs that are available to answer questions or address concerns about the move that you may have. Transition is a process that occurs over time; however, it provides a variety of learning opportunities for children as they grow. Teaching staff, administrators and parents share the responsibility in making children feel safe and secure as they move. Strengthening the tie between programs and families will help create smooth transitions for adults and children. Please refer any questions to the undersigned.

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 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.
CELEBRATIONS/BIRTHDAYS

Parents are welcome to celebrate their child’s birthday within our programs. However, it must be done with prior approval of the CDC director. Elaborate parties with gifts, balloons and favors are not appropriate. We also limit the amount of sugary foods and snacks our children consume. Birthday celebrations should be a natural extension of the developmental program and should not disrupt normal routines. Food provided must be commercially bought, be the original package with the ingredients listed on a label. No exceptions.

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 (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. Frequency is increased whenever there are outbreaks of illness, there are known contamination, visible soil, or when recommended by local public health officials to control specific infectious diseases. Task and frequency guidelines are available for review upon request.

Staff use barriers and techniques that minimize potential contact of mucous membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious materials in the facility. Barriers include personal protective equipment such as disposable gloves, masks, eye protection, mouth protection if providing CPR, etc. and other equipment such as Band-Aids. Techniques include avoiding touching surfaces with potentially contaminated materials and sanitizing potentially contaminated surfaces before further contact occurs. Spills of body fluids are cleaned up immediately with detergent followed by water rinsing and sanitation. Blood-contaminated material and diapers are disposed of in a plastic bag with a secure tie and placed in a closed container.

CDC’s pandemic preparedness efforts include ongoing surveillance of human and animal influenza viruses, risk assessments of influenza viruses with pandemic potential, and the development and improvement of preparedness tools that can aid public health practitioners in the event of an influenza pandemic.
NEWSLETTER

Monthly newsletters will be printed providing information concerning CDC activities. These are available in each classroom of the CDC.

VIDEO SURVEILLANCE

The CDC is equipped with video surveillance equipment that records activity spaces as well as playground entrance/exits. This equipment is to help ensure the safety of the children in our care. It has been determined by the Staff Judge Advocate that recordings are released only to authorized personnel with an official need for the material such as DLA Police. Patrons are only authorized to view the monitor screens, not previously recorded material. Patrons are authorized to view the monitors for a reasonable period of time in a way that does not interfere with the program operation; or are permitted to view the monitors when there is a reasonable need, e.g. viewing their child’s room or future room.
APPENDIX A: VACATION REQUEST

APPENDIX B: NOTICE OF WITHDRAWAL

APPENDIX C: OVERVIEW OF SAN JOAQUIN CDC ELIGIBILITY AND FEE DETERMINATION POLICY

APPENDIX D: SOURCES

APPENDIX E: UNATTENDED CHILDREN IN VEHICLE
APPENDIX A: VACATION REQUEST

CHILD DEVELOPMENT CENTER, DEFENSE DISTRIBUTION CENTER AT SAN JOAQUIN

PARTIAL WEEK (3-DAY) AND FULL DAY PROGRAM
VACATION REQUEST

All full day CDC children may have two (2) weeks fees subtracted from the weekly fee per fiscal year. Vacation may not be carried over to the next year. Vacations MUST BE TAKEN IN NOT LESS THAN ONE-WEEK (5 CONSECUTIVE DAYS) INCREMENTS. (Mon-Fri)

One week prior notice must be given or you will be charged current rates for the program you are enrolled in.

__________________ will be on vacation from ________________________ to ____________________________

(PRTIN name of child) (Date) (Date)

through ________________________ and will return on ________________________

(Date) (Date)

My child is in the ________________________ program, room ________________________

(Give program type, i.e., Full Day, Part Week (3-day))

PARENT
SIGNATURE: __________________________ DATE: __________________________

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3312
PRINCIPLE PURPOSE: To provide child and family program information
ROUTINE USES: Information is used for identification purposes.
DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be allowed to participate in CDC programs.

Less 1 Week __________ Vacation Credit of __________
Less 2 Weeks __________ Vacation Credit of __________

Total Vacation Credit Applied __________

Total Fees Due __________
APPENDIX B: NOTICE OF WITHDRAWAL

RECEIVED BY: NAME: ______________________ DATE____________

CHILD DEVELOPMENT CENTER, DEFENSE DISTRIBUTION CENTER AT SAN JOAQUIN NOTICE OF WITHDRAWAL

Minimum TWO WEEK notice of withdrawal is required or you will be charged one week of your rate, if in Full Week or Part Week (3-day) programs.

If you withdraw for any reason, you will be placed into the lowest category to receive child care regardless of your status (sole parent, duel military, etc.).

NOTICE IS HEREBY GIVEN THAT WE/I AM WITHDRAWING OUR/MY CHILD/CHILDREN

CHILD(REN)
NAME(S)________________________________________________________

PROGRAM______________________ROOM________________________________
(Example: Full Day, School Age, Part-Week, etc.)

Last Day of Attendance will be:
______________________________________________________________
(Month) (Day) (Year)

The reason(s) for this withdrawal is (are)
PCS____________________ ETS___________________ OTHER________________________

DATE SIGNED_________________________ SPONSOR’S SSN________________________
PARENT’S SIGNATURE___________________________________DATE:________________

DATA REQUIRED BY THE PRIVACY ACT OF 1974
AUTHORITY: Title 10, USC, Section 3312
PRINCIPLE PURPOSE: To provide child and family program information
ROUTINE USES: Information is used for identification purposes.
DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be allowed to participate in CDC programs.

OFFICE USE ONLY:
APPROVED BY: _______________________
FEES OWED: _______________________
Fill slot with: _______________________
Wait List _______________________
Internal Transitioning Child’s Name_____________________________________
(attach transition form if applicable)
APPENDIX C: OVERVIEW OF SAN JOAQUIN CDC ELIGIBILITY AND FEE DETERMINATION POLICY

A child’s eligibility for care and fee category is determined off two pieces of information: Sponsor status and Total Family Income.

In order for a child to attend the San Joaquin Child Development Center they must have a Sponsor. A sponsor is defined as “a military member (active or reserve), a member of the activated National Guard, a DOD civilian, a DOD contractor, or a member of a tenant company at San Joaquin.” We must be provided with a copy of the Sponsor’s ID card, their social security number, the most recent copy of their Leave and Earnings statement (regardless of whether it will be factored into Total Family Income), and their signature on the registration portion of the packet.

Installation Site Directors have established a priority system for care based on the Sponsor and spouse’s employment status. Please read “Eligibility and Priority of Services” in the Parent Handbook for information on Priority numbers.

Total Family Income (TFI) is all earned income including wages, salaries, tips, long-term disability benefits, combat pay, voluntary salary deferrals, retirement, social security or other pension income, BEFORE deductions for taxes. Military families will include all pay and allowances listed on the member’s Leave and Earnings Statement (LES) EXCEPT cost of living allowance, temporary duty allowances, or reimbursement for educational expenses. Military Specialty Pay (flight pay, sea pay, special duty pay, etc.) will also be added into TFI.

For blended families: The TFI of the household in which the child spends MOST of his or her time will be used to determine TFI. For households in which unmarried couples or pairs are living as a family, the total HOUSEHOLD income will be used to determine TFI. The definition of household is as follows: Individuals who comprise a family unit and who live together under the same roof; individuals who dwell in the same place and comprise a family.

Parents who show a marital status of “Married” on their LES or paystub will be asked to provide legal separation or divorce documentation OR a notarized statement of separation. Notarized statements to document legal separations must also be co-signed by the installation site director.

Failure to provide the above information to calculate TFI will result in being charged the category IX fees. The installation commander may also verify the information on your application and deliberate misrepresentation of the information may subject you to prosecution under applicable state and federal laws.

See SOP #21: Child Development Center Eligibility and Fee Determination Policy for full details and for any familial situation not included in this overview.
APPENDIX D: SOURCES

-San Joaquin Child Development Center Parent Handbook

- San Joaquin Child and Youth Services Standard Operating Procedure 21: FEE POLICY GUIDANCE: ALTERNATIVE FAMILIAL SITUATIONS

-DODI 6060.2

-DD Form 2652


If further clarification is needed on items in the Parent handbook, please refer to the SOP (Standard Operating Procedures) binder located in the front office.
WARNING

NOTICE
DO NOT LEAVE CHILDREN UNSUPERVISED IN A MOTOR VEHICLE

California Vehicle Code (CVC)
15620(a): Unattended Child; A parent, legal guardian, or other person responsible for a child who is 6 years of age or younger may not leave that child inside a motor vehicle without being subject to the supervision of a person who is 12 years of age or older...

DLA San Joaquin Police
(209) 839-4302
California Law: Effective January 1, 2017:

Effective January 1, 2017:

- Children under 2 years of age shall ride in a rear-facing car seat unless the child weighs 40 or more pounds OR is 40 or more inches tall. The child shall be secured in a manner that complies with the height and weight limits specified by the manufacturer of the car seat.

Current California Law:

- Children under the age of 8 must be secured in a car seat or booster seat in the back seat.
- Children who are 8 years of age OR have reached 4’9” in height must be secured by a safety belt.
- Passengers who are 16 years of age and over are subject to California’s Mandatory Seat Belt law.

Thank you,
Dolores Williams
CDC DIRECTOR
Unemployment:
Upon enrollment of any child where one or both parents is unemployed the unemployed parent will be granted 90 days to secure employment. After 90 days the slot will be reviewed by management and the Site Director. Based on the waitlist needs you may be asked to vacate your slot. Slots are not guaranteed for families with one stay at home parent.

School Registration:
Any family with one or both parents attending a post-secondary education facility will be required to provide documentation of full time enrollment. This documentation will consist of a signed schedule on official letterhead obtained from the school.

Thank you
Dolores Williams
CDC Director
It is the mission of the San Joaquin Child Development Center to create a loving, caring and nurturing program as well as maintain an active learning environment for all of our groups.

The Parent Handbook enables the Child Development Center to communicate the policies and procedures of our facility with you. By signing below you are acknowledging your receipt and understanding of Fiscal Year 17-18 Parent Handbook.

Child’s Name:____________________  Parent Signature:____________________

Thank you,
Dolores Williams
CDC Director