

Child and Youth Program

Parent Handbook

(Revised August 2018)



Defense Logistics Agency
CHILD AND YOUTH PROGRAM

caring hands. happy hearts.

DEFENSE LOGISTICS AGENCY
SUSQUEHANNA
Child & Youth Program
Bldg 255 J Avenue
New Cumberland, PA 17070

Dear Parent(s):

Welcome to the Defense Logistics Agency Child & Youth Program (CYP). Our goal is to provide you with the best in childcare and recreation. This handbook is designed to acquaint you with the policies and procedures for the program in which you have enrolled your child. Please read and refer to it as needed.

CYP encompasses all aspects of childcare and provides high quality developmental and recreational programs for children ages six weeks to twelve years. These programs include: center based full day care, hourly care, before and after school programming and summer camp programs. All of our programs are designed to assist active duty and DoD personnel in balancing the competing demands of family life and the accomplishment of the mission and to improve the economic viability of the family unit.

We have an open door policy and invite you to visit our programs any time. We are here to serve you. Feel free to contact us concerning how we can improve or expand our services.

We look forward to working with you and your family and hope that your experience with our programs will be positive and rewarding.

Tim F. Cook
Coordinator,
Child & Youth Program

MISSION STATEMENT

DLA Susquehanna Child & Youth Program (CYP) supports military readiness by contributing to the well-being of families with children through quality, affordable childcare in center-based settings. All programs are developmentally appropriate and designed to provide for the social, emotional, physical, intellectual and cognitive growth of children regardless of age. Our goal is to reduce the conflict between parental responsibility and mission requirements. CYP is offered as a supplement to, not substitute for, the family as the primary agent for the care and development of the child. Admission is open to all regardless of race, color, national origin, sex, age or disability.

CYP is a network of child care programs comprised of the following:

Child Development Center

- Ages 6 weeks – PreK
- Monday – Friday 5:45am – 5:15pm

School Age Program

- Before and After School Care for children in Kindergarten – 5th Grade
- Summer Camp for children who have completed Kindergarten – 5th grade
- In-Service and Holiday care (Kindergarten – 5th Grade)
- Monday – Friday 5:45am – 5:15pm

Central Registration

- Located in Building 400, adjacent to the Health Clinic in the MWR Offices

POINTS OF CONTACT

CYP Coordinator	717-770-7669
Central Registration	717-770-4239
Child Development Center Director	717-770-4746
Child Development Center Assistant Director	717-770-5897
Training & Curriculum Specialist, CDC	717-770-4353
Training & Curriculum Specialist, SAS	717-770-6775
School Age Program Director	717-770-6768
CYP Nurse	717-770-4236
Front Desk	717-770-7360/7525

The Child & Youth Programs utilize the Remind app for providing information on the programs offered, special activities/events, hours of operation, etc., within all of our programs. This service also serves as a notification system during times that programs are closed or delayed due to emergencies or adverse weather. Please refer to Attachment A for instructions on signing up for the Remind app.

CHILD & YOUTH PROGRAM PHILOSOPHY

Child & Youth Program (CYP) is fully committed to providing the highest level of quality childcare and recreational activities for children ages 6 weeks to 18 years. CYP strongly believes quality programs promote a safe and nurturing environment that enhances the social, emotional, physical, language and cognitive development of all participants while responding to the diverse needs of the military and DoD families in our community.

CHILDREN SIX WEEKS THROUGH 5 YEARS OF AGE:

Children's learning does not occur in narrowly defined subject areas, but rather with realistic meaning and understanding of the world they are exposed to. Curriculum goals and plans are based on regular assessments of each child's developmental needs, strengths and interests while respecting the diversity of each child's culture, family values and community perspectives.

It has long been known that children's learning occurs when their play is self-directed. Child Development Program (CDP) classroom staff offer activity centers/learning areas that allow children the opportunity to explore, create, imagine and experience their environment. Caregivers are readily available to facilitate learning and provide nurturing encouragement to each child. Individual activities are child-centered, process-oriented, provide concrete, hands-on experiences and are designed to promote further development and prepare your child for the next level of learning.

SCHOOL AGE PROGRAM:

Programs are designed to provide activities for youth members to 12 years of age. Crafts, games, food experiences, homework assistance, and field trips are a brief example of the activities your child will encounter. All programming is developed with consideration of the desires of the participants and with respect to the cultural diversity and familial values of each member. CYP promotes the belief that all children are winners, all children can learn and self-esteem and respect for others is continually fostered.

INTRODUCTION

PROGRAM GOAL

Our goal is to provide a safe and nurturing environment that promotes the physical, social, emotional and cognitive development of children while responding to the needs of families.

OPEN DOOR POLICY

CYP has an open door policy. Parents are encouraged to visit, observe and participate in any program in which their child is enrolled. Communication between parents, teachers and staff is vital to the well-being of your child.

PARENT ORIENTATION/TOURS

Prospective patrons may visit CYP for a tour and orientation. Parents are encouraged to phone the center for an appointment to ensure adequate time and staffing escorts are available. Escorts are necessary to ensure protection for the children enrolled in the programs. Tours are scheduled on Tuesday between 9:00 – 11:30am, 2:00 – 4:00pm, or Thursdays between 12:00 – 3:00pm.

OVERSIGHT

The Child and Youth Programs are governed by Defense Logistics Agency regulations, local sanitation, safety, and fire regulations, and food service guidelines provided by the USDA sponsored Child and Adult Care Food Program. Monthly/Quarterly inspections are conducted by the Preventive Medicine Unit from Carlisle Barracks/Ft Meade, DLA Installation Support Safety, and the DLA Susquehanna Fire Department. In addition, there are annual Comprehensive, Multidisciplinary, and DLA Headquarters Inspections.

DESCRIPTION OF SERVICES

CENTRAL PARENT SERVICES (770-4239)

Serves as a “one stop” shop for meeting your childcare needs. Central Registration provides childcare information, referrals and assistance in locating childcare on the installation. Contact this office for program information and registration. This office is located in the CDC, Bldg 255. The waiting list for all programs is accessed through MilitaryChildCare.com.

CHILD DEVELOPMENT PROGRAM (770-7360/7525)

The Child Development Center (CDC) offers the following programs:

***FULL DAY CHILDCARE:** Full day childcare is available for children six weeks to five years of age. The Child Development Program hours are [5:45am – 5:15pm](#), Monday thru Friday.

***HOURLY CHILDCARE:** Hourly childcare services are available daily from for children one to five years of age. Services are offered on a space available basis.

***SPECIAL FUNCTION CHILDCARE:** Units and organizations aboard DLA Susquehanna may request childcare services for special events/functions, etc. To set up special function childcare, contact the Central Registration Office or the Program Director. The following options are available:

**Short Term Alternative Child Care (STACC): Childcare provided after hours at the Child Development Center or at an approved on site location when parents are in participating in an event at the same location. (Providing STACC services during CDC hours of operation is contingent upon availability of staff)*

**Special Function Child Care: Childcare contracted by a unit/organization that is provided within the Child Development Center after the normal hours of operation.*

The Child Development Center contracts directly with units/organizations/squadrons, etc., for special function childcare. All staffing costs incurred will be billed to the unit/organization.

SCHOOL AGE AND YOUTH ACTIVITIES CENTER (770-6768)

SCHOOL AGE CARE: The School Age Care Program (SAC) is for children ages six to twelve (grades K- 5). This program provides care before school, beginning at 0545, after school, until 1715, and on school breaks. Children can be dropped off at the in the mornings and the bus will take them to school. The bus will bring them back in the afternoon until their parents pick them up (Bus transportation is only provided for Hillside Elementary School only).

SUMMER CAMP: Summer Camp occurs when school is dismissed for summer break. This program is for children ages six to twelve (grades K-5; must have already completed Kindergarten to be eligible), and operates Monday – Friday [0545 - 1715](#).

BOYS AND GIRLS CLUB PROGRAMMING: The School Age Program is an affiliate of the Boys and Girls Clubs of America. For more details of the Boys and Girls Club programming offered, visit www.bgca.org.

SPECIAL NEEDS

The CYP promotes the placement of children with special needs in an appropriate, least restrictive environment. In order to ensure that the child is placed in an environment in which he/she can succeed, the CYP Coordinator will call a meeting of the Multi-disciplinary Inclusion Action Team (MIAT) prior to placing a child with special needs. This team will meet with the parents, staff and other professionals designated by the parents or staff to define the specific needs, determine placement and ways to meet those needs.

Needs requiring review include medical diagnoses, allergies, and other health impairments listed on the health assessment by the physician. The two exceptions are medication and seasonal allergies. While these should be listed on the health assessment, they do not necessarily require a MIAT meeting.

ELIGIBILITY/REGISTRATION/FEEES

PATRON ELIGIBILITY

The status of the sponsor determines the eligibility of children enrolled. Eligible patrons (sponsors) include military personnel, DOD civilian personnel, and reservists on active duty or during inactive personnel training and DOD contractors.

REGISTRATION DOCUMENTS

Families requesting childcare services meet with Central Registration to discuss their specific needs and available program options. Families must provide:

- completed registration package
- signed fee policy
- power of attorney (if military sponsor is deployed)
- family care plan, if single (parent) or dual military
- sponsor/spouse/child's Social Security Numbers
- up to date shot record
- health assessment
- LES/pay stubs or college schedule reflecting total family income
- Two local escort/emergency contacts.
- Copy of latest Tax Return

NOTES: Either parent may register child(ren), however, SPONSOR must sign forms to complete registration.

RE-REGISTRATION/ANNUAL UPDATES

Re-registration/Annual Updates require all previously submitted information to be verified for accuracy, updated (as needed), initialed and dated by either the spouse or the sponsor. Updated shot records, annual health assessments, and new USDA Child and Adult Care Food Program forms are required. Re-registration requires an appointment with Central Registration.

WAITING LIST

When Child Development Programs are at maximum capacity, a waiting list will be maintained. To be placed on the waiting list visit MilitaryChildCare.com. A priority placement system has been established that is supportive of operational readiness, mission accomplishment and retention.

Vacancies will be filled from the waiting list based on the following priority placement system:

- *Once an available space has been offered, the sponsor will have 24 hours to accept or deny the space and pay the applicable registration fee.
- *If an available space is offered and refused, the request for care will be deleted from the waiting list.
- *Expectant parents may place their unborn child on the waiting list. After birth, parents must notify the Central Registration Office with up-dated information. At that time, the child's name will be placed in the appropriate priority using the date that the parents first contacted the Central Registration office.

PLACING AN UNBORN CHILD ON THE WAITING LIST IS HIGHLY RECOMMENDED, but does not guarantee a space will be available when care is needed.

When there is no waiting list, vacancies are filled on a first come, first served basis by priority and age group.

ADMISSION REQUIREMENTS

All parents must complete an enrollment package and provide a copy of their child's immunization record and current health assessment in order to register their child in any CYP. Packets may be picked up or filled out online in advance. If the sponsor is divorced or separated, a copy of the legal documentation supporting this status must be provided at the time of registration.

Single active duty military and dual active duty military parents must furnish a copy of their individual **Family Care Plan** at the time of registration. A Special Power of Attorney may be provided for families with deployed service members.

FEES AND CHARGES

- 1) **Registration Deposit** - A nonrefundable, one-time registration deposit per child is due upon enrollment in CYP. This deposit will be equal to the first payment due and subsequently credited toward payment of the first payment bi-weekly fees due. Once this registration deposit is paid, the payment policy is signed, and all applicable documents have been turned in, the sponsor's child(ren) is/are considered enrolled in the applicable program for the registration year. The sponsor is responsible for adhering to the guidelines outlined in the policy.
- 2) **Total Family Income** - As mandated by DOD regulations, fees are based upon total family income, using the sponsor's most recent Leave and Earning Statement (LES) and the spouse's most recent LES, W-2 form or pay stub (all active duty must present their most recent LES). In order to provide a consistency in programming among all of our activities, a "**family**" is defined as the following, "**a group of related or non-related individuals, who are not residents of an institution or boarding house, but who are living as one economic unit.**"
- 3) **Fee Payment** - As outlined in the payment policy, fees are due in advance of services according to the following: Full-time fees to include CDC and Before & After School are due on the 1 and 15 of each month by 1715 hours. There is a 5 day grace period for payment of full-time fees, before late fees are assessed.

Hourly childcare fees are due at drop-off the day services are rendered, based on the time reserved.

- 4) Meals and Snacks - Fees for all programs include meals and snacks that are provided.
- 5) Holidays, Program Closures, Vacations and Illness - Full-time CDC patrons are authorized 2 fee-free vacation week after being enrolled in the program. The vacation week must be taken over 5 consecutive Monday – Friday work days and may be taken in conjunction with termination/disenrollment. Fees will not be prorated for holidays, early closure days, training day closures, base closure, additional vacation days, illness or emergencies.
- 6) Fee Categories and Subsidies - Parents are assigned a fee category, according to a sliding scale based on their income, at the time of enrollment. All fee categories are subsidized by the Department of Defense (DOD). Fees are re-evaluated and adjustments made annually in accordance with DOD guidance. This is the only time that fees are evaluated.
- 7) Fee Adjustments - Military installations are not obligated to adjust patrons' fees during the year as a result to changes in family income. However, if you feel that your childcare fees should be re-evaluated due to a permanent change in family income, you may submit a written request with supporting documentation to the CYP Coordinator requesting an adjustment in fees (this is no guarantee). Parents who are gainfully employed will be required to show proof of employment bi-annually and those who are full time students will be required to show full time status each semester. Spouses who are no longer employed or a full time student have 30 days to show proof of employment or a college registration form showing full time enrollment status or their child(ren) may be disenrolled from the program and placed on the waiting list and assigned a priority two status. Patrons will not receive a refund when the center is closed for environmental or facility related issues, or for days of staff training.
- 8) Late Payment Policy - If program fees are not paid on time a late fee of \$10.00 will be charged to your account. Additionally, if arrangements have not been made with the Director to bring a delinquent account up to date, childcare services will be terminated. Please ensure that your account is kept current to avoid additional charges. Remember, fees are due whether your child is in attendance or not.
- 9) Late Pick-up Fees and Procedures - Please ensure that you are aware of the opening and closing times of the program in which your child is enrolled. Parents who pick their child(ren) up after program closing times will be charged a late fee as follows:

CDC and SAC 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. When the family is later than 15 minutes, the family is charged \$5.00 per child, per site for the remainder of the hour. Late fees are due prior to dropping off your child(ren) the following business day.

If a child is left more than 30 minutes after closing, the Installation Security Office will be contacted for assistance in locating the parents. This policy also applies to hourly care patrons.

OPERATIONAL POLICIES

ORGANIZATIONAL STRUCTURE

The Child and Youth Program is part of DLA Installation Support at Susquehanna. If at any time you have a question or concern, please bring it to our attention. We adhere to the philosophy that problems should be resolved and suggestions reviewed at the lowest level possible. So that we can expeditiously address your concerns and recommendations for improvement, please follow the chain of command listed below:

1. Caregiver/Program Assistant/Provider
2. Center/Assistant Director [770-7360](tel:770-7360)
(Located at the Child & Youth Programs Bldg. 255)
3. CYP Coordinator – [770-7669](tel:770-7669)
(Located at the Morale, Welfare and Recreation Programs Bldg. 400)
5. Family Services Chief – [770-5073](tel:770-5073)
(Located at the Morale, Welfare and Recreation Programs Bldg. 400)

STAFF/CHILD RATIOS

DoD mandated staff to child ratios are maintained at all times in order to provide adequate supervision and ensure expeditious evacuation of all children in the event of a fire or other emergency. The following staff/child ratios are in effect at all times in the CDC programs:

STAFF/CHILD RATIOS	
6 WEEKS – 1 YEAR	1:4
1 YEAR – 2 YEARS	1:5
2 YEARS – 3 YEARS	1:7
3 YEARS – 5 YEARS	1:10
SCHOOL AGE CARE	1:15

DISENROLLMENT

We respect a parent's right to disenroll their child from any CYP. One full week's written notification is required. We reserve the right to cancel enrollment of a child within the program when a parent does not adhere to policies, including failure to pay user fees. Further, if we cannot meet the individual needs of a child within the group care; we reserve the right to withdraw your child.

ARRIVAL AND DEPARTURE/DAILY REQUIREMENTS

Signing in/out - Parents/Escorts must sign children in and out at the front desk, prior to dropping off/picking up children, and in the child's classroom daily. Parents are responsible for the safe arrival to and departure from the CYP, and will access the facility through the main entrance. Children must be escorted to their room by their parent/escort and parents must leave an emergency contact number where they can be reached during the day. Parents will ensure that anytime they enter or leave a classroom environment, the half door that secures the classroom is closed properly.

For the safety of your younger children, we request that older children be dropped off before younger children and the older children be picked up last.

Also, note that children in the CYP will **not be allowed** to be **signed in or out during fire drills or emergency situations** before children return to the classroom and all are accounted for.

ESCORT AUTHORIZATION/EMERGENCY CONTACT

At the time of registration, parents must list at least two escort/emergency contact for their child(ren). They must be in the local area and will be contacted only if the program is unable to contact the parent in the event of an emergency, illness, etc.

Persons authorized to pick your child up must be listed as an escort/emergency contact on your child's enrollment form and will be required to produce identification before your child is released into their care.

Parents must notify the center each time an alternate pick up person will be used, giving the center authority to release the child for that particular day(s). In the event an alternate pick up arrives without known consent, the parent will be called for authorization to release. Parents will be responsible to provide contact number updates in the event of changes.

Please ensure that you update your escort/emergency contact information as needed. In the event that parents are unable to pick up their child and no designated escort is available, the Installation Security Office will be notified.

CUSTODY DISPUTES

CYP staff will not become involved in custody disputes. Parents who have legal custody of a child must provide a copy of the court order for our files. In the event that the other parent attempts to take the child from the center, the Installation Security Office and the sponsor will be notified. The program staff will not endanger the other children or staff members to prevent the parent from taking the child from the premises.

UPDATED INFORMATION

Parents/guardians are responsible for keeping their child(ren)s information up to date. Please inform the administrative staff of any changes in address, phone numbers, emergency contacts etc.

COMMITMENT TO CONFIDENTIALITY

We appreciate you trusting us to take care of your child/ren. Please know that we respect the information you share with us and will use that information in a professional manner as a means to meet your child's needs. AR 608-10, mandates Confidentiality. All information about children, youth, teens, families, and staff shall be kept confidential. Program managers shall be familiar with and comply with the Privacy Act. Accordingly, all information about children, youth, families, and staff will be kept under lock and key to ensure confidentiality. Access to children's files will be granted only to CYP staff, medical personnel, as needed, and individuals assigned as part of our required inspections. Due to CYP staff being mandated child abuse reporters, pertinent information may be required to be shared with state Child & Youth agencies in the event an allegation is disclosed.

FIRE ARMS

Fire arms are strictly prohibited from being brought into any CYP facility, except for official business being performed by a station authorized law enforcement agency.

COMPLAINT PROCEDURES

Any concerns, comments, or suggestions for improvement should be brought to the attention of the appropriate Assistant Director/Program Director to ensure expeditious resolution. We welcome parent input and encourage use of the Child Development Center's Comment/Suggestion Box located in the lobby or contact the Program Director. We have a commitment to continuous improvement of the services we provide.

DEVELOPMENTAL PROGRAM

PROGRAM STATEMENT

The early years are truly the learning years. Every moment is an opportunity to learn more about the world, practice social skills and gain critical thinking skills and knowledge. The early years lay the foundation for all later learning and shape whether children succeed in school and later life. If we care about our children, then we must ensure that all young children enjoy an early childhood that prepares them to take full advantage of their educational opportunities and to become effective citizens, capable workers and loving parents of the next generation. Our program is based on teacher's observations and recordings of each child's special interest and developmental progress. Programs provide for a wide range of developmental interests and abilities. Adults provide opportunities for children to choose from a variety of activities, materials and equipment and time to explore through active involvement.

CURRICULUM

Children are born natural learners whose curiosity about the world around them motivates them to acquire knowledge and develop skills. Children are learning and exploring their environment every minute of the day. Play, whether at home or in a group care setting, becomes the means through which education occurs. Through play, children develop a foundation of skills needed to participate in formal academic learning. Our program is designed to promote child-initiated learning with hands-on experiences that encourage responsibility, decision-making, problem solving, self-reliance, the building of self-esteem and respect for another person's ideas, cultural values and interests.

CYP uses the Creative Curriculum (Teaching Strategies Gold) to promote the individual interests and needs of children. The Creative Curriculum uses classroom observations and assessments performed by teachers on each child to formulate a lesson plan promoting emotional, physical, intellectual, cognitive and physical growth. A balance is created to include both active and quiet activities. Outdoor experiences are planned for children of all ages as well.

Each classroom is designed to meet the needs of the age and developmental level of the children enrolled while respecting each child's unique style of learning. A variety of multi-cultural, non-sexist toys, equipment and activities, that will promote interaction between the children and the world which surrounds them, are available. Teachers facilitate learning by guiding children to an activity/learning center and encouraging participation. Teachers prepare lesson plans for each learning center based on the particular interests of the children and the established goals. The child is allowed to make choices when selecting an activity, thus learning valuable life lessons that will have long lasting effects. Learning centers generally consist of the following area: science, blocks, music, art, books, table top toys, sand/water table, dramatic play, and in some age groups computers.

DEVELOPMENTAL ASSESSMENTS

Each child is assigned a primary caregiver when they are assigned to a classroom. The caregiver assesses growth using a list of developmentally sequenced behaviors in five different skill areas; socialization, self- help, language, cognitive and motor skills. Using this checklist and knowledge of the children's interests, the caregivers develop activity plans that will promote individual growth and development. Parent conferences will be scheduled on a semi-annual basis, typically January and July, to discuss these assessments, however, conferences may be scheduled at any time at the request of the parent or caregiver.

CLASSROOM PLACEMENT/TRANSITIONING TO A NEW CLASSROOM

As a general rule, children will be placed in the CDC according to their chronological age and will move to the next classroom around the time of their birthday. However, since children develop at different rates, the CDC staff may recommend that children stay in a classroom past their birthday or move to the next age group earlier than their birthday dependent on their development readiness. When it is time for a child to move to a new classroom, parents will be given the option of moving their child with or without a transition period.

Children will be placed in classrooms based on where spaces are available.

PERSONAL BELONGINGS

***Clothing:** Parents should make sure that children are dressed in clothes that are appropriate for the weather and durable for play both indoors and outdoors. To prevent injuries, sandals and open toed shoes are discouraged and flip flops/thong type sandals are not permitted. Rubber soled shoes are most effective for young children when climbing on playground equipment or participating in gross motor activities.

A complete change of clothes for each child must be kept at the center for emergencies. Additional sets of clothes may be requested for infants, pre-toddlers, toddlers and for children who are potty training. Soiled clothing will be sent home and the parent will be responsible for returning a clean change of clothes. Should all available clothing be soiled, the parents will be contacted to bring additional clothing. Precautions will be taken to safeguard clothing and/or personal belonging, however, the center will not be responsible for lost or damaged items.

***Diapers/Wipes:** Only disposable diapers are permitted in CYP. Parents are encouraged to leave a supply of diapers at the center. Children will need enough diapers and wipes to cover one diaper change per hour that the child is in the center due to the fact that staff checks children for signs that diapers or pull-ups are wet or contain feces at least every hour when children are awake and when children awaken. As a courtesy, staff members remind parents when they need to supply more diapers and/or wipes, however, it is the parent's responsibility to check daily to ensure that they have enough.

***Jewelry:** Please do not allow your child to wear jewelry. Jewelry can be easily lost and can be a safety issue. Jewelry includes items such as beads, bracelets, watches, necklaces and earrings (except for small posts for pierced ears). Under no circumstances may children wear hoop-style earrings or necklaces due to the likelihood of getting them caught on playground equipment, furniture, clothing, etc.

***Items from home:** Food, toys and other items from home may not be brought into the center. This policy ensures that items are not lost, misplaced or cause injury to others. This does not include security items such as a blanket that a child may need for comfort at naptime or items that are part of a learning activity in your child's classroom. Please monitor your children to ensure that they do not bring prohibited items into the program.

OUTDOORPLAY

Your child's experiences on the playground are an important part of our program and his/her development. We view the playground as an extension of the activity room. It combines opportunities for exploration, creativity and play. We allow children to be outside each day, weather permitting. Please send children dressed appropriately for outside play. Due to staffing demands, we are unable to allow children to stay inside while their group is outside. If your child is too ill to participate in the daily schedule of activities, which includes outdoor play, he/she should remain at home.

- The Child Care Weather Watch chart will be used for assessing outdoor conditions.
 - When appropriate, children will have the opportunity to play in shaded areas.
 - On sunny days, parents should provide children with sun protective clothing and skin protection.
 - Parents will provide non-aerosol sunscreen protection (not containing DEET).
 - Parents must apply skin protection (either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher) first, then staff will re-apply prior to outside play in the afternoon.
 - Sunscreen will be applied only with written permission on the Basic Care form.
 - When public health authorities recommend the use of insect repellents due to high-risk of insect-borne disease, only repellents containing DEET are used, and these are applied only
 - on children older than two months.
 - Staff apply insect repellent no more than once a day and only with written parental permission.
- During the winter months, children will go outdoors daily for short periods based on weather conditions.

FIELD TRIPS

Occasionally, our program of activities will include field trips. We will notify you in advance of planned field trips. All staff-to-child ratios will be increased to ensure better supervision and safety of the children.

- Parents of children/youth participating in on base trips will sign a “blanket” permission form with the specific activities listed for each day. Summer Camp and Winter/Spring Break care may include field trips off base that require permission for the specified trip.
- CDC field trips will only be to locations within walking distance. When entering crosswalks, teachers will position themselves to keep all children within the crosswalks until every child has safely crossed the street.

TRANSPORTING CHILDREN

Children making arrivals/ departures to/from the CYP and Hillside Elementary School during the day program are accompanied by a teacher/teacher aide (with completed National Agency Background Checks). Children are then signed into/out of the CYP and escorted to the bus when making arrivals/departures from the program during the day. Upon their return, children are escorted from the bus by the teacher/teacher aide and into the CYP and signed back into the program and escorted to their classroom. In the event a child fails to arrive by his/her established mode of transportation from school, staff will contact the child’s parent for verification of the whereabouts of the child. Teachers/teacher aides without completed National Agency Background Check (NAC) are not permitted to escort children during the program day. Otherwise, CYP children will not be transported, except by emergency vehicles, should the situation warrant. Parental permission is required.

PHOTOGRAPHY

On occasion, children are videotaped/photographed during daily activities, events, etc. These video tapes/photographs may be used for advertisement and promotion for the CYP or may be taken by other parents/staff during parties and special activities. It is the parent’s option to allow their child to be videotaped/photographed or not. A permission to photograph form, which will allow parents to indicate their preference, will be made available in the enrollment package.

TOILET TRAINING

We are happy to assist and support parents’ toilet training efforts. We will not start toilet training until both the child’s parents and caregivers feel the child is ready and after toilet training has been initiated in the home. Children must be able to communicate the need for toileting to their caregivers. Parents should provide several complete changes of clothes while their child is toilet training. Please discuss training techniques with your child’s caregiver so that your child can experience continuity of adult expectations in this important milestone.

BIRTHDAYS

Parents are welcome to join in on birthday celebrations. Birthday celebrations are held on the last Thursday of each month. Cupcakes or cake will be provided by the center. No outside items will be permitted.

HOLIDAY CELEBRATIONS

We view holidays as special times to celebrate and as opportunities to teach the children about different traditions and cultures. We will discuss different holidays in order to help the children understand and gain an appreciation of various traditions and cultures. If you have any ideas, artifacts, etc. related to a specific holiday or cultural celebrations, please let us know so these celebrations can be as enriching as possible.

We ask that parents not send in any items for holidays unless it has been requested by your child’s caregiver or it is being used as a learning activity.

INCIDENT/ACCIDENT FORM

All accidents/incidents occurring in the CYP, whether it is self-inflicted, inflicted by another or the result of an accident, will be recorded on “Serious Events/Incident Report”, DLA form 1845 (attachment 1). This form will also be filled out for any child who exhibits aggressive behavior. Head injuries, broken bones, injuries requiring emergency medical service (EMS) response, injuries that result in open wounds and breaks in the skin, to

include human or animal bites that leave marks will be reported. Both the staff and the parent/guardian will sign the "Serious Events/Incident Report" within 24 hours of the accident/incident. After review and signature by CYP management, the parent/guardian will be provided a copy of the report and a copy of the signed report will be placed in the child's file.

A "Monthly Injury Log", DLA form 1848 (attachment 2), will be used to track all accidents/incidents that occur within the CYP or during sponsored activities off-site. The Child and Youth Program Coordinator will review the "Monthly Injury Log", and forward it up the chain of command to be uploaded into TMT and subsequent forwarding to the DLA Installation Operations Director for Family and Morale, Welfare and Recreation, by the 10th business day of the month following the reporting period.

The Child Development/School-Age/Youth Center Director or designated representative will immediately notify the parent/guardian of any serious injury (requiring more than First Aid). All accidents that require medical attention will be reported in accordance with the most current Command Critical Incident Reporting (CCIR) requirements, to include forwarding to the Site Safety and Health office, with a DLAF 1848 monthly. In the case of a fatality, only the Public Affairs Office will communicate to the media.

DESTRUCTIVE WEATHER/DISASTER PLAN

In the event of destructive weather, CYP will remain open until directed by the installation Commanding Officer to close. During such conditions, parents should maintain close contact with their child's program in preparation for worsening of conditions and changes in operational status. For information on openings/closings during destructive/inclement weather conditions call the Installation information line at [770-2866.option 2](tel:770-2866-option-2). A recording will provide information on the status of operations.

In the event of a fire, bomb threat, or other emergency situations etc. everyone will be evacuated from the facility and will follow additional instructions provided by responding emergency personnel.

COMMITMENT TO COMMUNICATE

We believe it is our responsibility to communicate with you regarding your child's experiences at the Center. Our caregivers are interested in working with you in meeting your child's individual needs. There are a variety of ways that we will communicate with you, including daily communications, periodic newsletters, parent bulletin board, and parent/caregiver conferences. Communication between parents, teachers, and staff is vital to the well-being of your child.

PARENTS AS PARTNERS

We believe that involving parents in activities is important for both you and your child. When parents are involved in the program, it strengthens the continuity between a child's experiences at home and the program. There are a variety of ways you can become involved in the Center.

***Parent Advisory Committee (PAC):** We have a committee made up of parent representatives from all military ranks and civilian support personnel that provide recommendations to program staff and the Command for improving services and program operations. This Committee also helps with special events scheduled for the Program. Be a part of the Parent Advisory Committee; ask at our center for more information.

***Parent Participation Program:** Parents are encouraged to participate in our program in a variety of ways. Upon enrollment into the program, parents are expected to visit the center for an orientation and tour of the facility and programs. Other opportunities include, but are not limited to, conferences, visitation, being a parent volunteer, participation in special events and projects, and daily communication with your child's caregiver. We also strive to involve parents by offering them the opportunity to broaden their knowledge of child development and parenting skills through resources such as lending library, in-service training, parent seminars, and other community activities.

HEALTH AND MEDICAL

HEALTH ASSESSMENTS

Upon enrollment, and annually thereafter, children are required to have a completed health assessment. Health assessment forms will be provided with your enrollment package.

HAND WASHING

Hand washing is the single most effective way to prevent the spread of germs.

- Children and adults wash their hands:
 - upon arrival for the day;
 - after diapering or using the toilet (use of wet wipes is acceptable for infants);
 - after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit);
 - before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry);
 - before and after playing in water that is shared by two or more people;
 - after outdoor play, handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and
 - when moving from one group to another
- Adults also wash their hands:
 - before and after feeding a child,
 - before and after administering medication,
 - after assisting a child with toileting, and
 - after handling garbage or cleaning.
- Proper hand-washing procedures are followed by adults and children and include:
 - using liquid soap and running water;
 - rubbing hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).

Hand washing sinks are not to be used for bathing and removing smeared fecal material from children.

IMMUNIZATION REQUIREMENTS

Each child before admittance to the CYP must meet immunization requirements, to include an annual flu vaccine.

See the attached guidance from the Center for Disease Control and American Academy of Pediatrics for the immunization schedule.

CRITERIA FOR DENIAL OF SERVICE

Children/youth who appear ill or show visible signs will be denied admission or excluded from care based upon the following symptoms: Temperature in excess of 100.5 degrees F axillary (armpit) for children under 3 months; or over 101 degrees F for children over 3 months. During flu season (parameters will vary based on PA Department of Health guidance), any child with a temperature over 100 degrees F and with another symptom will be excluded.

- Inability to participate in daily activities. Illnesses such as:
 - Impetigo--red oozing erosion capped with a golden yellow crust that appears stuck on.
 - Scabies—crusty, wavy ridges and tunnels in the webs of fingers, hand, wrist and trunk.
 - Ringworm--flat, spreading ring-shaped lesions.

- Chicken pox--crops of small blisters on a red base that become cloudy and crusted in 2-4 days.
- Head lice or nits (whitish-gray dots) attached to hair shafts.
- Culture-proven strep infections that have not been under treatment for at least 24 hours.
- Conjunctivitis (pink eye)- red, watery eyes with thick yellowish discharge.
- Persistent cough--cough that produces phlegm and lasts longer than 10 days.
- Severe diarrhea--Two or more predominately watery stools in a 24-hour period.
- Vomiting--Any projectile (forceful) or after 2 occurrences.
- Meningitis - Fever, stiff neck, lethargic.
- Thrush - “Cotton candy” appearing patches.
- Hand, Foot & Mouth - Grayish lesions on cheek and tongue, raised blister-like rash on palms, fingers and soles.
- Strep throat - Fever, sore throat, red/white patches on tonsils.
- Scarlet Fever - Fine, sandpaper-like rash on neck, chest and in skin folds, strawberry tongue.
- Symptoms of other contagious diseases, such as measles, mumps and hepatitis.
- Pinworm infestation.

NOTIFICATION OF CONTAGIOUS DISEASES

If your child is diagnosed as having any contagious illness, such as measles, chicken pox, strep throat or conjunctivitis, you MUST notify the center so that we can alert other parents whose child may have been exposed to the illness.

RETURNING TO THE CENTER AFTER ILLNESS

Your child may return to the center after an illness when he/she feels well enough to participate in usual daily activities, when his/her presence will not endanger the health of the other children/youth and when the criteria below are met. Note: A statement from an authorized health care professional may be required for readmission of a child/youth following a communicable disease. The Program Director will contact the Army Public Health Nurse for advice and approval to readmit the child/youth if any questions arise.

CRITERIA FOR READMISSION

- Fever has been absent for 24 hours.
- Nausea, vomiting or diarrhea has subsided for 24 hours.
- Appropriate number of doses of antibiotics (when prescribed) has been given over a 24 hour period for known strep or other bacterial infections and the child's physician has approved readmission.
- Chicken pox lesions are all crusted and dry and the child/youth has been fever free for 24 hours, usually 5-7 days after onset.
- Scabies are under treatment and lesions are covered.
- Lice - After completion of medical treatment and environmental treatment. Pinworm is under treatment.
- Lesions from impetigo are no longer weeping and the child/youth has been on antibiotics for 24 hours. Ringworm lesions are under treatment and lesions are covered. Ringworm lesions in hard to cover areas (face, head, etc) are under treatment for 48 hours and an attempt to cover the lesions is still made to avoid further spreading of the fungus. If ringworm is not improved in 4 weeks, then the child must return to the physician for re-examination.
- Conjunctivitis has diminished to the point that eyes are no longer discharging (draining/oozing) and the child/youth has been on antibiotics for 24 hours.
- Meningitis - physician clearance.
- Thrush - has been under treatment with an anti-fungal for 24 hours.
- Hand, Foot & Mouth - Child/youth has been fever free for 24 hours
- Strep throat - fever free for 24 hours and on antibiotics for at least 24 hours.
- Scarlet fever - fever free for 24 hours and on antibiotics for at least 24 hours.
- Children still in diapers with positive cultures for salmonella have two stool cultures, one week apart,

- that are negative. Older children (toilet trained) shedding salmonella may be readmitted providing strict adherence of hand washing policies for care providers and child following use of the toilet.
- Children still in diapers with positive cultures for shigellosis must be under treatment for 5 days and diarrhea free for at least 24 hours. Stool cultures must be obtained 48 hours after completion of antibiotic therapy and a second specimen no sooner than 24 hours after the first specimen.
 - Children/youth suffering from illnesses that are contagious may be readmitted once the communicable stage is past.
 - The child does not require specialized care/attention beyond program services provided.

MEDICATION POLICY



The medication policy is as follows:

1. Prescription medications that must be dosed 3-4 times daily will be administered to children enrolled in the full day childcare program. Medications, which are dosed once or twice daily, will be administered by the parent outside the center.
2. Medications and special therapeutic procedures will be administered only when prescribed by a physician and only when there is no reasonable alternative to the medical requirement for the child.
3. The physician or parents will administer the first dosage of medication. Children will be on oral medication at least 24 hours before dosage is administered by CYP personnel.
4. All medication in the CYP will be administered in the Isolation Room, directly behind the front desk.
5. The health care provider and the parent must complete the Administering Medication form prior to the staff assuming responsibility for administering medications.
6. Medication will be in the original container with a childproof cap; dated with physician's name, child's name, name of medication, dosage strength and instructions for use and storage.
7. No "over the counter" medications will be administered unless accompanied by a medical action plan.
8. Designated personnel are authorized to administer medication to the physician's instructions. Individuals administering medication will have received prior specialized training.
9. All medication will be checked in and out at the front desk and all doses given will be recorded on a medication log.
10. Parents will bring medication and properly dosed measuring syringe, cup or spoon to the facility in a Ziploc bag.
11. Anticonvulsants, Asthma medications and injectable Epinephrine (Epi-pens) require a MIAT prior to acceptance of the medication.

MEDICAL/DENTAL EMERGENCIES

Every precaution will be taken to prevent injury to children, but in the event of accident or medical/dental emergency, procedures are as follows:

1. A certified staff member will administer First Aid/CPR.
2. CYP personnel will call 911 when a medical or dental emergency occurs that requires immediate and/or definitive care. This may include such things as very high fevers, seizures, asthma attacks, suspected broken bones, injuries that would require stitches, severe chest pains, respiratory distress, dislodged or broken tooth, severely bleeding mouth or tongue.
3. After the call is placed to 911, staff will attempt to contact immediate family members or emergency

contacts. If someone is unable to be reached and the injured/ill person is less than 18 years of age, or the person contacted does not arrive before EMS, then a staff member will accompany the injured/ill child/youth to the hospital, when possible.

4. An injured/ill person who is 18 years of age or over the person may refuse transport via EMS; however, he/she will be required to sign a statement stating he/she refused.
5. If transport occurs, the cost of the transport is the responsibility of the patient and/or insurance, not of the program.

INFANT SLEEP POLICY

In addition to the following, CYP personnel will be required to read and sign the Statement of Understanding - NAEYC Accreditation Criterion for Supervision of Sleeping Infants policy contained in the Enclosures.

- Infants will be placed on only their backs to sleep. If another sleep position is needed, then a doctor's note, with a documented medical reason, is needed.
- Blanket will not be used in cribs. Infant sleep sacks will be provided.
- Infant will be placed with their feet at the foot of the bed.
- Signage will be posted by the cribs stating whether the child is able to roll over independently.
- If the infant can roll over on his/her own, then he/she will be allowed to maintain that position.

SUPERVISED REST PERIODS

Supervised rest periods will occur daily from approximately 1200-1400 hours for children PreK age and younger who attend the CDP on a full-time basis or on a drop-in basis during these hours. Children who do not sleep must have a quiet time with materials or activities that do not disturb the children who are resting. Children may bring from home a blanket and a small soft toy used to help them feel more comfortable while resting. Blankets must be taken home weekly, laundered, and returned with your child on Mondays. We ask that you please be mindful that cubbies have limited space and are shared with other children.

PETS

Due to allergies and other health related concerns, our centers are free of pets that produce dander or salmonella. Family pets are prohibited from being in the space where care is being provided and interacting with the children.

PROHIBITED USES

The facility and outdoor play areas are entirely smoke free; no smoking is permitted in the presence of children in these areas. Tobacco products may be used in privately owned vehicles or in designated areas. Use of alcohol and illegal drugs is prohibited.

MEALS

Nutritious meal and snacks are an important part of your child's day. All food served within the CYP meet the standards set by the United States Department of Agriculture Child and Adult Care Food Program. Food from home may not be brought to the center. Children requiring a special diet for medical or religious reasons must have the appropriate form signed by a physician in order that substitutions can be provided. Please note that School Age/Youth Program times may differ depending on the program or activities planned.

Meal and snack start times are as follows:

	<u>CDC</u>	<u>SAS (School Year)</u>	<u>Summer Camp</u>
Breakfast	0815	0700	0745
Lunch	1115	1200	1115
Snack	1415	1430 & 1615	1445

Meals and snacks will be served in accordance with CACFP requirements. If you wish for your child

to participate, please ensure that your child arrives within 15 minutes of the scheduled meal time.

FAMILY STYLE DINING

Family style dining is conducted in each classroom. Caregivers sit and eat with the children to enhance social interaction and promote healthy eating habits. Children are encouraged to sample all foods, but are not forced to eat. Children participate in setting the tables, serving and clean up.

INFANT MEALS

Infants are fed on their own individual schedule.

Based on USDA requirements (Feeding Infants, A Guide for Use in the Child Nutrition Programs), enough formula is provided for (3) - 6oz bottles daily. However, according to each child's individual development, more bottles may be required. Parents who do not wish to utilize the formula provided by the CDP may opt to bring in their own formula or human milk. Formula and human milk must be pre-mixed daily and come to the CDP in plastic bottles (or sippy cups when age-appropriate), with the cap on, that are labeled with the child's name and date. Leftover contents of all bottles that have been outside the refrigerator for more than 1 hour shall be disposed of.

- Additional requirements for Human (Breast) Milk follows:
 - Previously frozen human milk, must be thawed, but allow for usage within 24 hours of thawing. Human milk, previously frozen longer than 3 months, will not be accepted for consumption.
 - Fresh human milk must be available for consumption within 48 hours from the time collected/expressed (Note: Although some suggest that fresh human milk can be stored for longer than 48 hours, the 48 hour period assumes safety.)
 - All bottles/sippy cups of human milk must be clearly labelled with the infant's full name, date the human milk was expressed, date thawed (if previously frozen), and date the milk is provided to the center. Labels must keep all information while wet or handled.
 - Upon arrival to classroom, store bottle/sippy cup in designated refrigerator.
 - Pick up all used bottles/sippy cups daily.
 - Maintain communication with classroom staff of any new or changing dietary needs for the child.
- When infants become developmentally ready, we will also provide baby cereal (rice or oatmeal), baby food, and fruits and vegetables for their breakfast and lunchtime.

FOOD ALLERGIES

Child Nutrition Regulation 7 CFR 226.20 (h) of the Child and Adult Care Food Program states: "Substitutions because of medical needs shall be made only when supported by a statement from a recognized medical authority which includes recommended alternate foods." Parents are required to obtain the appropriate form from the Front Desk or CYP Nurse and have it completed by the physician stating the child's food allergy and recommended substitutions, noting portion and frequency of each substitution. Upon receipt of this information, the center may be able to provide alternate foods for the child. A MIAT will be held for children with special diet needs.

Additionally, children who have allergies will be given a red placemat to use while they are at the CYP. The placemat alerts the caregivers that the child has an allergy and adds an additional layer of prevention against the child receiving items that he/she is allergic to.

FOOD EXCEPTIONS BASED ON RELIGIOUS BELIEF

Child Nutrition Regulation (CNR) 7 CFR 226.20 (i) provides for variations in the food components where there is evidence that such variations are nutritionally sound and are necessary to meet ethnic,

religious, economic or physical needs. CNR 7 CFR 226.20 (h) requires “a statement from a recognized medical authority that includes recommended alternate foods when food substitutions are requested.” Parents are asked to provide a doctors’ statement specifying, based on religious beliefs, the food or food component for which a substitute is required and the recommended alternate foods.

CHILD GUIDANCE/DISCIPLINE

GUIDANCE TECHNIQUES

The Center uses guidance techniques designed to help children develop self-control, self-esteem and respect for the rights of others. Below is a list of acceptable guidance techniques that Program Staff will employ when working with your child.

- **Redirection**: Directing the child to more constructive activity
- **Monitoring**: Making frequent checks on the child to make sure they follow through; being physically near.
- **Ignoring**: Not responding to inappropriate behavior.
- **Rewarding**: Praising the child for appropriate behavior.
- **Encouraging**: Complimenting and reinforcing acceptable behavior.
- **Anticipating Trouble**: Attempting to avoid situations which may lead to inappropriate behavior.
- **Reminding**: Giving verbal and nonverbal cues to appropriate behavior
- **Setting Rules and Limits**: Establishing realistic standards for behavior.
- **Offering Choices**: Providing several acceptable alternatives to inappropriate behavior.
- **Rest Time**: Providing the child with a short period of time away from the group/activity.

Some unacceptable guidance techniques, which will **not** be tolerated in any of our programs, include, but are not limited to, striking, screaming, shoving, squeezing, biting, shaming and abandoning a child.

UNACCEPTABLE/AGGRESSIVE BEHAVIOR

Aggressive/Unacceptable behavior is a serious problem in a group environment. Staff have a responsibility to try to change aggressive/unacceptable behaviors through a partnership with parents. Every child is different, having different needs and expectations. There is no one model which will apply to every situation and/or solve every problem. Plans and interventions to correct aggressive/unacceptable behaviors must be unique to the child.

The following behaviors are considered aggressive/unacceptable in the Center:

- * Causing physical harm to children, staff or other adults by hitting, kicking, throwing or any other physical action.

- * Use of inappropriate language, spitting or other forms of verbal abuse or degradation.
- * Repeated refusal to comply with center and/or classroom rules and/or failure to listen to instructions by caregivers.
- * Behavior that is potentially harmful to himself/herself.

The following steps will be taken in handling aggressive/unacceptable behavior:

- 1) Caregivers will notify parents of any aggressive/unacceptable behaviors exhibited by the child.
- 2) Caregivers will inform management when there is a pattern of behavior and will discuss incidents as well as attempted interventions to improve the behavior.
- 3) Parents will be called in for a conference to discuss the behavior and provide input on how to correct the behavior. With input from caregivers, management and parents, an intervention plan can be developed as well as a reasonable time frame based on the individual needs of the child.
- 4) Children may be disenrolled from the program if they fail to make progress or if there is a lack of parental support and involvement. Children may also be disenrolled if the behavior is deemed detrimental to the child, other children and/or staff members. No notice will be required if it is necessary to disenroll a child due to aggressive/unacceptable behavior.

BITING

Children biting one another is the most common, most difficult situations in group childcare, especially with pretoddlers/toddlers. Biting is a natural phenomenon that has little developmental significance. It is not something to blame on children, parents or caregivers. A child who bites at a young age is not on the path to becoming a discipline problem. It is a behavior of a child not yet able to participate fully in social situations. Children may bite for any number of reasons such as teething, impulsiveness, lack of self-control, excitement, over stimulation or frustration. When a child begins biting behaviors, the caregivers will track behaviors that lead to biting incidents and help the child avoid such situations. In most instances, biting will continue for a period of time and gradually lessen. Every effort will be made to help a biting child achieve socially acceptable behavior, however, in severe cases it may be necessary to remove the child from the center. In cases where a biting child is removed from the center, the Central Registration Office will assist parents in locating a satisfactory childcare setting.

The following procedures will be followed in handling biting:

- 1) When a child bites an incident/accident form will be filled out on the child who bit as well as the child who was injured. Parents will be notified if a bite requires medical attention beyond first aid treatment.
- 2) Immediate attention will be given to the child who has been bitten. This will let the biting child know that the negative behavior will not be reinforced.
- 3) If a child continues to exhibit biting behaviors every effort will be made to help the child. A parent conference will be scheduled with caregivers and management to discuss the behavior and develop strategies to extinguish it. Parents and caregivers will communicate daily on the child's progress. Additional conferences to discuss the progress of the behavior will be scheduled as necessary.
- 4) Center staff will continue to work with the child and parents as long as progress is being made in correcting the biting behavior. If it appears that no progress is being made or the behavior becomes more severe, the biting child will be removed from the Center.

CHILD ABUSE PREVENTION AND REPORTING

Every employee in the Child and Youth Program is required to participate in annual training on the prevention,

identification of child abuse and the reporting procedures. All staff members and any volunteers of the program are Mandated Reports as defined by the Pennsylvania Law. The DLA Child Development Program Instruction (CDPI) and Pennsylvania law states that care providers and employees must **immediately** report all reasonable suspicions of child abuse, whether it comes from their personal observation of a child or from a report from another source, to Childline, the state child abuse hotline.

In the event that they suspect, based on their training, a reasonable suspicion of abuse (which may include things such as unexplained bruise or markings, a bruise that the child reports is a result of a parent, marks left due to the use of corporal punishment, or symptoms that may indicate that the child is a victim of sexual violence) the staff are mandated by law to take the following steps to report this situation:

Notify the DLA Police Dispatch (770-6270) that a Childline report is being made. The information staff are required to provide varies based on whether the suspected abuse occurred on or off of the installation.

Abuse Occurring off Installation: This includes any suspected abuse that may have taken place in a home, school or community program that is off of the installation. Because these reports of abuse are suspected to have occurred off of the installation, they are outside of the jurisdiction of the DLA Police. The Police are notified, with very basic demographic information, that a report to Childline has been made. These reports do not get reported in the Blotter.

Abuse Occurring on the Installation: This includes any suspected abuse that may have taken place on the installation, including in other DoD sanctioned activities or programs, the MWR programs, or on-site housing. Staff are required to immediately notify the DLA Police, provide detailed information regarding the suspected abuse and cooperate with any investigation. Because the the installation is within the federal jurisdiction of the DLA Police they will investigate the report.

Make a Childline report. Staff are required by law to report reasonable suspicions of abuse to the state child abuse hotline, ChildLine at 1-800-932-0313. Support and assistance with this report is made through the Family Advocacy Program (FAP).

The staff must then inform the Program Director (CDC Director, SAS/Youth Director).

The Child and Youth Program is required by law and policy to cooperate with any investigation resulting from the report to Childline. This may include the Family Advocacy Program Manager arranging for a county Child and Youth worker to meet with the child.

The Department of Defense also operates a Child Abuse/Safety Violation Hotline. The telephone number for this hotline is [1-877-790-1197](tel:1-877-790-1197).

TOUCH POLICY

It is the belief of the CYP that physical contact is important for children's development, their nurturing and their guidance. Expression of affection, such as hugs, holding hands, back rubs at naptime, and lap-sitting, help to build children's self-esteem and is considered appropriate touch in our CDC. It is our belief that appropriate touch takes into consideration respect for the personal privacy and personal space of the child.

Caregivers, as well as parents serve as role models by exhibiting appropriate touch for the child.

Some examples of inappropriate touch, which will **not** be tolerated in any of our programs, include, but are not limited to, striking, shoving, squeezing and any type of sexual abuse of a child.

STAFF REQUIREMENTS/TRAINING

All personnel must meet minimum requirements mandated by the Department of Defense to include successfully completing a background check. Direct care staff who do not possess a degree in early childhood education or a Child Development Associate credential must complete the standardized training program. All personnel are required to complete training in child abuse identification and reporting. Direct care staff are CPR/First Aid certified.

USDA NONDISCRIMINATION STATEMENT 2015

FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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

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

This institution is an equal opportunity provider.

To request child care for any of the Child & Youth Programs, please utilize MilitaryChildCare.com.

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