



# CHILD & YOUTH PROGRAMS

— Defense Logistics Agency —

## DLA CYP Parent Handbook



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# DLA CYP Parent Handbook

## SITE Name Information

Bettye Ackerman Cobb Child Developmental Center

**Location:** 6090 Strathmore Rd.

Richmond, VA 23237

**Phone:** (804)279-3018

**Services and hours:** Full Day Care

**CDC Operating Hours:** Monday – Friday, 0630-1730

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### Chain of Command

- Assistant Director **Ashley Strickland** ([ashley.strickland@dla.mil](mailto:ashley.strickland@dla.mil))
- Assistant Director **Cierra Cohen** ([cierra.cohen@dla.mil](mailto:cierra.cohen@dla.mil))
- Center Director **Allison Greathouse** ([allison.greathouse@dla.mil](mailto:allison.greathouse@dla.mil))
- Director of Family and Morale, Welfare & Recreation **Ursula Hickox** ([ursula.hickox@dla.mil](mailto:ursula.hickox@dla.mil))
- Site Director **David Gibson** ([David.Gibson@dla.mil](mailto:David.Gibson@dla.mil))

### Reporting Child abuse

- Family Advocacy Program Manager **Jennifer Scott** ([jennifer.scott@dla.mil](mailto:jennifer.scott@dla.mil))
- DLA Police/MP **(804) 279-4888**
- Child Protective Services **(804)279-748-1100**

A Department of Defense Child Abuse and Safety Hotline is also available for parent or community use during regular east coast duty hours. This number is available when the local systems have not responded to prior reports: 1-877-790-1197.

## Interactive Customer Evaluation (ICE) System & Comment Cards

The Interactive Customer Evaluation (ICE) System is your direct link to your provider. Let us know how we are doing!

**We Value Your Feedback!** Every DLA CYP facility has ICE comment cards available online. **Please fill out an ICE Comment Card online directly at the [Defense Supply Center Richmond ICE Site](#) or scan the QR code below.** Whether you have a concern, a suggestion, or just want to give us a pat on the back, we'd love to hear from you.



Dear Parents,

Welcome to the DLA Child & Youth Programs (CYP). It is our hope that DLA Child and Youth Programs will be your first choice for childcare and youth programs. You will find a wealth of information about our services, policies, and procedures in this handbook. This handbook provides an overview of what we have to offer and answer many of the most common questions pertaining to our operations.

As an organization, we believe that open, continuous communication between parents and staff is essential to operating a quality program that meets the needs of you and your children as well as DLA.

We ask you to make every effort to stay involved in your child's program. All Child and Youth programs have an open-door policy, and you are invited to spend time in the program by eating breakfast, lunch or snack with your child and his/her peers, by sharing your talents or special skills or by just dropping in whenever you have the chance. We welcome your comments, concerns and ideas. If we are doing something right, please tell us, so we may continue to do it. If we are not, let us know so that we can correct the situation as our goal is to make continual improvements in our programs. Working in partnership with you, we know that together we will make a difference in the life of your child and all children enrolled in our programs.

We recognize the fact that you are entrusting us with the care and development of your child during his/her formative years. It is our goal to earn and maintain that trust. In doing so, we pledge to provide your child with a safe and healthy environment with caring adults who are dedicated to fostering positive self-esteem for all children and supporting each child's development into a caring, contributing citizen and leader of our community.

Thank you for choosing DLA Child and Youth Programs. If we can be of any assistance to you, please do not hesitate to contact us.

Respectfully,  
Child and Youth Programs



## DLA CYP Mission

To support the readiness and well-being of families by reducing conflict between the military mission and parental responsibilities. We reinforce DLA values and foster family self-reliance. DLA Child and Youth Programs provide predictable and affordable programs that are inclusive of baseline requirements and enrichment opportunities. We commit to sustaining quality in all areas through timely and appropriate training, well-executed plans, and operations that allow for a seamless delivery of service. The foundation of CYP rests on four cornerstones: Quality, Availability, Affordability, and Accountability. These four cornerstones must be in balance for CY Programs to run effectively and efficiently.

- **Quality:** All DLA-operated CY Programs are DoD certified and accredited by a nationally recognized accrediting body to validate that quality standards are maintained. Frequent inspections and monitoring for compliance with standards help ensure the safety, health, and well-being of children. The site CY Program is required to achieve DoD Certification IAW DoDI 6060.02 § Reference (d) as an equivalency to State licensing.
- **Availability:** While CYP is a service and not an entitlement, the intent of the program is to provide childcare spaces and support services that meet the assessed needs at the DLA site. Childcare is delivered at Sites for CDC and SAC programs through local childcare providers that meet all eligibility requirements for the service members, Subsidy program that buys down the cost of care for families when care is not available at a site, or the family is geographically separated from a site.
- **Affordability:** DoD CY Programs operate on a “shared cost responsibility” philosophy that ensures fees are affordable for both the Family and DLA. Fees are based on a family’s ability to pay (Total Family Income), and not by the age of the child, typical in civilian childcare programs. By public law, there is a minimum of a 50/50 match between parent fees and DLA provided funding. Parent fees must make up at least 50% of childcare funding. As an FMWR Category B Activity, typically 65% of the funding comes from appropriate funds (APF). CYP fees are determined by DoD and updated annually.
- **Accountability:** CYP managers are well trained and competent in safeguarding the DLA’s resources by providing efficient management oversight and good fiscal stewardship to reduce waste and protect assets. CY Programs are expected to break even in the aggregate, rather than at each program.

## Vision

Child and Youth Programs provides:

- Seamless delivery systems for children enrolled in CYP Child Development Centers.
- Predictable services.
- Safe, healthy family-friendly environments.
- Well managed programs.
- Accountability to DLA, Community, CYP Staff, Child and Parents.
- Satisfied customers – Child, Parents, DLA and Community.
- A Benchmark for America’s Child Care.

## Philosophy

Child and Youth Programs are designed to help your child build within themselves a positive self-concept that generates feelings of acceptance and respect for individuality. We believe in designing programs where children have opportunities to participate individually or as a group in age-appropriate developmental activities that allow for optimal social, emotional, physical, creative and cognitive growth. We promote and cultivate safe learning environments where your child/youth can resolve conflicts through learning age-appropriate conflict resolution and mediation skills. We believe in partnering with parents and community to nurture a spirit of cooperation and self-respect for self and others; reinforce character building and encourage positive parenting.

## Eligibility For Services / Admissions Requirements

Patron Eligibility: CY Programs accept children as young as six weeks through five years old in CYP CDC programs and Kindergarten-5<sup>th</sup> grade in CYP SAC. Eligibility is contingent upon the sponsor's status. Eligible patrons include active-duty military personnel; DoD Civilian employees paid from either APF or NAF; reserve component military personnel on active duty or inactive duty training status; combat related wounded warriors; surviving spouses of military members who died from a combat-related incident; those acting in loco parentis for the dependent child of an otherwise eligible patron; eligible employees of DoD contractors; and others authorized on a space-available basis. In the case of unmarried, legally separated parents with joint custody or divorced parents with joint custody, children are eligible for childcare only when they reside with the military service member or eligible civilian sponsor at least 25 percent of the time in a month that a child receives childcare through a DLA program.

**Note:** In an *in-loco parentis* relationship, an individual assumes the responsibilities and duties of a lawful parent without formally becoming an adoptive parent or legal guardian. The child(ren) must reside with and be financially supported by the individual. A valid special power of attorney authorizing the individual to act *in loco parentis* must be on file.

The purpose of the CDC programs offered by the DoD Components is to assist DoD military and civilian personnel in balancing the competing demands of family life and the accomplishment of the DoD mission, and to improve the economic viability of the family unit. Child Care is not considered an entitlement. Foreign Military Service Members assigned to the Installation/serving the Department of Defense will pay the child and youth fee based on their Total Family Income (TFI). The eligibility criteria and priority are the same as any other Active-Duty Soldier or DoD Civilian.

Coast Guard when activated are eligible patrons. The eligibility criteria and priority is the same as any other Active-Duty soldier. Fees are based on their TFI.

## Waiting List Policies

A wait list will be maintained to fill spaces in all programs. To be placed on the waiting list visit MilitaryChildCare.com. **A priority placement system** has been established by the **Department of Defense** that is supportive of operational readiness, mission accomplishment and retention. Vacancies will be filled from the waiting list based on the following placement system:

<b>Military Family Type</b>	<b>Priority</b>	<b>Supplanted By</b>
Child Development Program Staff	1A	Cannot be supplanted
Active-Duty Combat-Related Wounded Warrior	1B.1	Cannot be supplanted
Single/Dual Active Duty Military	1B.2	Cannot be supplanted
Single/Dual Guard and Reserve on Active Duty	1B.3	Cannot be supplanted
Active Duty Military With Full-Time Working Spouse	1B.4	Cannot be supplanted
Guard and Reserve on Active Duty With Full-Time Working Spouse	1B.5	Cannot be supplanted
Active Duty Military With Part-Time Working Spouse	1C.1	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Active Duty Military With Spouse Seeking Employment	1C.1	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Guard and Reserve on Active Duty With Part-Time Working Spouse	1C.2	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Guard and Reserve on Active Duty With Spouse Seeking Employment	1C.2	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Active Duty Military With Full-Time Student Spouse	1D.1	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5, 1C.1, 1C.2
Guard and Reserve on Active Duty With Full-Time Student Spouse	1D.2	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5, 1C.1, 1C.2
Single/Dual DoD Civilian/Coast Guard Civilian	2A	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
DoD Civilian/Coast Guard Civilian With Full-Time Working Spouse	2B	Supplanted by priority 1A, 1B.1, 1B.2, 1B.3, 1B.4, 1B.5
Active Duty Military With Non-Working Spouse	3A	Supplanted by all priority 1 or 2
Guard and Reserve on Active Duty With Non Working Spouse	3A	Supplanted by all priority 1 or 2
DoD Civilian/Coast Guard Civilian With Spouse Seeking Employment	3B	Supplanted by all priority 1 or 2
DoD Civilian/Coast Guard Civilian With Full-Time Student Spouse	3C	Supplanted by all priority 1 or 2
Gold Star Spouse (Combat-Related)	3D	Cannot be supplanted
Single/Dual DoD Contractor	3E	Supplanted by all priority 1 or 2
DoD Contractor With Full-Time Working Spouse	3E	Supplanted by all priority 1 or 2
DoD Contractor With Spouse Seeking Employment	3E	Supplanted by all priority 1 or 2
DoD Contractor With Full-Time Student Spouse	3E	Supplanted by all priority 1 or 2
DoD Civilian/Coast Guard Civilian With Part-Time Working Spouse	3F	Supplanted by all priority 1 or 2
DoD Civilian/Coast Guard Civilian With NonWorking Spouse	3F	Supplanted by all priority 1 or 2
DoD Contractor With Part-Time Working Spouse	3F	Supplanted by all priority 1 or 2
DoD Contractor With Non-Working Spouse	3F	Supplanted by all priority 1 or 2
Other Federal Employees	3F	Supplanted by all priority 1 or 2
Deactivated Guard/Reserve Personnel or Inactive Guard/Reserve in a Training Status	3F	Supplanted by all priority 1 or 2
Military Retirees	3F	Supplanted by all priority 1 or 2

1. At no time will the child of a Direct Care CDP staff member be removed from the program to accommodate another eligible patron.
2. At no time will a Priority 1B patron be removed from the program to accommodate any other patron, including 1A patrons.
3. At no time will a Gold Star Spouse dependent be removed from the program to accommodate any other patron. In addition, surviving spouses of Active Duty Service members, who die while their dependents are enrolled in an installation-based child development program, will not be subject to supplanting by higher priority patrons. Additionally, surviving spouses of Active Duty Service members may maintain their space in the program until they withdraw from the program or the child(ren) age out of the DoD Child Development Programs.
4. Priority 1C patrons may only be supplanted by an eligible patron in Priority 1A or 1B.
5. Priority 1D patrons may be supplanted by an eligible patron in Priority 1A, 1B, or 1C.
6. DoD civilian patrons (Priority 2) may only be supplanted from care by an eligible Priority 1A or 1B patron.
7. Space Available (Priority 3) patrons may be supplanted by an eligible Priority 1 or a Priority 2 patron.
  - Once an available space has been offered, the sponsor will have 48 hours to accept or decline the space on MCC. After accepting the space, the sponsor will have 5 days to pay the applicable non-refundable registration deposit.
  - Expectant parents may place their unborn child on the waiting list. PLACING AN UNBORN CHILD ON THE WAITING LIST IS HIGHLY RECOMMENDED but does not guarantee 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.

## Registration Procedures

All enrollments in CYP regularly scheduled childcare programs are handled by the center's Administrative Assistants. During the enrollment process, your fees will be determined, and you will be asked to sign a Program/Sponsor Agreement. This agreement identifies your fees and additional program policies. Fees are based on Total Family Income (TFI); therefore, parents must complete the DD form 2652, provide financial information, and make the 10% tuition payment within 5 days of accepting a space. For single or dual military households, a Family care plan must be on file and maintained current annually. For anyone who is considered Mission Essential a signed memorandum from your Command is required and will require annual recertification. **Don't forget to submit your Health Assessment, Family Care Plan, or Mission Essential Memorandum** if applicable, **within 30 days** to the Administrative Assistant to complete the process and avoid an interruption of service. Your registration must be updated annually for your enrollment to continue.

### Items Required for Child Registration:

Children must be fully registered before they can use any CY programs. Either parent may register their child(ren), however the SPONSOR must sign forms to complete registration, unless spouse has the power of attorney. Registration requirements:

**To expedite or avoid delays in the registration process, please have the following available:**

- Completed registration package
- Identification Card (Sponsor and Spouse) Proof of eligibility

- Immunization Record or transcription
- Birth Certificate
- Proof of Income: (i.e., Leave and Earning Statements/Pay Vouchers or proof of full-time school enrollment)
- Health Assessment/Sports Physical Statement or Well Baby Check Up (due within 30 days of registration)
- Local Emergency and Child Release Designee (minimum of two, cannot be parent, must be in area)
- Family Care Plan (Dual/Single Military Only due within 30 days of registration)

ALL FORMS MUST BE SIGNED AND DATED TO COMPLETE REGISTRATION

1. DD Form 2652, fee policy
2. DA Form 5226, Sponsor/Program agreement
3. CYMS Profile Print
4. Family Care Plan (dual/single military only)
5. Health Assessment /Sport Physical Statement
6. Health Screening Tool Form/MAPS

REGISTRATION MUST BE UPDATED ANNUALLY FOR UNINTERRUPTED CONTINUATION OF SERVICES.

## Parent Orientation and Center Tours

Parent Orientation is required for new families after eligibility has been established, the 10% tuition payment has been received, enrollment process is completed and prior to your child's first day in care.

Orientations will be conducted by Facility/Program Directors at a standard timeframe that is convenient for parents and center operations. Orientations include information on center procedures, classroom setups, mealtimes, child illnesses, and much more.

The Orientation process includes a center tour by the Facility/Program Director. This is an opportunity to view the center and visit your child's classroom along with speaking to the classroom staff. Center tours are normally provided during the centers rest period time which allows the classrooms staff the ability to give their attention to new families and answer any questions.

## Annual Registration Fee

The purpose of the annual registration is to ensure that all information in the child's record is accurate, especially information regarding the child's health and emergency contact/child release designees. So, while the registration fee is waived, the requirement for annual registration on the anniversary date of the initial registration is not. The Administrative Assistants will provide parents with their re-enrollment information 30-45 days in advance of their current registration expiring.

## Prorating Fees for Enrolling/Withdrawing

If you enroll or withdraw your child from a program at any time other than the 1<sup>st</sup> or last day of the month, respectively, we will prorate your fees. You will be charged a daily rate according to your income category which is calculated by our automated system based on the number of days in the month. For new enrollments, your installment billing will start at the beginning of the next month.

## When Fee Payments are Due

Fees are due in advance of service. An initial payment of 10% of the monthly fee payment (rounded to the nearest even dollar amount) reserves the child's space in the program, is non-refundable and paid in advance of the child's start date. The initial fee payment will be credited to the first month's payment.

## Verification for Spouses Seeking Employment or Enrolled in School

Spouses actively seeking employment must submit verification every 30 days once the child is enrolled in care. The child may be removed from care if the spouse has not gained employment after 90 days. The Site Director may authorize an extension of care beyond 90 days as long as higher priority patrons are not impacted.

Spouses enrolled in a post-secondary educational program on a full-time basis must verify educational admission or enrollment as a full-time student every 90 days once the patron is enrolled in care. If, at the time of verification, the spouse is not currently enrolled, they must show proof of resumption of full-time student status within 30 days, or the child may be removed from care.

## Photos

On occasion, children are videotaped/photographed during daily activities, events, etc. These video tapes/photographs may be used for advertising and promotion for 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 liability waiver is available in the enrollment package that allows parents to indicate their preference.

## Updating Records

It is your responsibility to keep your child's record updated. Any change of address, duty assignment, emergency contacts and child release designees or telephone numbers must be reported. It is imperative that you keep your child's records accurate in the event of an emergency. You will be asked to review your child's record periodically to ensure that your contact information is up to date.

**Release of Information:** There are times when we are required to share information about a child or family concerning child/family protection issues. These times include concerns about the welfare of the child (i.e., suffering significant harm) and concerns about serious harm to adults in the family (such as domestic violence or other matters relating to the welfare of the parents).

Children and family information may also be reviewed as a part of an inspection visit but not released. This information review is only to determine if the program meets DLA and DoD standards for certification or standards for national accreditation.

**Confidentiality:** Only authorized Child and Youth Program staff will have access to patron files. Child and Youth Programs is committed to protecting the privacy of patron information. Medical information concerning patrons is confidential under state and federal law and may not be discussed at any time with any person under any circumstance.

**Non-Discrimination:** In accordance with Federal Law, Title VII, DLA, Child and Youth Programs prohibits discrimination based on race, national origin, color, creed, religion, sex, age, disability, veteran status, or

associational preference in employment and in their program, operations serving Soldiers, Families Service Members, families, and the community. DLA affirms its covenant to support and serve the DoD community.

**Open Door Policy:** CY program level staff members are approachable and accessible to parents/guardians during the center's operating hours. Parents/guardians can voice their concerns, complaints and/or compliments regarding their customer service experience. CYP offers a family friendly environment that encourages parents/guardians to drop in to visit or observe their child.

## Child Care Statement

For those claiming a Credit for Dependent Care Expenses payment receipts may be used as proof of payment for income tax purposes or in January the sponsor may request a Child Care Statement from the Administrative Assistants. If you are PCSing/disenrolling the sponsor may select to request the Child Care Statement after their final payment is made.

## Civilian Child Care Subsidy Tax Liability

The Internal Revenue Code requires that childcare subsidies generally be treated as cash income, in addition to normal earnings. While no direct subsidy payment is made to any sponsor, either military or civilian, the DoD installation-based child development programs are equally subsidized for all sponsors through appropriated funds. These subsidies enable the programs to provide quality care to your children at a rate less than would normally be charged. The subsidies essentially reduce your cost of this nationally accredited childcare. DoD Civilian Sponsor families who utilize installation based CYP childcare must register with the Defense Civilian childcare subsidy program for Tax Liability. The online parent enrollment form can be found at <https://dodcivilianchildcaresubsidy.com>.

## Supplanting

Child Development Centers (CDC) and School Age Care (SAC) programs are instructed by DoD leadership to supplant, or un-enroll children from care if higher priority families are estimated to wait longer than 45 days for care at the installation. Programs are required to notify families at least 45 days before their childcare ends. At this time, supplanting does not apply to children enrolled in fee assistance or family childcare. Supplanting rules are outlined in the [Department of Defense Instruction 6060.02](#).

## Programs

### Registration Services (RS) - (Ages 0-5 years):

Offers registration and enrollment. Provides program information and sends messages. Located within the CDC.

### Child and Youth Programs Facility Based Programs - *Child Development Centers (CDCs)*:

(Ages 6 weeks-5 years) Offers on-post full day care and hourly care. Care is provided by trained staff, and the operations are subject to Department of Defense (DoD) Certification.

- **Full day care** is contracted care for over 5 hours daily not to exceed 12 hours a day for a five-day period, normally Monday through Friday.
- **Hourly care** services are offered on a space available basis.

## School Age Programs (only at certain DLA locations) - *School Age Centers (SACs)*:

SAC is for children in kindergarten-5<sup>th</sup> grade. Care is provided by trained staff, and the operations are subject to Department of Defense (DoD) Certification. Only available at certain DLA locations.

**Before and After School Care**, (Kindergarten-5<sup>th</sup> grade). This program provides care before school beginning at 5:45 am, after school until 5:15 pm and on school breaks. Children can be dropped off in the morning and the bus will take them to school. The bus will bring them back in the afternoon until their parents pick them up.

**In-service and Holiday Care**, (Kindergarten-5<sup>th</sup> grade). Open programming hours

**Summer Camp** for children who have completed Kindergarten-5<sup>th</sup> grade. Summer Camp occurs when school is closed for summer break. This program is for children grades K-5. Summer Camp operates Monday – Friday 5:45 am – 5:15 pm. Camp sign up is done through MilitaryChildCare.com.

**Hourly care** is contracted care over 5 hours daily not to exceed 12 hours a day for a five-day period, normally Monday through Friday.

## Fee Policy

In response to the Military Child Care Act of 1989, Department of Defense (DoD) established a uniform fee policy based on total family income for regularly scheduled child and school age care services. The purpose of the fee policy is to make childcare affordable for all Military Families.

**Department of Defense Child Care Application Fee & Determination of Total Family Income (TFI)** All Families registering for regularly scheduled childcare and school age care programs are required to bring proof of income and complete DD Form 2652, Department of Defense Child Care Fee Application, to establish fees for services. The application defines what should be included as family income. Families cannot opt out in providing this information and ask to be placed in the highest Income Category.

- By law, military childcare fees are based on Total Family Income (TFI), not military rank or civilian grade. The military services subsidize fees on a sliding scale for every family regardless of rank/grade or income.
- TFI is defined as all earned income and includes wages, salaries, tips, long term disability benefits, voluntary salary deferrals, assignment incentive pay, quarter's allowances, subsistence allowances, in-kind quarters and subsistence received by military members, and anything else of value, even if not taxable, that was received for providing services.
- Military specialty pay is included in TFI calculation as well as income received under the Family Subsistence Supplemental Allowance (FSSA).
- Parents are required to complete the Department of Defense Fee Application, Form 2652, annually at registration and re-registration to establish their income category.

- TFI includes income of both parents even if geographically separated. Only divorced or legally separated parents may have their fees based on one income with submission of the divorce decree or legal separation documents.
- Parents must update their Department of Defense Child Care Fee Application if there is a change in the employment status of the parents that increases their Total Family Income (TFI).
- Grandparents must show legal guardianship for eligibility.

## Vacation Credit

A 2- or 4-week vacation credit for part time care and full day care children has been calculated into the fee schedule. Vacation fee credits must be taken in a minimum of one-week increments. Fees won't be charged during the time the child is absent, and the childcare space is reserved for the Family until the child returns. The child may not be in attendance in the program during this time. Vacation fee credit begins at the time of child registration and concludes at the time of re-registration the following year. Vacation fee credits not used during the year may not be carried over to the following year. Leave credit does not apply to Before & After School Programs.

## Late Payment Fees & Handling of Delinquent Payments

Parents may elect to pay their childcare fees for the month in one single payment due prior to the first of the month or in two installment payments due prior to the first and fifteenth of the month. In any event, the installment billing is processed bi-monthly, and charges are applied to our customers' accounts by the 1<sup>st</sup> and 15<sup>th</sup> of each month.

- Full payment for full day care is due within 5 business days of the billing date
- For services billed twice a month, a \$10 per child late payment fee will be assessed on the 6<sup>th</sup> business day of each missed payment cycle. For services billed monthly, a \$20 per child late payment fee will be assessed on the 6<sup>th</sup> business day after the first of the month billing.
- If fees are not paid by the next billing cycle, the Sponsor will be notified of intent to suspend services.

## Refunds

Refunds are not authorized for:

- CYP short term closures due to inclement weather (3 days or less).
- Unused leave/vacation credit.

Refunds are authorized for:

- Program closures for repair or renovation and an alternate care setting is not provided.
- Unexpected, prolonged child absence due to Family emergency or extended illness of more than 2 weeks (with proper documentation) and fee has already been paid.
- Withdrawal from a regularly scheduled childcare program upon receipt of PCS orders or for extenuating circumstances (Ex: unable to give 30 days' notice). Sponsor will need to fill out an exception to policy to be reviewed by Site Director.

## Financial Hardship Consideration

It's no secret that many of us find it difficult to make it from paycheck to paycheck each month. If you find yourself unable to make a payment on time due to a temporary financial setback, talking to the facility/program director may suffice. But if the problem is more serious and can't be resolved by the time your next billing comes around, you need to consider requesting hardship consideration. If you request hardship consideration, the facility/program director will refer you to financial counseling, if sponsor is DLA, available through DLA EAP Employee Assistance Program. If civilian the Site Director will make a final decision regarding your request for hardship consideration. Hardship consideration is not available for contract employees in the highest Category.

## Multiple-Child Reduction (MCR) Discount

Families with more than one child attending a regularly scheduled childcare program receive a 15% discount on the child in the least expensive type of care. This discount does not apply to hourly care or contract employees in the highest Category.

**Summer Camp Fees** – Camp is billed on a weekly basis, and patrons will be billed for all weeks requested as part of their request for care on MilitaryChildCare.com. Payments are due on Monday of the week prior and required for acceptance into care for the following week. Credits will not be given if a child does not attend for a week they requested, accepted, and did not attend.

## Deployment Support

Please see our Admin staff if you or your spouse is deployed or is going to deploy. Benefits available to you due to deployment will be authorized and explained with our Admin team.

## Notification of Withdrawal

A written notice of your intent to withdraw your child from on-going programs is required 30 days prior to effective date of withdrawal. Notification helps us to effectively manage our spaces and staffing and reduces operation costs. In addition, it keeps you from accruing needless fees. Failure to provide the notice will result in a charge equal to the 30 days of care being applied to your account.

Patrons who provide more than a 30-day termination/disenrollment notice are eligible to receive a withdrawal discount of ten percent when pcsing.

## Daily Admission and Release

### Child Release Procedures

If a parent cannot pick their children up by the designated time for pickup, they should arrange to have a child release designee pick them up or arrange with the program to have the child(ren) remain in care.

If anyone other than a parent or legal guardian comes to a CY program to pick up a child, the following applies:

- If the pick-up person is a child release designee noted on the child's record, the individual must present a valid picture ID (driver's license, military ID, etc.)

- If the pick-up person is not noted on the child's record as a child release designee, we must have written permission with a verifiable signature from a parent or legal guardian and the pick-up person must present a valid picture ID (driver's license, military ID, etc.) before the child can be released.
- Telephonic permission alone is not acceptable. Written permission with a verifiable signature must be emailed or scanned after the telephonic contact.
- Children will not be released to siblings or other youth under the age of 13. Older siblings or youth sitters must be designated on the child's record as a release designee to pick up a child enrolled in a CY program.

To deny access to a specified parent or guardian, a copy of a custody agreement or court restraining order must be on file in the child's record.

In instances where the parent/guardian or release designee appears to be under the influence of alcohol or drugs, or a child's well-being appears to be threatened in any way to include transportation without an appropriate child safety seat, the DLA Police will be contacted to intervene.

## Arrival and Departure Procedures

For safety and accountability purposes, children 5 and under in the Child Development Center must also be signed in and out of their classroom. While this may seem inconvenient and a duplication of effort, the duplicate recording of the child's presence serves two separate but equally important purposes. The swipe at the front desk is critical should an emergency arise at the facility. Information from the automated system can be accessed from a remote site and would provide invaluable information for first responders. The classroom sign in and out process is critical for our classroom staff in ensuring accountability for your child throughout the day and recording whom the child was released to at the end of the day.

Each morning by 0930 CYP must account for all enrolled children. Management and the administrative team use the morning swipes, classroom sign in and out sheets, along with their listing of scheduled child vacations to account for all children. To assist with this process if your child will not be attending, we ask that you inform the centers Admin, Assistant Director, and Facility/Program Director team via email no later than 0930 the morning of or anytime prior to the date. Emailing the full team allows everyone the information in case someone is on leave. If the center does not have any attendance status on file for your child, the admin team will call and email the sponsor requesting a status check starting at 0930 each morning.

At the end of the day, the parents proceed to their child's room and sign the child out before stopping at the front desk to swipe their child out of the facility.

Upon departure, parents should first locate their child in the facility and then swipe their card upon exiting as well as signing their child out on the CYMS roster.

It is not permitted to leave a child in an idling vehicle unattended in the CYP parking lots even in case of dropping off or picking up an enrolled child.

## Late Pick up

In the event of late pick up parents are asked to contact the center as soon as they become aware they will be arriving late. This will allow the center to ensure an accommodation is put in place for your child and staff are

informed they are needed for an extended timeframe. Late fees will begin to accumulate one minute after the center's closing time. The payment for late fees is due at pickup and no later than prior to the next drop off.

- After program closure time, a 1.00 per minute for the first 15 minutes per family per site regardless of the number of children in care at that site will be charged.
- If later than 15 minutes, \$8.00 per child, per site, for the next 45 minutes will be charged.
- Late pick-up fees are not charged for approved mission related circumstances or when specific arrangements have been made and approved to extend the care.
- If a child is left more than 30 minutes after closing, the MP/Security Office will be contacted for assistance in locating the parents. This policy also applies to hourly care patrons at 30 min pasted their assigned pick-up time. For all children left at 1 hour CPS and FAP will be called.

## Dress Code

Children should be dressed in comfortable clothing that is appropriate for weather conditions and the type of activities in which they are involved. To avoid foot injuries, children must wear closed toe shoes, and all shoes must have a full backing on them. Your child will need to wear sneakers or gym shoes as outdoor activities and sports/fitness activities are offered daily. Wearing flip flops, open toe, sling back, sandals or heel footwear is not permitted in CYP programs.

## Personal Items

Children should not bring personal items to the program unless requested by staff for a scheduled program activity. Personal toys often cause conflict. Personal items such as headphones, cell phones, tracking devices, and other electronics may get lost or stolen. Child & Youth Programs are not responsible for lost, stolen, or broken items.

## Lost and Found

All CYP facilities maintain a lost and found. If your child misplaces something while at a program site, please contact the front desk for assistance in locating the missing item.

## Program Closures

### Holidays

CY Programs are closed on all federal holidays and any unscheduled Presidential Executive Order holidays. The eleven recognized holidays are:

- New Year's Day (January 1st)
- Martin Luther King Jr.'s Birthday (Third Monday in January)
- Presidents' Day (Third Monday in February)
- Memorial Day (Last Monday in May)
- Juneteenth (June 19th)
- Independence Day (July 4th)
- Labor Day (First Monday in September)
- Columbus Day (Second Monday in October)

- Veterans Day (November 11th)
- Thanksgiving Day (Fourth Thursday in November)
- Day After Thanksgiving (Fourth Friday in November) (if applicable for your Site)
- Christmas Day (December 25th)

In addition, DLA CYP programs will be closed for four training days each year to ensure staff remain current on required training and professional development. Please check with your program for specific training closure dates.

## Inclement Weather

For inclement weather delays and or closures parents should monitor the OPM status page (<https://www.opm.gov/policy-data-oversight/snow-dismissal-procedures/current-status>), or your Sites Facebook page. Some programs will call or send email if possible.

DLA will mirror OPM unless there is a local issue or situation that would reflect a different time frame needed. In those cases, all patrons would receive an email outlining the center status no later than two hours prior to the opening time.

If a program closes early due to inclement weather, notification will be handled through our CYMS and center distribution emailing list to contact parents/guardians. With any delayed openings of two hours or more breakfast will not be provided that day.

## Other Emergencies

If for any reason, it becomes necessary to close a facility for health/safety reasons such as air conditioning or heat outage, parents/guardians may be notified through CYP Facebook, an email sent via CYMS, or telephone contact will be used as the last attempt to communicate due to the number of children enrolled in programs.

If a long-term evacuation is required at a CYP facility, the children will be transported to a safe area and notification of their location will be publicized through the CYP Facebook, CYMS, and by telephonic contact with parents/guardians.

If an emergency occurs and the program is on lock-down and sheltering in place, the doors to the facility will be secured and no one will be allowed to enter or leave the building.

## Chain of Command

Offering quality services to children requires program staff and parents to work together, committed to what is in the best interest of the child. For this partnership to be effective, it is important that you report to management any issues concerning quality of services. We care about your opinions and want you to let us know how we can better serve our Families. No concern is too minor to bring to our attention. If you ever wish to voice a concern, please feel free to go to your child's Assistant Director or Facility/Program Director to share the issue.

The best and most effective approach is to contact management as early as possible to discuss the concern. In some cases, a meeting with management staff may be enough to resolve your concerns, in other cases a meeting

involving the direct care staff may be helpful. Regardless, we are committed to working with our parents to resolve situations in the best interest of the children. Our goal is to provide the best possible customer service to our Families.

Parents are encouraged to follow the chain of command to ensure speedy resolution of issues:

- Lead in the Classroom
- Supervisory Program Lead
- Assistant Director
- Center Director
- Director of Family and Morale, Welfare & Recreation
- Site Director

## Building Security and Access

Anyone entering a CYP facility will enter through a monitored entrance to the facility (normally the front entrance) and must stop at the front desk. All exterior doors to the facility which exits onto an unfenced area are locked and armed with intrusion alarm devices. This ensures that children are protected from access by individuals who have no valid reason for being in the facility.

Management will approve visitors to the facility on a case-by-case basis to ensure they have a valid reason for entering the facility or being in a child activity area (for example, delivery personnel, maintenance personnel, janitorial personnel, outside professionals, inspectors, etc.). Visitors will sign for a visitor's pass and be accompanied by a staff member to their destination in the facility.

Parents must sign their child into the program using their swipe card before proceeding to a classroom. Parents have access to the programs during operating hours as part of the Open-Door Policy. If parents are staying in the child's classroom longer than a typical pick up or drop off, parents are required to sign in as visitors on the classroom sign-in sheets.

## Health and Medication Policies

### Storage and Administration of Medication

CYP staff may administer medication when the prescribed dose is scheduled during care hours for daily or short-term medical conditions, prescribed to be given 3 or more times daily or in emergency situations. No over the counter medication can be given without a prescription.

Rescue medications will be maintained in the classrooms rescue medications bags. The rescue medication will follow the child whether they move to while in care. If a child requires non-rescue medication while in care the label must state it is required three or more times a day for the center staff to provide the medication.

To administer the medication:

- The medication must be in the original container with a childproof cap and properly labeled. The label must include date, physician's name, child's name, name of medication, dosage, strength, and instructions for use

- The prescription must be no more than 30 days old with the exception of rescue medications which must be no more than one year old (date is determined by whichever comes first, one year anniversary of the prescription or expiration date on the medication).
- For an oral medication, you must have administered it 24 hours before a CYP staff member can administer it. This allows the child to adjust to the medication while under parental care.
- You must fill out and sign a Medical Dispensation Record, DA Form 5225-R before medication can be administered and completed each month for on-going medications.

Only trained personnel will administer medication or monitor a child who has been approved by his/her physician to self-administer medication. Child self-administration of medication is considered an adaptation to placement and must be reviewed by the Inclusion Action Team (IAT) process prior to placement, annually thereafter or when there is a change in medication or procedure. The decision to authorize child self-administration of a medication is determined by the IAT on a case-by-case basis that considers the type of medication, the maturity level of the child and the physician's statement indicating the child is competent in administering his/her own medication. A trained staff member will observe while a child self-administers his/her medication and will record that the medication was taken. For the safety of all children, children may not be allowed to carry their own medication. The lead staff member for each group will carry the medication for any child who must have rescue medication available at a moment's notice.

## Health Screening and Exclusion for Illness

It is the Child and Youth Programs policy to take all precautions to offer a healthy environment for children and to respond appropriately to a child who is not feeling well. These procedures may at times inconvenience you but are for the benefit of the children. Staff will greet the parent/guardian and child upon arrival. Before the parent leaves, the staff will observe each child for obvious signs of illness. Children who appear to be ill or show visible signs of illness may be denied admission. CYP staff will provide a CYP Re-Admittance Slip identifying the symptoms that prompted the decision to deny services and encourage you to have the form completed by your child's Health Care Provider or an Urgent Care practitioner for re-admittance. Seldom will one symptom alone be the reason for denial of service.

- Fever is accompanied by behavior changes or other signs or symptoms of illness. More than 100.5° Fahrenheit axillary (under the arm) for infants under 3 months of age and in excess of 101.0° F axillary for children over 3 months. During the influenza season, exclusion criteria are having a fever 100° Fahrenheit axillary or oral with a least one respiratory symptom, such as runny nose, cough, congestion, sore throat, intestinal upset or diarrhea.
- Inability to participate in daily activities.
- Illness results in a greater need for care than the staff can provide without compromising the health and safety of the other children.
- Changes in behavior such as lethargy, irritability, persistent crying or drowsiness.
- Skin rashes, itchy skin, itchy scalp that is not currently under treatment by a licensed independent practitioner.
- Complaints of pain or not feeling well.

Obvious 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 hands, fingers, 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 - nits (white dots) attached to the hair shafts.
- Culture-proven strep throat that has not been under treatment for at least 24 hours.
- Conjunctivitis (pink eye) - red, watery eyes with thick yellowish discharge.
- Persistent cough – prolonged coughing that interrupts the child’s activity and or participation in CY Program activities.
- Diarrhea – an increased number of abnormally loose stools in comparison with the child’s usual bowel habits that cannot be contained in a diaper.
- Vomiting – any projective (forceful) or for infants, after more than two feedings.
- Symptoms of other contagious diseases such as measles, mumps, hepatitis, scarlet fever, meningitis, thrush, strep infections and hand, foot and mouth disease.
- Pinworm infestation.

For health reasons, we will not permit a child with any contagious illness or sign or symptoms of a contagious illness to stay on site. CYP will conduct daily health checks. If we feel that your child should not be on site or if your child does not feel well enough to participate in program activities, we will notify you to arrange for pickup of your child. If we cannot reach you or your spouse, we will try to contact one of the individuals that you have designated as an emergency contact/child release designee. We will ask that individual to locate you to pick up your children or pick up the child himself/herself. This is for the comfort of your child and the health of all children. If you are contacted to pick up your child from care the center will be provided with a one-hour timeframe for picking up. During that time your child will be supervised in an area away from the other children until you, your spouse or your child-released designee arrives to pick up the child. It is important to have a contingency plan when your child has a contagious illness or simply requires a quiet environment to recuperate. When you pick up your child, please talk with management concerning the requirements for readmission of your child to the program.

## Readmission after an Illness

Children will be readmitted to a CYP setting when the child feels well enough to participate in the usual daily activities, they do not need specialized care/attention beyond the services provided, and when their presence will not endanger the health of the other children. You are encouraged to have the child’s Primary Care Manager complete the CYP Re-admittance Slip identifying when the child can return and providing any special instructions for CYP staff. Return is authorized when the following conditions exist:

- Fever - physicians have signed Child Illness/Injury Readmission Record or fever has been absent for 24 hours without the use of a fever- reducing agent.
- Nausea, vomiting, or diarrhea has subsided for 24 hours.
- Appropriate number of doses of antibiotics (when prescribed) have been given over a 24-hour period for known strep or other bacterial infections and the child’s physician has approved re- admission.
- Chicken Pox lesions are all crusted and dry and the child/youth has been fever-free for 24 hours, usually 5 to 7 days after onset.
- Scabies are under treatment and lesions are covered.
- Lice – after completion of medical and environmental treatment.
- Pinworm treatment has occurred 24 hours before readmission.
- Impetigo lesions 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.
- Conjunctivitis has diminished to the point that eyes are no longer discharging, 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 without medication.
- Strep Throat – child/youth has been fever-free for 24 hours and on antibiotics for at least 24 hours.
- Scarlet fever- fever free for 24 hours and on antibiotic 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 no less than 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 passed.

Certification from a provider that the child may return to the program is required when the following diseases are diagnosed:

Giardia Lamblia	Rashes (unknown origin)
Shigella	Conjunctivitis
Salmonella	Impetigo
Hepatitis A	Scabies
Haemophilus Influenza B (HIB)	Scarlet Fever
Tuberculosis	Strep Throat
Pertussis (whooping cough)	Ringworm
Polio	Measles
Diphtheria	Rubella
MRSA	

The Facility/Program Director will contact the CYP Nurse for advice and approval to readmit the child if any questions arise. The child's Health Care Provider may authorize return to the care setting once the child is not a threat to himself or others (i.e., diagnosed with an ear infection which is not contagious but still running a temperature). However, if the child's illness prevents him from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children, then the Facility/Program Director may still make the decision to send the child home.

## Immunization Requirements

Childhood immunization requirements must be met for uninterrupted service. DLA CYP follows the Center for Disease Control guidelines for immunizing children. It is your responsibility to meet immunization requirements and keep your child's record updated. Front desk staff at your child's program will alert you when shots are coming due as you swipe in at the front desk. Bring the shot record to the program to transfer new information into your child's record.

## Basic Care Items

Acceptable basic care items are limited to topical items used for the prevention of sunburn, diaper rash, teething irritation, lip balm, insect repellants and lotions. IAW FDA guidance, Benzocaine products should not be used on children younger than two years of age.

### BASIC CARE ITEMS REQUIREMENTS

- Parents will purchase and supply the preferred basic care items (this must be in original container).
- Parents will label the container with the child's name (first and last) and the item's expiration date. If placed in a bag, the child's first and last name will be printed on the bag as well.
- Parents must complete, sign and date the Basic Care permission form stating the reason for the basic care items used, frequency, duration, amount, and location of application. The Basic Care Item Permission Form/Treatment Sheet is good for one year if there is no a change to the item brand.
- Staff will store the basic care item out of the reach of the children.

## Safety and Accident Prevention

CY Programs policy is to conduct all operations safely. We cannot consider accidents inevitable. Safety considerations are included in all planning and strictly enforced during daily operations. Children are expected to follow all safety rules without question. All accidents/incidents will be promptly and thoroughly reviewed. To avoid confusion, tell us, when you arrive daily, of any existing cuts, bruises or bumps which your child sustained before coming to the program. It is our goal to determine contributing factors and take appropriate actions to mitigate risk and eliminate future accidents/incidents within CY programs. Teachers should also conduct daily health checks on each child upon arrival.

## Safety Inspections

Daily safety inspections are conducted by CYP staff on all CYP facilities and playgrounds, to safeguard the safety of children enrolled in our programs. In addition to the daily inspections conducted by CYP staff, monthly inspections are conducted by an assigned Additional Duty Safety Officer and submitted to the Directorate Safety Officer. Comprehensive safety inspections are also conducted quarterly by the DLA Safety Office and annually by the DLA Child & Youth Programs Inspection (MDTI) Team.

## Accidents/Injuries & Medical Emergency Procedures

Even though your child is under constant supervision, accidents or injuries may occur during program activities. If your child is involved in an accident and has a minor injury, staff will perform first aid treatment. In some cases of minor injuries, we will contact you by phone to inform you of the accident and let you make the decision on whether medical attention is necessary. In cases of serious or severe injury, we will immediately notify you and contact 911 to transport the child by ambulance for medical attention. We will inform you where your child is being transported to. A staff member will stay with your child until you arrive at the hospital. Regardless of the seriousness of the injury, staff will complete an Incident Report notifying you of the circumstances surrounding the accident/incident. While it is our goal to have the accident/incident report ready for you at pick up, it may not be complete depending on when the accident/incident occurred and the seriousness of the accident/incident. Staff

will request that you acknowledge receipt of the report by signing it. You will be provided with a copy of the report, and the program will maintain the original form in your child's file.

## Emergency Drills (Fire, Severe Weather, Active Shooter, Child Abduction)

Fire drills are conducted monthly for all CYP sites. During a fire drill, children may be taken outside without their coats, since in an actual emergency we cannot take time to gather each child's belongings. Evacuation kits contain blankets which are used to protect the children from inclement weather once evacuated. The CDC programs are required to conduct a minimum of one of the fire drills during nap time. Children will not be accepted into care or released from care during an active drill.

Other drills (Severe Weather, Active Shooter and Child Abduction) are conducted on a quarterly basis and do not involve taking children outside the facility, but rather to shelter in place or lockdown. During the lockdown of a facility, no one will be allowed to enter or leave the facility.

## CCTV Video Surveillance

The CYP Video Surveillance System (CCTV) is a quality assurance mechanism for the organization and parents. It is one element of a comprehensive child protection policy. CYP CCTV is not intended to cover 100% of the facility but rather supplement the processes already in place to ensure the safety and well-being of children in our programs. Parents can view the monitor in the front lobby for real time viewing. Parents can request to see recorded video if they have a concern. Requests to view recorded videos are approved through the DFMWR and Legal (if necessary). All requests for copies of recorded video go through FOIA.

## Alcohol and Smoking Policy

No alcohol is permitted in CYP facilities or at CYP sponsored events. All CYP facilities are smoke free zones, to include vaping. A smoking area is designated 50-foot distance outside each facility and out of the sight of children. We ask that parents and those transporting children adhere to the 50-foot perimeter, extinguishing all tobacco products, including vape smoke beyond the 50-foot perimeter. (All forms of Marijuana- including medical use is prohibited by DoD Instruction 1010.04)

## Plants in CYP Settings

All plants in CYP settings must be non-toxic. Plants that have been identified as poisonous are removed from the centers and outdoor play areas. Garden plants used for science/developmental activities are only accessed with supervision and the consumption of garden-grown food is permitted for science/developmental activities, with approval from Safety and Industrial Hygiene.

## Pets in CYP Settings

Parents are notified at registration if any animals are maintained at a program site or any time that a new animal is going to be added to the site. Pets at CYP sites are free from disease, properly immunized, and sanitarly maintained. Centers that maintain pets on the premises will be inspected monthly by the installation Veterinary Services or a qualified designee. The sanitary conditions of the pets in centers will be monitored by

the Environmental Health Staff. Pets will be handled humanely and under the direct supervision of caregiving staff. Children and staff are required to wash their hands before and after handling pets.

## Child Medical and Behavioral Support

The CYP staff works with the child and parents to identify behaviors that may require referrals to medical or behavioral specialists for plan/diagnosis or may require extra attention from staff. An Inclusion Action Team (IAT) should be conducted to review completed observations, as well as the results of Kids Included Together (KIT) consultations and implemented behavior modifications plans. Working together to develop a plan can create a thriving, developmentally appropriate and safe environment for all. If a decision is made that accommodation is out of the scope of DLA programs, the process to deny care is reviewed by the local program and DM-Q CYP to ensure all possible accommodation and actions have been taken to ensure this is the best decision for all.

**Respiratory Medical Action Plan:** Required if your child has a medical condition that requires use of an Inhaler or nebulizer of any type.

**Allergy Medical Action Plan:** Required if your child has an allergy of any type (food, environmental, other) that requires the use of Benadryl, EpiPen or inhaler.

**Special Diet Statement:** Required for children with food allergies or other food restrictions. The Special Diet Statement should indicate what foods need to be withheld, what foods should be substituted, what the reactions are if the child ingests the food, and what the treatment plan is if the child ingests the restricted food. Suitable substitutions served at the programs are provided on the reverse side of the form.

**Seizure Medical Action Plan:** Required if your child has seizures. If your child has febrile seizures and the staff will be administering Tylenol or Motrin, the Seizure Medical Action Plan and the prescription label must be consistent. They must indicate at what temperature the medication should be given (e.g., 99.0 degrees Fahrenheit).

**Diabetes Medical Action Plan:** Required if your child has diabetes and blood sugar monitoring is required on site in a CY programs.

## Inclusion Action Team (IAT) Process

Parents must identify children with special needs at the time of registration. Children with special needs are mainstreamed in CY programs on a case-by-case basis after a full assessment of the child's needs and a determination as to the program's ability to meet those needs with reasonable accommodation. If your child has special needs, you may be required to attend a multi-disciplinary Inclusion Action Team (IAT) meeting prior to placement of your child in a CY Program. The IAT is a multi-disciplinary team that will consider your child's needs and the ability of our programs to meet those needs with reasonable accommodation. The team's goal is to place each child in the safest, least restrictive, and most appropriate environment. Please note that the child must be able to be mainstreamed without requiring a change in the program's staff to child ratios.

As a parent, your participation on the team is critical. The more information that you can share about your child's needs, the more likely the placement decision will be successful. Placement decisions include a discussion of how your child's needs will be met to include program adaptations, if any, and specialized training of staff, if warranted. If your child has an IEP or IFSP, please bring that information with you to the team meeting. It is our intent to support the goals and objectives of the IEP or IFSP in our programs, if possible. Children are accepted on a trial basis. Both program staff and parents/guardians may request a case review if the placement is experiencing roadblocks to success. The IAT may deny placement if the child's needs cannot be met in a CYP setting with reasonable accommodation or if the child is a danger to themselves or others.

## Medical Action Plans

Medical Action Plans (MAPs) are required when a child with a medical condition is enrolled in a CY Program and the presenting medical condition may require CYP staff to implement medical procedures such as nebulizer treatment, EpiPen injection, monitoring of blood sugar levels, or responding to seizure activity. The Medical Action Plan must be completed and signed by the child's primary care provider (physician, physician assistant or nurse practitioner) and be maintained on site at the Program in which the child is enrolled. Medical Action Plans must be updated annually based on the date signed by the child's primary care provider. If a child's condition changes and they no longer need a Medical Action Plan, a signed statement from their primary care provider is required for our records. Parents may access MAPs by request from the CYP Nurse (if applicable) or front desk Admin team.

## Special Diets

CYP attempts to accommodate all children with special diets due to medical conditions and food allergies/intolerances. Special diet requirements due to medical conditions are required to be validated by a physician using the Special Diet Form and reviewed by the DM-Q Nurse prior to acceptance at the facility. Typical conditions such as lactose intolerance are easily accommodated while some conditions may require additional review by the Inclusion Action Team (IAT) prior to enrollment to determine best procedures for meeting your child's dietary needs. Parents requesting special diets due to religious reasons may do so utilizing the Special Diet Statement Form. Please note that special diets due to parental/child preference (organic, vegetarian, etc.) or preferred food brought from home cannot be accommodated due to the large volume of children in care and restrictions regarding food safety and sanitation.

## Child Abuse and Neglect

### Prevention

Protecting our children from child abuse and/or neglect is a shared responsibility between the program and you, the parent. We ask that you report any concerns you may have about the quality of services to program management. If you see something that does not look or seem right, please report it. We believe in erring on the side of caution.

We implement a comprehensive child abuse prevention strategy that includes background checks, child abuse prevention and identification training, facility control, appropriate classroom environments, Line of Sight Supervision (LOSS), Child Abuse Risk Assessment Tool (CARAT), parent/legal guardian access through an Open-Door policy, vision panels, CCTV, etc. The Department of Defense Child Abuse Hotline poster is posted in all lobbies of CY programs.

### Background Checks

All CYP employees, volunteers, and contractors regardless of their position undergo an extensive background check process and are re-verified every 5 years.

## Staff Training

All staff receive training on child abuse prevention and identification, child guidance and discipline and our Touch Policy. The child abuse prevention training focuses on explaining the measures taken to minimize the risk of abuse/neglect in our programs, their responsibility to help prevent abuse and stresses the importance of a strong parent/staff partnership. In addition, staff sign a statement of understanding regarding the Touch Policy which emphasizes the fact that any infraction may result in separation. If you would like a copy of these policies, they can be provided.

## Line of Sight Supervision (LOSS)

CYP employees, volunteers and contractors upon favorable completion of the Installation Records Check may begin providing child related services under line-of-sight supervision (LOSS) by a cleared employee until all the required background checks are completed. Special Education consultants and therapists, upon favorable completion of background checks may begin providing child-related services under line-of-sight supervision (LOSS) by a cleared employee.

## Child Abuse Risk Assessment Tool

Child Abuse Risk Assessment Tool (CARAT) is an instrument used in Early Childhood settings (CDCs,) by management staff that rates the work climate, child environment, and staff attitudes to identify the potential for an instance of abuse or neglect. The CARAT is conducted on each CDC room/module a minimum of once every three years or when an allegation of abuse/neglect has been made. Any scores above low risk will result in a corrective action plan to ensure all CYP early childhood settings are rated low for potential abuse/neglect.

## Identification & Reporting

It is the legal responsibility of all CYP staff, volunteers, and contractors to alert authorities of suspected child abuse and/or neglect. All employees receive training in identification and reporting procedures for suspected cases of child maltreatment. Volunteers and contractors are also trained during program orientation. The training focuses on defining child abuse and neglect, identifying the different types of abuse/neglect, and on identifying the signs and causes of abuse. Children in CYP settings are observed for any signs of physical, emotional, and sexual abuse and child neglect (for example, unexplained or unusual bruises, abrasions, burns, unclean appearance, unusual behavior or unreasonable fears.) Any suspicion will be reported immediately to the DLA reporting point of contact (the DLA Police) and the local Child Protective Service, and Family Advocacy. The CYP Facility/Program Director immediately reports allegations of abuse in out-of-home settings and violations of the child supervision and touch policy allegations through the Deputy Site Director within one business day. If you suspect child abuse, child neglect or a safety violation in a CY Program, you may report it to the Facility/Program Director, DFMWR, Family Advocacy Program Manager or Child Protective Services. A Department of Defense Child Abuse and Safety Hotline is also available for parent or community use: 1-877-790-1197 when any of the reports are not followed up on by the local reporting personnel.

## Guidance and Discipline

Our goal is to help children develop self-control, learn to respect the rights of others, and learn the rules by which the adult world operates. In striving to reach our goals, we endeavor to convey such basic human values as

respect, trust, honesty and caring for others. The role of our staff and volunteers in disciplining children is not to prevent children from doing wrong, but to pursue the task of helping children to do right. Therefore, the discipline directed toward children is geared to the development of self- respect, healthy interpersonal relationships and skills in problem solving. It is based on friendly, caring attitudes and gives careful regard to feelings and emotions, to unique differences between individuals and to preserving an atmosphere of acceptance, tolerance, and patience. Discipline will not be punitive, abusive or irrational control of children.

Our personnel and volunteers will:

- Discipline in a consistent way
- Base discipline on an understanding of the individual child's needs and developmental level.
- Establish simple, understandable rules so that expectations and limitations are clearly defined.
- Use constructive discipline techniques that promote self-worth such as diversion, separation of the child from situations, praise of appropriate behavior, giving gentle reminders, offering choices, and anticipating trouble.
- Role model appropriate behavior and conflict resolution skills
- Help children learn to develop self-control, express their feelings in acceptable ways, and when age appropriate, learn to resolve their own conflicts and be involved in rule making.
- Use positive, rather than negative verbal and nonverbal communication.
- Use renewal time as a means of helping children think and regain self-control (i.e., renew their spirits, regain their composure and or ease inner tension) in the company of a concerned and caring adult.
- Use gentle physical restraint when a child's behavior threatens his/her own safety or the safety of others.

Our personnel and volunteers will not:

- Punish a child by:
- Spanking, pinching, shaking or other corporal punishment.
- Isolating away from adult sight/contact
- Confining in closets, boxes, or similar places
- Binding to restrain movement of mouth or limb.
- Humiliating or using verbal abuse
- Deprive children of meals, snacks, outdoor play opportunities, or other program components.
- Punish a child for lapses in toilet training or refusing food.
- Use highchairs for discipline purposes.
- Use "time out" methods as a means of discipline.

When a child displays inappropriate behavior, the situation will be discussed with the child and repeated instructions. Brief separation or re-direction is sometimes necessary to relieve undesirable situations. In cases of extreme inappropriate behavior, parents will be notified. Frequent repetition of such behavior will result in a parent/staff conference identifying possible underlying causes and working together to modify the behavior within the existing environment, rather than suspending the child. We reserve the right, however, to suspend or terminate services if we cannot successfully resolve the situation and the child's continued attendance is considered by management to be a threat to the child's safety or the safety of others or continually detracts from the quality of care provided to other children enrolled in the program. (Note: refunds will not be given for suspension periods.)

The CYP Discipline policy will be followed by all patrons, visitors, and employees in CYP Facilities or activities.

All CYP team members sign the Standards of Conduct SOU annually, the Standards of Conduct are also available to parents and are posted on parent bulletin boards in the programs.

## Curriculum and Programming / Multi-Age Groupings

### About Our Staff

Our staff consists of professionals and paraprofessionals with varying amounts of education and prior experience in their chosen career field. All entry level direct care staff receive 66 units of specialized training during the first eighteen months of employment and 24 units annually after the initial training is completed. Training includes but is not limited to regulations and directives, child/adolescent growth and development, education methods and materials, discipline and guidance techniques, child health and nutrition, safety and emergency procedures, First Aid and CPR. All staff are encouraged and supported in their pursuit of higher-level credentials and degrees. We are proud of our staff, their accomplishments and their commitment to providing quality childcare. Management and support staff also pursue training tailored to meet the requirements of their positions.

### Early Childhood Programs (Infant – 5 Years)

ALL CDCs ARE REQUIRED TO BE ACCREDITED BY THE NATIONAL ASSOCIATION OF YOUNG CHILDREN.

**The ELM Curriculum** offers a comprehensive, developmentally appropriate approach to supporting the learning and development of children from birth through five years of age. ELM was developed by Purdue University for the Department of Defense Child Development Program and civilian programs of early care and education. The curriculum offers a whole child focus on skills that bolster school readiness and life success. The ELM Curriculum fully embraces NAEYC's developmentally appropriate practice (DAP) position statement and accreditation criteria. This includes providing an optimal balance of adult-guided and child-guided learning experiences. ELM promotes a comprehensive set of goals that are geared to the needs of individual children and to the predictable sequences in which children generally acquire key skills. The goals represent early childhood knowledge and abilities that provide a solid foundation for success in school and in life. ELM calls these foundation skills. Foundation skills introduce communication/language, physical/health, self-regulation, and social emotional experiences for children who are 6 weeks to 36 months. Foundation skills introduce creative expression, language/literacy, mathematics, physical/health, science, self-regulation, social-emotional, and social studies experiences for children who are 3 – 5 years. ELM is plentiful in the amount and quality of attention given to skills that bolster success. Areas that are most strongly associated with school readiness are the focus of frequent activities. Planned activities build on children's prior experiences and understandings and provide children with varied opportunities to practice newly acquired knowledge and abilities. Tailored learning experiences for children also occur because of focused observations and assessments of children's progress in developing foundation skills emphasized in ELM.

At the heart of ELM are 1,375 activity plans, from birth to age five years, that cover 50 weeks. Each plan focuses on one or more of the foundation skills promoted by ELM. For children from birth–36 months, ELM promotes 14 foundation skills in five areas. For children from 3–5 years of age, ELM promotes 27 foundation skills in eight areas. The activity plans for children from birth to 36 months are organized by blocks that span a two-week period. There are 2–3 activity options, organized by level of challenge, in each plan. The activity plans for children from 3–5 years of age are organized by days within a one-week period. There are four activity plans per day designed for approximately 15 minutes each.

A critically important task for direct-care staff is to adapt planned activities to meet the needs of children in their room. Staff who engage in developmentally appropriate practice are continually tuned into children's understandings and abilities and adjust the complexity and challenge of activities to accommodate children's skill level. ELM offers tools to support classroom staff in adapting learning activities as well. For example, each activity plan includes **scaffolding tips** for providing children with extra support or enrichment related to the activity.

## Infants and Pre-Toddlers

Infants delight in learning about themselves, their world, and the people around them. Our goal is to create a stimulating environment while providing activities which recognize the way infants learn by discovering and exploring their world, imitating what other people do, repeating and practicing actions and words and receiving encouragement following ELM. For infant caregivers, the ELM Curriculum eliminates the daunting task of developing or finding activities that represent current and credible information on how to bolster early learning and development. ELM activities for infants and pre-toddlers are organized by two age groups: birth–12 months and 12–24 months. Activities are intentional and incorporate foundation skills within each age group, thus allowing differentiation for all children's abilities. They follow a sequence of development in which children typically develop specific understandings and abilities. From reading stories during a small group book share activity that introduces infants to concepts of receptive language and expressive language or providing snap beads to a group of interested pre-toddlers to practice fine- motor skills; ELM is full of plentiful experiences for children from Birth - 24 months.

## Pre-Toddlers and Toddlers

Pre-toddlers and Toddlers, just as infants, learn by discovering and exploring their world, by imitating other people, by repeating and practicing language and motor skills, and by receiving encouragement. Their ability to move about freely adds new dimensions to their learning experiences. They enjoy climbing and repetitious activities as they gain needed coordination for their transition to preschool. For toddler caregivers, the ELM Curriculum eliminates the daunting task of developing or finding activities that represent current and credible information on how to bolster early learning and development. ELM activities for pre-toddlers and toddlers are organized by two age groups: 12–24 months and 24–36 months. Activities are intentional and incorporate foundation skills within each age group, thus allowing differentiation for all children's abilities. They follow a sequence of development in which children typically develop specific understandings and abilities. With an overlap of the 12-24-month-old age group pre- toddlers have an opportunity to receive more scaffolding opportunities from older children. From playing a game of imitation that reinforces social-emotional development with pre-toddlers or leading an activity with toddlers where children observe objects that are placed out of sight and back into sight which introduces object permanence and cognitive development; ELM is full of plentiful experiences for children form 12 – 36 months.

## Preschoolers

Preschool children have a natural curiosity and eagerness to learn. Our goal is to ensure that this eagerness for learning is enhanced through successful experiences and development of socialization skills and a positive self-concept. Therefore, much of the preschooler's day is spent in activity centers that offer a selection of materials and activities to meet the full range of developmental levels. Learning in the activity centers is enhanced through interaction with the adult staff. Open-ended questioning leads to more creative thought and problem solving. ELM's resources for working with children 3–5 years of age are designed for mixed-age classrooms as well. Younger preschoolers can play side by side with older experienced preschool children which provides an opportunity for scaffolding their play. Additionally, older preschool children have plenty of opportunity to have

concepts extended as teachers provide tailored learning experiences to accommodate a child's advanced level. ELM promotes content areas that are most strongly associated with school readiness— language/literacy and mathematics—are promoted in separate activities each day of the week. Self-regulation, social-emotional development, and understanding of the world around us are also promoted each day of the week. Science, creative expression, and physical/health areas receive generous and regular doses of support. As younger preschool children participate in experiencing the ELM curriculum the first time around, teachers will introduce specific skills and activities to meet their needs designed for school readiness. When older preschool children participate in the curriculum once again the following year, they will begin to master the skills they were once introduced the year before to better prepare them for a successful kindergarten school year as they transition forward to elementary school.

## Developmental Assessment

ELM also provides tools for observing and assessing children's progress with foundation skills. ELM observation guides and assessment procedures include suggestions for individualized learning plans that build on observation or assessment information. There also is an *ELM Snapshot of Child Progress* form for record keeping in which is incorporated into every child's portfolio which showcases a child's progress. Conferences are scheduled frequently with a minimum of two per year. Families are invited to attend conferences to view portfolios and to discuss their child's progress with their child's primary caregiver.

## Outdoor Activities

All children are taken outdoors daily for fresh air and to play, weather permitting. To ensure their health and safety during outdoor play/sports activities, we ask that you ensure that your child is dressed appropriately for the weather and active involvement in outdoor activities. Due to temperature fluctuation, we ask that you layer your child's clothing. This will allow us to respond appropriately, keeping the child comfortably attired. In addition, we ask that you select clothing that is not too loose and doesn't have strings or ties that may get caught on playground equipment. Your child will need to wear sneakers or gym shoes as open toe shoes, sling back footwear or sandals are not permitted in CYP programs.

## 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, including Pull Ups or underwear that will be changed with each accident 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. A toilet training agreement will be provided.

## Rest Times

In full and part-day programs for children 5 and under, we provide a crib or cot for each child in care. Infants are allowed to follow their own sleep patterns throughout the day. Pre-toddlers, Toddlers and Preschool age children are provided with a two-hour rest period in the afternoon shortly after lunch each day between 1200-1430 (1200-1400, 1215-1415, or 1230-1430).

Cribs will be disinfected daily or more often if obviously soiled. All sleeping apparatus will be cleaned and disinfected in accordance with AR 608-10, para 4-33. Cribs used for fire evacuation are cleaned after each fire drill to include changing the sheets. Crib sheets will be laundered daily, after soiling, and after use by child when a crib is shared.

In hourly care, linens are laundered after each child's use and cots/cribs are sanitized after each use.

Cots and bedding (sheets and blankets) are cleaned and sanitized at once a week or immediately when soiled, or after use by child when a cot is shared. Children resting on cots may bring a comfort item, if so desired to be used during the rest period timeframe. Each child's sleep item (if applicable) is stored either on the cot or in their individually labeled cubbies.

Preschool classrooms that have children transitioning to kindergarten for the upcoming school year will begin to have their rest period curtailed during the month of April between 30-45 minutes each week. Allowing those children to adjust to having a full day of classroom activities. By the first of May all Preschool children that are Kindergarten bound will no longer take part in the daily rest periods.

## Back to Sleep

All infants - 11 months and younger will be placed on their backs for sleeping. Infants who roll over unassisted may assume their own sleep position after first being placed on their backs to sleep. CYP "Back to Sleep" crib placards with the child's name, picture, and indication if the infant can or cannot roll over will be displayed outside each regularly scheduled infant's crib. Pictures are optional for infants in hourly care.

Parents are required to sign a "Parent Infant Sleep Position Agreement" Any alternative sleep position requires a written statement by a physician indicating the nature of the medical condition and specific sleeping instructions (side, stomach or elevated back sleeping position) and an IAT. "Alternate Sleep Position – See written statement" will be noted on the crib placard for these infants.

If an infant falls asleep any place other than their assigned crib, the staff will immediately place the infant in their assigned cribs. Appropriate size of CYP "Back to Sleep" sacks are used for sleeping infants in lieu of blankets while infants are in cribs. If conditions permit, children may sleep without a sleep sack to avoid overheating. Swaddling is not allowed in CY programs.

## School Age: Curriculum BGCA Boys and Girls Clubs of America

Boys & Girls Clubs of America is committed to closing the opportunity gap in science, technology, engineering and mathematics (STEM) with innovative and creative programs, activity ideas and resources for Clubs and the youth they serve. After-school and summer learning environments provide unique opportunities to advance STEM knowledge and increase interest in STEM-related careers. Using a cross-disciplinary approach that channels young people's natural curiosity into the design process inherent in the arts, BGCA's STEM programs empower youth to create new solutions to real-world challenges. This project-based approach develops critical thinking, problem-solving and other 21st-century skills critical to success in the STEM workforce and beyond.

Triple Play, BGCA's comprehensive health and wellness initiative, strives to improve the overall health of members, ages 6-18, by increasing their daily physical activity, teaching them good nutrition and helping them develop healthy relationships. Since the Triple Play initiative was introduced in 2005, more than one million Club members

have participated in fun fitness activities. The Triple Play initiative, sponsored by *The Coca-Cola Company* and *The Anthem Foundation*, nurtures the minds, bodies and souls of Club members.

Passport to Manhood promotes and teaches responsibility in Club boys ages 8-17. Passport to Manhood consists of 14 sessions, each of which concentrates on a specific aspect of manhood through highly interactive activities.

Passport to Manhood represents a targeted effort to engage young men in discussions activities that reinforce positive behavior.

SMART Girls is a small-group health, fitness, prevention/education and self-esteem enhancement program designed to meet the developmental needs of girls in three age groups. Through dynamic sessions, highly participatory activities, field trips and mentoring opportunities with adult women, Club girls explore their own and societal attitudes and values as they build skills for eating right, staying physically fit, getting good health care and developing positive relationships with peers and adults.

Boys & Girls Clubs are committed to providing programs, experiences and initiatives that allow all youth to access imagination and creativity to express themselves and build connection with others in their community. Each Club is unique, and no two art programs will be the same.

Project Learn reinforces and enhances the skills and knowledge young people learn at school during the hours they spend at the Club. This comprehensive strategy is based on Dr. Reginald Clark's research showing that students do much better academically when they spend their non-school hours engaged in fun, educational activities. Formally evaluated by Columbia University, Project Learn has been proven to boost the academic performance of Club members.

## 4H

4-H offers a youth development experience for all youth ages 5-19. 4-H empowers youth to reach their full potential, working and learning in partnership with caring adults.

The four guiding principles of 4-H youth development programs are:

- Positive Youth Development
- Partnerships
- Learning
- Youth Potential experiences

4-H'ers are often involved in long-term learning experiences with peers and adult volunteers. Active, hands-on learning is a staple of the program. Youth choose topics that interest them, ranging from the broad areas of science, healthy living, and citizenship/civic engagement. Community service, leadership, and public speaking are typical opportunities. 4-H is about having fun, learning, exploring, and discovering.

In 4-H, young people make new friends, develop new skills, become leaders, and help shape their communities. The essential elements of the 4-H program include creating an environment where youth feel a sense of belonging, have an opportunity to master skills, practice independence, and develop a spirit of generosity.

## Field Trips

Excursions away from our facilities are planned as an integral part of the curriculum and programming for children, preschool age and above. Planning includes an assessment of risk and actions needed to mitigate risk.

Ratios are maintained by paid staff. You will be notified and asked to sign a permission form in advance for the time, date, and destination of each trip. You are always welcome on any excursion.

For safety and accountability, parents are not authorized to pick their children up in the middle of a field trip, without a prior exception. Parents must pick their children up from the facility in which they are enrolled. Parents of children participating in on-base trips will sign a “blanket” permission form with the specific activities listed for each day. SAC Summer Camp and Winter/Spring Break care may include field trips off base that require permission for each 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.

## Transitioning

If your child changes age group or classroom, we will inform you no later than two weeks prior to the change. This will allow you to prepare your child for the transition and for us to introduce your child to the new age group or classroom gradually. This will familiarize your child with the new environment, the routine and the staff. Other program and staff changes are announced through the newsletter and posted on the bulletin board. If you have been away from the program for a while, let management know and they will update you on any staff or program changes that may have occurred during your absence.

## Behavior Support

All CY programs utilize the DLA Guidance for Behavior Support when we are working with children who present unsafe behaviors. Our CYP team will work with parents for a successful implementation of behavior support plans so all children in CY programs can have a safe, happy time while they are in our care. CYP does require participation by parents in this process, the process is for the safety and accountability of all children in our care. Refusal to participate in this process could ultimately lead to denial of services.

## Supervision

Infants, pre-toddlers, and toddlers (Infant – 36 months). Supervision will be by sight and sound. No child will be left unattended at any time, indoors or outdoors, asleep, or awake. Staff will position themselves so that all children are within the sight of a member of the staff. Staff will communicate with one another before moving to a portion of the room that will hinder supervision of children in his/her care to ensure the other staff member provides the required supervision. Mirrors are used to improve direct supervision when staff are in a part of the classroom from which every child is not easily seen and heard or when the staff member must focus on the needs of an individual child.

Preschool (3-5 years). Supervision of preschool children is primarily by sight and sound with supervision by sound for short intervals (no more than 3-5 minutes). Supervision by sound is limited to children being in an area of the classroom that the staff members cannot see from their vantage point, such as retrieving an item from the cubby, while using the toilet (located within the room) or while retrieving items from another interest center. No preschool child should be out of both sight and sound supervision. Staff communication and use of mirrors will be used to improve sight supervision when a staff member needs to move to a part of the classroom from which not every child is easily seen or heard or when staff must focus on the needs of an individual child.

School age programs are supervised through sight or sound and may be out of both for small timeframes i.e. going down the hallway to the bathroom or other classroom. Location boards are used at SAC to identify where children are as well as CYMS rosters.

Room designs and environments are established to assist with appropriate supervision of children. Environments are observed during inspections and adapted accordingly when necessary to improve supervision requirements.

## Adults to Child Ratios:

For the health and safety of children enrolled in our programs, we implement the approved DLA adult to child ratios and group sizes.

Adult/Child ratios are:

<b>Childcare Center (Facilities)</b>	
<b>Adult/Child</b>	<b>Age</b>
Infants: 1:4	6 weeks–12 months
Pre-toddlers: 1:5	12 months–24 months
Toddlers: 1:7	24 months–36 months
Preschool age: 1:10	3 years –5 years
<b>School Age Center (Facilities)</b>	
<b>Adult/Child</b>	<b>Grade</b>
1:12	Kindergarten
1:15	1 <sup>st</sup> -5 <sup>th</sup>

## Persistent Unsafe Behavior

It is the intent of Child and Youth Programs to include children with special needs in all programs to the extent possible within the available resources and based on each child’s condition and safety considerations. CYP Professionals will work with the child’s parents/guardians to identify behaviors that may require referrals to medical or behavioral specialists for diagnosis or behaviors that may require extra attention from staff.

CYP will NOT, solely based on a diagnosis of special needs or medical condition, exclude children from participating or denying children the benefits of, or subject children to discrimination in any Child and Youth Programs. An IAT should be conducted to review completed observations as well as the results of Kids Included Together (KIT) consultations and implemented behavior modification plans.

CYP Facility/Program Directors will request a Full IAT meeting by submitting the child’s most recent Health Screening Tool, HASP, Documented Incident Reports, Trainer and Management Observations, and Behavior Support Plans created in conjunction with the supported documents from KIT to the DM-Q IAT email group box. In the body of the email the program will indicate a request for an IAT Team Meeting due to persistent unsafe behaviors.

Once all mitigating efforts and behavioral techniques have been implemented, and the behavior does not

show sufficient improvement within a reasonable timeline to protect the safety of all participating children and the staff, the site can make the determination to temporarily remove/pause care. The Facility/Program Director will complete a Report of Unusual Incident (RUI), submitting it through their chain of command to DM-Q CYP Chief, Child and Youth Programs for any pause in care/temporary removal for more than 24 hours. The RUI should provide the reason for the temporary removal/pause in care and the supporting documentation ( i.e. Observations, Incident Reports, IAT Minutes (if applicable), Behavioral Support Plans, etc.).

At times a pause in care/temporary removal may be required while parents obtain further assistance from their HCP, behavioral specialist(s), or counselors to assess child's condition, and staff training in these cases a RUI should also be sent to DM-Q Chief, Child and Youth Programs. Arriving at a decision to permanently remove a child from care is a lengthy process with volumes of documentation, notes, minutes, incident reports, etc. A legal review must be completed when proposing removal from care. DM-Q Chief, Child and Youth Programs is the approval authority for permanent removal of care. (Note: refunds will not be given for suspension/pause care periods.)

## Unacceptable/Aggressive Behavior

Structured group environments may not be the most successful environments for all children at all ages. Our goal is for all children to be in the environment that best meets their developmental needs. Our CY facilities are structured group environments and 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 caregiver.
- 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, based on the individual needs of the child, and reasonable time frame for progress will be developed
4. If a child repeatedly, at least 3 times, exhibits unacceptable/aggressive behavior and is not compliant to teacher directives causing staff to provide one on one care for the child for an extended period or causing safety issues with him/herself, other children or staff, the parents will be called to take their child home for the remainder of the day.
5. 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 dis-enrolled 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 and most difficult situation 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 the 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, overstimulation, or frustration. When a child begins biting behaviors, the caregivers will track behaviors that lead to biting incidents and work with their centers training team to help the child work through those situations in a different manner. In most instances, biting will continue for a period and gradually lessen. Every effort will be made to help a biting child achieve socially acceptable behavior.

When a biting incident does occur, the facility will inform the parents of both children involved immediately. In cases where a child bites two or more times in a day, leaving a deep impression of teeth marks or broken skin, the Facility/Program Director can make the decision to send the child home for the remainder of the day. A one-hour pick-up timeframe would apply. 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, MCC.com can provide parents with a list of other NAEYC accredited centers in the commuting area.

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. If bite breaks the skin, bitter will be sent home for the day.
3. If a child continues to exhibit biting, 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 if necessary.
4. Staff will continue to work with the child and parents if progress is being made in correcting the 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.

## FOOD & NUTRITION

### USDA Child & Adult Care Food Program



All eligible CY programs participate in the USDA Child & Adult Care Food Program (CACFP). Utilizing the latest research in health and nutrition, this program sets the standard for meals and snacks offered at our facilities. The goals of the program are to ensure high quality meals and snacks to optimize growth and development, establish lifelong healthy eating habits, and provide nutritional education to children, parents and staff. Programs participating in

the CACFP provide meals and snacks at established times at no additional charge to patrons. Meals and snacks that meet USDA guidelines are served to children in attendance at CY programs.

## Menu Planning & Portion Sizes

CYP utilizes seasonal cycle menus developed by the CYS standardized menu Nutritionist. Meals in the CDC are typically served family style, allowing children to serve themselves as appropriate and encouraging proper table manners and fostering self-help skills. Minimum portion sizes are established by USDA CACFP. Children are encouraged but not forced to eat.

## Menu Posting and Mealtimes

Dated menus are posted on the parent bulletin board in each facility and include any necessary substitutions. Additional copies are also available at the front desk of the facility upon request. Mealtimes are established, ensuring children do not go for long periods without a meal or snack. Full day programs typically serve breakfast, lunch, an afternoon snack. Please become familiar with the mealtimes and ensure your child arrives on time to be included in the meal as the facility cannot hold food past the established mealtimes for late arrivals.

## Food for Infants Under 12 Months

CYP encourages breastfeeding for infants under 12 months. Parents may bring in expressed human milk which adheres to the USDA/CACEP guideline amounts and moms may visit the facility to breast feed if their schedule allows. Bottles provided from home should include the child's first and last name, contents (type of formula or human milk), date and time formula was prepared, date and time human milk was expressed, date and time human milk was frozen. For those opting not to breastfeed, our facilities offer USDA readymade approved iron fortified formula. Parents will be asked to sign a statement upon enrollment indicating their preference for providing human milk or other USDA approved formula or to accept the centers provided formula.

Infant feedings shall be documented using the Individual Infant Feeding Plan form. This form will be developed jointly between the caregiver and parent based on the infant's development. All baby food and formula are provided at no additional cost to parents.

Human milk may be brought in bottles labeled with the child's first and last names and the date. Human milk from a partially consumed bottle can be held one (1) hour at room temperature before discarding. Human milk that has not been warmed up and served should be returned to the parents at the end of each day. Parents are responsible for ensuring that human milk sent to the CYP program has been stored appropriately while at home (appropriate temperature and time).

1. Staff members should consult with parents regarding the frequency and interval of feeding. Breastfed babies typically feed more often than formula-fed babies as human milk is digested quicker and more completely. Mothers must be told whenever the baby takes more human milk or formula than expected. The baby may be experiencing a growth spurt and additional milk is required. Every effort should be made by staff members not to waste human milk.
2. Human milk should be stored, thawed, and warmed according to the following guidance of the Centers for Disease Control and Prevention:

- a. Human milk will be refrigerated when not in use.
  - b. Human milk can be heated in bottle warmers at no higher than 120 degrees. Human milk will be gently mixed to ensure even temperature, never shaken.
3. Centers/Infant rooms will have an area for breastfeeding mothers.

## Certification And Accreditation

### Department of Defense Certification

The Department of Defense (DoD) certification of programs sets a worldwide military standard and is comparable to the state licensing process. While licensing standards vary from state to state, DoD standards are the same worldwide. Military childcare programs are all based on the same DoD instructions and certification checklist. You can expect to see a comparable level of quality when you move from one installation to another or one service to another. Where they differ, the standards must be more stringent than those set by DoD. The rules are specific to the type of service and the age of the children. DoD standards address health, safety, parental involvement, staff training requirements, and developmentally appropriate practices. Whether you're looking at Child Development Centers (CDC) or School Age programs, you'll find that all the services on military installations are required to be DoD certified.

### National Accreditation

All Child Development Centers and School Age programs on military installations are required to be accredited by a national accrediting body. While 8 to 10 percent of civilian childcare centers are accredited, 97 percent of centers at military installations have earned that status. Studies have shown that accredited programs have more child-initiated activities, higher staff morale, better-defined goals, and a more diverse curriculum than non-accredited care.

The accreditation process involves a detailed self-study or assessment of the program by the staff, parents and children. Programs then spend time adjusting and making improvements prior to an accreditation visit. The accrediting organization then schedules professionals in the field who observe, review documentation, and speak with stakeholders in the program before accreditation is awarded. For more information on accreditation, view the national accrediting organizations' websites: National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children for child development centers infant to age 5; the Council on Accreditation for school age care.

Maintaining accreditation is as important as pursuing accreditation. Each accrediting body has their own time frame for renewal of accreditation. DLA programs are always in the accreditation process, whether it is a first-time accreditation, a renewal or maintaining standards during a period of accreditation. The result is that we are continually evaluating our programs and looking for ways to improve them. We welcome the assistance of parents in pursuing, achieving and maintaining accreditation.



## Parent and Program Partnership

You are an integral part of your child's program. We encourage you to observe your child within the program setting and communicate daily with our personnel, especially those directly involved with your children. An increased understanding of program philosophy and goals is obtained by participating in parent programs and by taking advantage of communication linkages.

### Parent Participation – Partnership Connection

Parents are considered an integral part of CYP and are encouraged to participate in all programs and activities. Parents may visit, eat lunch with their children and/or participate in the activities of the program at any time. In addition, they are invited to share their skills/talents or customs with the children (i.e., cooking, games, sports activities, arts and crafts, etc.) or volunteer for field trips and special events.

The Partnership Connection is a Child & Youth (CYP) program that provides an avenue for parents to earn a discount on program fees by participating or volunteering in support of our programs. Families may earn 10% off their monthly fees for volunteering 10 units a month (approximately 10 hours). If interested, please ask management for a Partnership Connection Memorandum of Understanding and information on upcoming activities/events approved for partnership connection points. We will all benefit from your involvement in our program.

### Parent/Staff Communication & Parent Conferences

Parent/staff communication contributes significantly to the child's well-being. Parents are encouraged to talk to their child's teacher daily. Open communication between staff and parents is vital. Please share information at arrival time with your child's teacher. It is important to let the staff know if there have been any significant changes with your child since your last visit. The staff will gladly share information about your child's stay at departure time. If an extended discussion is necessary, please let us know so that we can schedule a conference at your convenience. Your ideas are important to us, but we do not want the teacher's attention diverted from providing safe and watchful supervision in the classroom.

In Child Development Centers full day and part day programs, parents are asked to attend a parent conference twice a year. Our program prides itself on communicating with parents on a regular basis about their child's

(children's) progress. We will be happy to schedule a conference at your convenience. Simply tell your child's teacher the time of day you would like to meet and give him/her about three days to arrange the meeting. Written communications are also of great benefit to parents, staff, and children. To keep parents well informed, newsletters, calendars and notices will be sent home with children on a regular basis.

## Child & Youth Programs Parent Advisory Board

The Child & Youth Programs Parent Advisory Board (PAB) meets monthly or quarterly and is comprised of the Parent Advisory Committee Chairpersons. The Board meets to discuss current events, initiatives, and proposals. It is also used to elevate center wide issues and concerns. Parent input to the CYP Strategic Plan is requested from this Board of individuals and is considered in short- and long-range planning for program improvement. All parents are encouraged to attend the meeting.

The Parent Advisory Board (PAB) at the program level is also a forum to raise suggestions; plans and oversees group activities and projects coordinated with program management. Activities and projects may include program improvement, parent activities, and/or advocacy projects. For more information, please contact your Facility/Program Director regarding dates and times.

We encourage all parents to become involved in our Parent Advisory Board. Involvement in these forums is a proactive way to be an advocate for change. We value your input and participation.

## Transporting Children

Children making arrivals/departures to/from CYP and Elementary Schools during the program are accompanied by a Program Assistant (with completed Background Checks). Children are signed into/out of 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 Program Assistant into CYP, 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. Program Assistants without completed Background Check are not permitted to escort children alone during the program day. In the event a child misses their transportation, parents will be called to provide transport. At no time will a staff member use their own vehicle to provide transportation.

## Birthday Celebrations

A child's birthday is a special time. Our program celebrates birthdays monthly with a special snack or classroom activity that recognizes all the children in each classroom that had a birthday that month. Outside items are not allowed to be brought in for these celebrations due to food allergies and intolerances, and familial customs.

## Atmosphere of Mutual Respect

In an effort to provide a high standard for all concerned. Parents will be treated respectfully and professionally by all CYP staff members in all situations. Patents will likewise treat all levels of CYP staff respectfully and professionally in all situations. If a parent has a minor suggestion, concern or complaint it will respectfully be presented to their child's classroom staff. Should the matter not be resolved or should a major issue arise, parents will present their concern to the CYP Assistant Director. Facility or Program Director in a respectful manner. The FMWR Director is also available to help support and assist in these matters.