

Parent Handbook



andrews child development center

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INTRODUCTION

Welcome to Joint Base Andrews 11th Force Support Squadron, Child and Youth Services Flight. We hope you will find your child care needs pleasant, inviting, and secure.

This handbook is a guide to help answer many of your questions; however, it is not designed to be regulatory in nature; the management team can further explain the conditions for your child care needs. Feel free to ask your supervisor about anything you do not understand.

The first day of dropping your child(ren) off in a new program can be overwhelming, confusing and sometimes stressful. Please do not hesitate to ask for help from a supervisor or room staff if at any time you are not sure how to proceed with any problems you may encounter. Again, welcome to the Airman and Family Services family! Since there is so much to learn and many new people to meet, this handbook is designed to answer many questions you may have, as well as to provide suggestions for a smooth transition into our child care program.

CHILD AND YOUTH MISSION STATEMENT

To assist DoD military and civilian personnel in balancing the competing demands of the accomplishments of the DoD mission and family life by managing and delivering a system of quality, available, and affordable programs and services for eligible children and youth birth through 18 years of age.

GOALS

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

PHILOSOPHY

The practices of Air Force Child Development Programs are based on current knowledge of child development and early childhood education. We are responsible for supporting the development of the whole child, meaning all areas of development are considered inter-related and equally important. Our program acknowledges that children learn through active, hands-on involvement with their environment, peers, and caring adults. We respect each child's unique interests, experiences, abilities and needs, thus allowing us to be responsive to and appropriate for each child. Likewise, our program respects and supports the ideals, cultures, and values of families in their task of nurturing children. We advocate for children, families, and the early childhood professionals within our programs.

Air Force School Age and Youth Programs provide safe, enriching, supervised environments for children and youth during out of school time. We strive to reinforce family values and emphasize the uniqueness of each child by promoting positive attitudes and validating their self-worth. Additionally, we promote opportunities that enhance rather than duplicate the school day and our programs maintain an atmosphere that encourages flexibility and allows for freedom of choice within appropriate guidelines. Individual interests, experiences, abilities and needs guide the programming. Additionally, as active members of the Boys and Girls Clubs of America (BGCA), 4-H and the USAF, we have a multitude of program guides to follow to further enrich the program experience.

NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC)

All Air Force Child Development and Youth Programs are required to receive accreditation through NAEYC. Through its accreditation system, NAEYC uses the standards and criteria to define program quality and recognize programs that have demonstrated the capacity to sustain quality over time.

AIR FORCE AND DEPARTMENT OF DEFENSE INSPECTION

Air Force Instruction 34-144 and the Department of Defense Inspection Checklist govern the center. The Department of Defense mandates all military child care programs receive three unannounced inspections each year. The Unannounced Comprehensive Inspection is conducted by the local Fire, Safety, and Health agencies. The Multi-Disciplinary Team Inspection is conducted by parent representatives from each facility, representatives from the local Family Advocacy Office, and representatives from the local HRO offices. The Unannounced Higher Headquarters Inspection is conducted by Air Force Child Development Specialists. All inspections are unannounced. The results of all are reviewed by the squadron commander and the Mission Support Group Commander. Programs have 90 days after the inspections to correct all deficiencies.

HOURS OF OPERATION

0615 – 1745 Monday – Friday

All programs are CLOSED for Federal Holidays, and AFDW Family Days.

CHILD DEVELOPMENT PROGRAMS KEY PERSONNEL

Child and Youth Services Flight Chief	Ms. Annette McLamb
Section Chief, Child Development Programs	Ms. Olympia Williams

	<u>Director</u>	<u>Assistant Director</u>
Child Development Center 1	vacant	vacant
Child Development Center 2	Mrs. Diana Jones	Ms. Imari Gillespie
Child Development Center 3 (Judith P. Hoyer)	Ms. Chandre Coleman	Ms. Mia Williams

ENROLLMENT/WITHDRAWAL

Throughout the year, you will be responsible for keeping the information in your child's folder current. Examples: change in work phone number, change in cell phone number, adding/deleting emergency contacts and updates on immunizations. Annual enrollment is required. Dates and times will be announced through the center, please watch for annual enrollment information to be posted. Termination will be made with 2 weeks written notice to the director. Assessment of fees will continue until 2 week written notice is received. Withdrawal forms are available at the front desk.

FEES/SUSPENSION OF ENROLLMENT

Fees are always due prior to care being rendered. JB Andrews Child and Youth Programs require all parents to utilize our recurring payment system. Parents are required to provide a credit/debit card number for all weekly payments. The credit/card information is stored in a secured system to protect your privacy. Parents have the option to select to have payments deducted weekly, monthly or bi-weekly. The payment is deducted from the account at midnight.

Parents will receive an email from the payment system, notifying them of all payments. In the event, the payment is declined a message will be sent as well. Declined payments must be rectified by close of business the next business day and updated credit card information must be provided. In the event payments are declined on a regular basis (3 times consecutively), the contract may be terminated, pending a two week notice.

LATE FEE

A fee of \$2.00 per minute will be charged for all parents picking up between 5-15 minutes after the program closing. Fees will be charged the next business day. Should parents be repeatedly late to pick up, care may be suspended or terminated.

STAFF TO CHILD RATIOS

Ratios are to be maintained at all times. The following is the mandatory ratio for the DoD Child Development Programs:

6 weeks to 12 months	1:4
12 months to 24 months	1:5
24 months to 36 months	1:7
3 years to 5 years	1:12

CHILD ABUSE PREVENTION /SUSPECTED CHILD ABUSE AND NEGLECT

All employees/parents must report suspected child abused or neglected. The following procedure applies to CYP personnel and children involved in child cases or allegations. CYP personnel or FCC providers (or their household members) accused and or/under investigation for child abuse or neglect must immediately be removed from caring for

children/youth upon notification of allegation and not be allowed access to children/youth or the program until the case is resolved. CYP personnel under investigation may be placed on administrative leave or detailed to duties not requiring contact with children/youth during this time. While the CYP personnel is on administrative leave, their rights and the child's rights are protected. If you see or suspect child abuse, child neglect or a safety violation you should report it to the director or to the Installation Family Advocacy Program – 240-857-9680 or call the DoD Child Abuse and Safety Violation Hotline 877-790-1197.

GUIDANCE POLICY/DISCIPLINE OF CHILDREN

The center provides a caring environment which encourages growth in self-control and respect for the rights of others. A child's attempts to learn, participate, and respond to people and activities in the center is respected as an important part of his or her overall development. Children are protected from hurting themselves and others. Guidance should be a process of teaching, which allows socialization to take place. Adults are the models for children. We practice techniques, which are fair, consistent, and respectful of children and their needs. In this way, a child will know the importance of similar behavior in his or her own life.

The following children's behavior is considered inappropriate in the center:

- Causing physical harm to another child or adult by hitting, biting, kicking, throwing, or any other physical action.
- Use of inappropriate language, spitting, or other forms of verbal abuse or degradation by children directed at other children or adults.
- Repeated refusal by a child to comply with center or room rules and/or failure to listen to caregivers.
- Children's behavior which is potentially harmful to themselves.

Acceptable guidance techniques include:

- Redirecting the child to another activity.
- Planning ahead to prevent problems.
- Encouraging appropriate behavior.
- Having consistent, clear rules which are developed in conjunction with children and discussed with them to make sure they understand.
- Describing the situation to encourage children's evaluation of the problem rather than imposing a solution.
- Applying logical and natural consequences in problem situations.

Humiliating or frightening punishment is strictly forbidden. This includes:

- Physical punishment such as spanking, slapping, hitting, pinching, or shaking.
- Verbal abuse, threats, or derogatory remarks about the child or family.
- Restrictions or confinement by physical means.
- Withholding of meals/snacks to change behavior.

Parents are required to follow the centers approved guidance methods while on the programs property. Occasionally, there are children who have difficulty adjusting to large groups. If group care is not conducive to a child, we may recommend a smaller setting such as Family Child Care, should a child repeatedly behave in a way, which is detrimental to himself. At this time, parents will be contacted to discuss the problem. With the help of the classroom teachers, Training and Curriculum Specialist, management team, and parents a behavior modification plan will be developed to assist the child in adjusting to large group care.

Parent Notification

Parents/Guardians will be notified if a child is biting, using abusive language, crying excessively and/or exhibiting uncontrollable behavior (e.g. tantrums, throwing objects, hitting/kicking children/or staff). Pick up is required within 30 minutes. If not able to pick up in 30 minutes, parents must speak to the supervisor to request additional time due to unique circumstances, such as working distance from Andrews. The child must be picked up within an hour by parent or other authorized adult. If delayed pick up becomes a pattern, the parent's First Sergeant or Supervisor will be contacted. If behavioral problems persist, the child will be temporarily excluded from the center.

TOUCH POLICY

Positive physical contact is a significant part of the Child and Youth Programs' approach to child care. Positive physical contact is essential to a child's emotional/social growth. Warm, positive adult relationships help children to develop a sense of trust and security in the world and directly affect children's self-esteem.

Appropriate touching is touching which creates positive emotional/social growth in the child being touched or affects the safety and well-being of the child (i.e. holding the child's hand while crossing the street, holding the child gently but firmly during temper tantrums). Appropriate touching includes hugs, lap sitting, reassuring touches on the shoulder or hand and naptime back rubs for a tense child.

Inappropriate touching is touching that creates an improper/negative emotional effect on the child and is a touching that violates the law and societal norms. Inappropriate touching may involve coercion or other forms of exploitation of a child solely for the satisfaction of adult needs, attempts to change a child's behavior with adult physical force, often applied in anger and physically striking a child to solve a problem.

Inappropriate touching includes forced kissing, corporal punishment, slapping, pinching or striking.

FOOD/MEAL SERVICE TIMES

Breakfast	0830-0930
Lunch	1130-1230
Snack	1430-1530

Only food prepared at or for the CDC is served for meals, snacks, and special events. Any foods children bring into the center must be consumed in the lobby area. The United States Department of Agriculture regulates this policy. In addition, there may be children in the center that have allergic reactions if they consume or are exposed to certain foods. It is very important to ensure no outside food or drink is brought into the center, including foods and snacks inside backpacks and diaper bags. Any outside food found in bags or backpacks will be discarded. The following are circumstances when the center will substitute food and drink for children in care:

- When the CDC is unable to provide food required for a child's medical condition, parents may provide food when prescribed by the child's health care provider and approved by the Installation's CP Medical Advisor. The installation's Public Health office is consulted for safe food storage. All food must meet USDA CACFP guidelines.
- Allergies: If children have allergies to certain food or drinks the parent must have the allergy and asthma action plan, completed by a physician, on file for substitutions to be made. Once the action plan is on file an alternate item will be served.
- Vegan, vegetarian, religious: If families request meal substitution due to vegan, vegetarian or religion, the program ensures the substitutions meet USDA CACFP guidelines, be available through regular inventory/purchasing channels, and be of comparable costs (e.g., chicken instead of pork).
- Cereal, fruit juice, and /or any other foods are not added to bottles unless prescribed by the child's health care provider.

MEALS AND SNACKS

The Child and Youth Programs participates in the USDA Program. We provide nutritious meals and snacks for all children in the center during meal/snack times. Only food prepared at or for the center is served for meals, snacks, and special events. All USDA Program guidelines for the preparation of balanced, proportioned, tasty meals/snacks are followed. A weekly menu is posted on the parent's bulletin board. Menu changes may occur occasionally and are noted on the weekly menu. Children signed in for the program are served prepared meals and snacks. Parents are invited to join their children for breakfast, lunch or snack at any time.

INFANT FEEDING POLICY

Good nutrition is essential to the growth and development that occurs during an infant's first year. Providing infants with the right food promotes good health and gives them the opportunity to enjoy new tastes and textures while establishing good eating habits. Adherence to the following guidelines is required to ensure infants/toddlers are served foods based on their individual nutritional needs and developmental stage:

- Cow's milk is not offered or served to infants younger than 12 months of age.
- Children 12 months of age are only offered whole milk.
- Bottle feedings do not contain solid food. No type of cereal should be placed in the bottles. At initial enrollment, parents of infants provide staff with information about their child's feeding schedule and a list of foods.
- Requests to deviate from above guidelines must be substantiated, in writing, by the child's primary health care provider (i.e. specific medical condition/dietary need) and must include a list of alternative foods that can be safely offered.

FEEDING PROCEDURES

- Staff thoroughly washes their hands prior to feeding infants/toddlers.
- Staff should also wash the infants/toddlers hands prior to feeding.
- Infant feeding is based on the infant's need. Feeding is not used in lieu of other forms of comfort.
- During feeding times staff should talk to and engage with infants.
- Bottle-feeding is done in such a way as to promote interaction and human contact. Infants, who are unable to sit or are younger than 8 months of age, are held for bottle and spoon-feeding.
- Children are not allowed to carry bottles, sippy cups, or cups while crawling or walking infants do not have bottles while in a crib or on a cot.
- Bottles are not propped for babies who cannot hold their own bottles.
- Parents are responsible for clean, sanitized bottles, nipples, and caps prior to each use.
- Offer children fluids from a cup as soon as the parents and staff decide together they are developmentally ready to use a cup.
- Feeding times and food consumption information is provided to parents at the end of the day on their child's daily care sheet.

BREASTFEEDING

- The program supports breastfeeding by providing mothers a quiet, comfortable area to breastfeed and by accepting, storing, and serving expressed human milk for feedings. Staff should work with coordinating infant's feeding schedule with mothers.
- Breast milk is accepted in ready-to-feed sanitary containers. Containers must be labeled with the infant's first and last name, time and date, and stored in a refrigerator for no longer than 48 hours.
- Bottles of breast milk are **ONLY** used for the infant for whom they are intended.

- If necessary, bottles of breast milk are warmed under running warm water (not to exceed 120° F) for no more than 5 minutes immediately before feeding.
- Staff discards breast milk after 1 hour if not consumed or refrigerated.

PREPARING, SERVING AND STORING FORMULA

- The kitchen staff will prepare the formula and bottles in the kitchen and deliver them to the classrooms at 0830 (breakfast time).
- If an infant arrive before 0830 parents should have a bottle already prepare for the infant.
- All bottles are labeled with the infant's first and last name, type of formula and the date and time the formula was prepared.
- Prepared bottles are refrigerated until ready to use and are used within 24 hours of preparation.
- If necessary, bottles may be warmed under running warm water (not to exceed 120° F) for no more than 5 minutes.
- Microwave ovens/bottle warmers/crock pots/heated pans of water or other heating devices are not used to warm formula.
- Formula is discarded after one hour if not completely consumed or refrigerated.

FEEDING SOLID FOODS

- Solid foods are not offered to children less than 4 months of age.
- Parents are asked to gradually introduce new foods at home.
- Dishes, spoons and food should not be share by any children during meal times.
- Discard all open and unused food.
- No outside foods should be received and/or served to children.

BOTTLE LABELING PROCEDURES

- Parents will take empties bottles to the kitchen area and place them in their assigned caddy on a cart outside the kitchen.
- When bottles are dropped off outside the kitchen, labels are available in a clear bin. Parents will label each bottle with the child's first and last name, date, and type of formula. The CDC's provide Enfamil and ProSobee (soy formula).
- Kitchen staff will prepare bottles, add the time prepared to the label on each bottle and place them back into the caddies. Kitchen staff will deliver the caddies to the classrooms at 0830 (breakfast time).
- Additional labels will be available in the classroom for bottles with breast milk or any type of milk from home. These labels in the classrooms should also include the child's first and last name, date, time and type of formula.
- Parents providing their own labels need to include the child's first and last name, date, time and type of formula.

PROGRAM COMMUNICATION

Parent/Family Orientation

Parent Orientations are required prior to the child's first day in the program. Families will be provided access to the parent handbook online version on MCC.com The management will meet with each child's parents to discuss the program policies and procedures. This is accomplished during group orientations. These group orientations take place in each facility. Parents orientations are conducted on Tuesday's and Thursday's at 12:30.

Parent Involvement

Monthly center wide activities such as Fall Family Fest; Fall Harvest luncheon and summer barbeques are scheduled to encourage parent involvement. Families are encouraged to come out and joined their child's classroom events. During your parent orientation you will receive a Parent Involvement Calendar to provide with the event times and dates.

Parent Advisory Board

There is a Child and Youth Parent Advisory Board (PAB) consisting only of parents. Parents from all programs, including parents who use hourly care, are included. The PAB acts only in an advisory capacity, providing recommendations for improving services. The chairperson of the PAB is a parent. The PAB meets with the Flight Chief and the CDC Director at least quarterly and with the Mission Support Group Commander (MSG/CC), at least annually. The Parent Advisory Board (PAB) meets monthly (1st Tuesday of each month) rotated to each center. Parent Newsletters published quarterly to keep parents updated on events happening within the Child Development Programs.

Parent/Teacher Conferences

Staff shares the giftedness of the child with parents on a daily basis. Teacher-parent relationships are very important in educating young children. Teachers and parents working together can benefit the children. Conferences provide the opportunity for parents and teachers to get to know each other better as well as to work together to best meet the needs of the child. Formal conferences are held yearly and informal conferences on a daily basis. Parents are welcome to schedule a conference anytime they wish to discuss their child.

Parents Can Help, Too!

Communication between parents and the CDC staff enhances the care for children. It is helpful to know when parents are TDY, children are ill, relatives are visiting, etc. Any of these events may have an impact on the child's participation while in care. Staff should share weekly program plans with parents so that they are aware of the special activities offered. Parent suggestions and concerns should be brought immediately to the attention of the Director, Assistant Director and or Training & Curriculum Specialist. It cannot be stressed enough the importance of how families can help, as well as other professionals in

our child development field. Building a strong team is the foundation of a great child development program.

Parent Visits/Input

Parents are welcomed to visit our program at any time with or without prior notice. We are very proud of our program and enjoy showing off. We also welcome parent opinions or suggestions on how their child spends time in the program.

Give Parents a Break/Parent's Day Out

Give Parents a Break is sponsored by the Air Force Aid society and it is free to eligible patrons, you will contact M& FSC for more information. Parent's Day Out is sponsored by the Child and Youth Programs and the cost is \$30.00 per child. To register contact Child Development Center #2 at (301) 981-3323/3324. Children with special needs will need to be reviewed by IAT (Inclusion Action Team) prior to services being rendered. Child care is provided at CDC2 and the Youth Center.

Parent Informational Alerts

Parents are encouraged to "like" the Child Development Center Facebook page. In the event of an emergency, such as program closure due to weather or other circumstances, messages will be posted on the program Facebook page. Every effort will be made to coordinate within the 11 WG to send out a mass message using the base mass notification system as well. However, to ensure the quickest receipt of notifications, we strongly recommend you like the Andrews Child Development Centers and 11 FSS Facebook pages.

MISSION ESSENTIAL

Parents designated as mission essential personnel must complete the Mission Essential Child Care Requirement form. The form will be signed by your Commander or the first GS-14 within your chain of command. This form must be on file prior to any call for mission essential personnel. Essential personnel care is provided at CDC II from 0615-1745. Should the Wing Commander deem a two hour delay to be appropriate, the CDCs will open one hour later than normal (0715/0700).

COMMUNITY RESOURCES

Exceptional Family Member Program – Adreinne Barnette – (301)981- 7088/7087

Family Advocacy Program (FAP) - Office Number- (240)-857-9882

JB Andrews School Liaison – Sharon Moore (301)981- 7088/7087

Family Child Care/ Central Registration - Ms. Barbara Smith- 301-981-9981/9982

Child Find Main Office: (410) 767-0261

Division of Special Education/Early Intervention Services

Maryland State Department of Education

Marjorie Shulbank

200 W. Baltimore Street, Baltimore, MD 21201

www.marylandpublicschools.org/M_SDE/divisions/earlyinter v/infant_toddlers

Early Head Start National Resource Center: (202) 638-1429

EHSNRC provides Early Head Start programs with information and training as well resources for parents.

Head Start: (202) 205-8572

Head Start provides information about both the Head Start and Early Head Start programs throughout the country. It also provides information regarding local providers, legislation issues, head start policies and statistical information

Zero to Three: (202) 638-1144

Zero to three is a national organization whose goal is to provide families, providers and communities with support and to promote the healthy development of babies and toddlers. They provide information, resources, and publications for both parents and providers.

GENERAL POLICIES

Arrivals and Departures

The AF Form 1182 as well as the AF Form 1930's are used for monitoring children's arrivals and departures from the program, and to ensure accountability of all children in care. The AF Form 1182 is always located at the front desk and should be completed upon arrival, prior to going to the classroom. Upon entering the classroom, parents' are to sign the child in again on the AF Form 1930. Though we understand, this may seem cumbersome, the double signing is required to AF and is also to ensure accountability at all times. Staff will monitor to assure the procedures are being followed.

During arrival times staff should be communicating with the parent to find out how the child's night and morning have gone. Is there anything special that we need to know about? They will give the child a look over for any signs of illness or anything out of the ordinary such as scratches, bruises and discuss with the parent if there are any signs of anything out of the ordinary. Staff will use departure times to relay to the parent about their child's day. They should share a small antidote and something the parent can use to start conversation with their child on the way home.

Release of Children/Children Left After Hours

All CDCs close at 5:45 pm. If a child is not picked up by 5:45 p.m. or 6:00 pm the admin clerk will attempt to notify the parents. If neither parent is available, AF Form 1181, Air Force Youth Flight Program Patron Registration, will be pulled to notify either the emergency contact or other person(s) authorized to pick up the child from the center. If no designee can be located in a 15 minute period, Security Forces police will be contacted and given the name of the sponsor and designee.

Parking

Patrons must park in the designated parking area. If there is an exercise or during real world events and the parking area is closed due to safety conditions then patrons will be directed to park in another area. Patrons are prohibited from parking within the emergency/restricted locations. All vehicles that are left running and unattended or that are parked in prohibited locations will be reported to security forces.

Visitors

All personnel, families and visitors are required to enter and exit the main entrance. All visitors are required to sign in and out and wear identification, and are monitored while in the facility.

Inebriated Parents

Should a center staff suspect a parent of being intoxicated, under the influence of drugs, or unable to safely transport a child, Security Forces will be called to evaluate the situation. Parents will remain in the lobby area until their arrival and determination that it is safe for the child to vacate the facility with you.

Smoking/Alcohol/Tobacco

Smoking, consuming alcohol, using tobacco products (including e-cigarettes) and/or using illegal/illicit drugs (including marijuana) are strictly prohibited in any of the Child Development Programs.

Video Surveillance System

The video surveillance system is required as part of the Air Force Child Abuse Prevention Program. CCTV may be utilized to help monitor children/youth as well as to identify personnel training needs and other requirements necessary for maintaining a safe and secure environment. All children may be subject to closed circuit video monitoring and recording as a part your participation/enrollment in the Child and Youth Programs. The system is installed to enhance the supervision in all rooms. The monitors are located in the front office and director's office to ensure continuous observation of the facility by the front desk personnel. Parents may view the CCTV footage by requesting an appointment with management. Due to needing time to pull the requested footage, appointment must be made a minimum of 24 hours in advance.

To request a copy of CDC footage parents must file a Freedom of Information Act (FOIA) Request. All requests for obtaining a copy of a recording must also be reviewed by the installation legal office and approved by the appropriate release authority. CYP personnel do not have the authority to make release determinations and must direct the requesting individual to the installation FOIA Requestor Service Center.

Field Trips/Transportation

Field trips are an important aspect of the curriculum. The AF Form 1181 Form includes permission for your child to take part in the field trip, permission for the child to receive medical care if necessary, and an emergency number for the parents. Safety is extremely important on a field trip. Children 5 years of age and under will wear apparel (e.g. shirt, wristbands, labels) to identify program/facility and phone number in case the child is lost. To protect children's identity, names will not be displayed

SIDS Prevention

To reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. **THIS IS A REQUIREMENT.**

- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than eight months.
- Blankets are not used in cribs, however if a child is cold, a sleep sack can be used.
- The infant's head remains uncovered during sleep.

After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

CHILDREN WITH SPECIAL NEEDS/CHRONIC HEALTH

AFI 34-144, defines children with “special needs” as those with a physical or mental impairment, which substantially limits one or more major life activities, has record of such impairment, or is regarded as having such an impairment. The CDC/Youth Programs accepts children with special needs with approval from the Andrews AFB Medical Advisor for the Airman and Family Services Flight. A child with special health problems or disabilities will be admitted with the written concurrence of the Medical Advisor. A written plan of care developed jointly by the Inclusion Action Team (IAT), and parent of child with special needs must be on file and followed to provide quality care of the child.

All children who enter the program with a special need (i.e. allergy, asthma, seizures, orthopedic or sensory problems, and other chronic condition; conditions that require regular medication or technology support), must have a special needs form filled out prior to starting the program. This form is filled out by the child's physician and provides step by step procedures of how to handle specific situations dealing with that child's special need. There is a copy of this form in the child's folder at the front desk as well as in the child's classroom.

MEDICAL/HEALTH POLICIES

Children with Illnesses/Communicable Diseases

If a communicable disease is reported by the Medical Community or Public Health, the Installation CYP Medical Advisor will coordinate on any communication provided to parents. Children/youth shall be screened at the time of entry and during care for signs of illness. Children/youth may not be accepted into care when ill. Children/youth shall be accepted only when their presence no longer impacts the health of other children as confirmed by the child's/youth's health care provider. Parents will be informed when your child is injured, exposed to illness, experiencing distress or becomes ill. Awaiting arrival of parent, the child will be taken care of in the isolation room, to ensure other children are not exposed to the illness. If your child was diagnosed with a communicable illness/disease parents must notify management immediately. A child may only return to the program when their presence will not endanger the health of the other children. The CDC programs use the most current version of The American Academy of Pediatrics Managing Infectious Diseases in Child Care and Schools for exclusion criteria and readmission guidelines.

Readmission After Illness

Children are readmitted when the signs or symptoms that required exclusion are resolved (minimum of 24 hours), or with a written statement by a medical provider that the individual is following prescribed therapy and is cleared to return to care/duty (after 24 hours on medication), or child is able to participate in normally scheduled activities. The center director or designee will make the final determination in the event there is a concern about a child being well enough to be readmitted into the program.

Medication Policy

Medication will be administered by the Administrative Assistants. The medication must be prescribed by a medical authority. Prior to administering medication, the parent or guardian must complete an AF Form 1055 Youth Flight Medication Permission and the parents must give daily written permission. Parents must initial AF Form 1055 annually to authorize administration of emergency as-needed medication in accordance with the child/youth's action/exposure plan in the event of an emergency. Parents are notified if administration of medication was required and initial the AF Form 1055 subsequently. Prescription medication shall be in the original container, stored according to instruction, labeled with specific child's name, name of medication and dosage strength, along with instructions for use and the physician's name and date of prescription must be current (within the year). No "over-the-counter" medications, including aspirin-like products, antihistamines, cough syrup, will be administered unless a medical authority has prescribed them for a particular child. Programs must have parental permission to apply sunscreen, insect repellent, lip balms, diaper ointments, hand sanitizer and over-the-counter lotions and parents' permission must be given annually.

If a child/youth with Diabetes is enrolled in a CYP facility requires glucose testing, CYP personnel must be trained by medical personnel prior to any testing. Training will include: testing procedures, bio-hazardous waste disposal practices and universal precautions to protect staff and children/youth from blood-borne pathogens. Programs will have a facility bio-hazardous waste removal plan coordinated with the local medical facility. Training is required annually or more often if needed.

Medication Administered

Medication should be administered at home by parents/guardians, if possible. During a typical 10-hour day of care, CYP personnel will administer medication as follows:

- Once if medication is to be administered three times a day.
- Twice if medication is to be administered four times a day.
- If medication is to be administered one or two times a day, medication will not be administered in CYP (except for time sensitive medications).
- The first dose of medication must be administered by the parent/guardian. If the parent/guardian administers the first dose at the CYP/FCC home, they must wait for 20 minutes before leaving the program/home.

Medication times will be as follows:

- If the medication schedule is twice a day, the center will not administer the medication. It should be administered at home.
- If the medication schedule is three times a day, the medication will be administered at 1430.
- If the medication schedule is four times a day, the medication will be administered at 1030 or 1430.

Medications will only be administered at 1030 or 1430, Monday through Friday. Times may only be altered with a justification by a medical authority.

Medical Emergency

If a medical emergency occurs, and it is necessary for an ambulance to be called, one staff person will travel with the child on the ambulance; parents will be notified and staff person will stay with the child until the parent arrives. All children will be transported to the nearest hospital for care. A copy of the AF 1181 will accompany the child and caregiver to the hospital as it contains authorization for emergency medical treatment of the child.

When an accident occurs, the AF Form 1187 will be completed immediately and the program will notify the parent. These emergency procedures include any dental emergencies. If a child falls and bumps their mouth the parent is to be notified even if there are no immediate visible signs of injury. If there is blood, administer appropriate first aid. If a tooth is knocked out, place the tooth in a cup of whole milk to be taken with the child to the dentist.

EMERGENCY CLOSING

When an emergency, such as a natural disaster or conflict, occurs on the installation or in the local area, the commander may suspend program operations.

EXTREME WEATHER POLICY

Outdoor play is very important for children. Each group is scheduled to go outside on a daily basis. Please ensure children are dressed according to the weather. Work with parents on keeping extra clothes in their backpack or with their belongings as needed. Children will only be kept inside during inclement weather, such as sleet, hail, thunderstorms, etc.

- a. Temperature Climate - Temperatures 32 F – 90 F are considered temperate.
- b. Cold Weather – Children will go outside and play for a short period of time including wind chill of 32 degrees. The only exception to this is for infants under 12 months of age who will only go outside when the temperature including wind chill is 45 degrees F or higher. Appropriate outerwear should be worn/supplied for outside time. Even if there is snow on the ground, all children will go outside for at least 15 minutes per day.

- c. Hot Weather –The temperatures including heat index is 90 degree F or higher. The program director has the discretion to allow children to play outside for a short period of time in temperatures exceeding 90 degrees including heat index, as long as water is available on the playground. The only exception is for infants under 12 months who will only go outside when the temperature including heat index is 85 degrees F or lower.

IN CLOSING

Thank you for choosing to work in the 11th FSS Child and Youth Services Flight. We are excited to have you as part of our family. Your family is important and we value you! If at any time you have questions and/or concerns, please contact a lead teacher, your supervisor, the Section Chief or the Flight Chief. We are all here to assist you in being a successful member of our team!