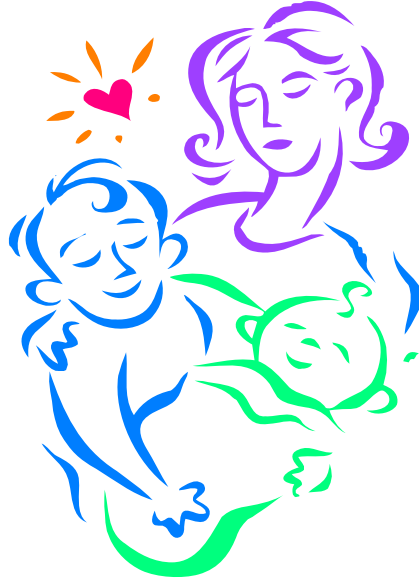


DEFENSE SUPPLY CENTER
COLUMBUS
CHILD DEVELOPMENT CENTER



PARENT HANDBOOK

2007

OUR MISSION	3-4
OUR PHILOSOPHY	3
HOURS OF OPERATION	4
ELIGIBILITY	4
REGISTRATION and WITHDRAWAL	5
TUITION	5
PAYMENT	5
SIBLING DISCOUNTS	5
PARENT PARTICIPATION DISCOUNTS	5
LATE CHILD PICK-UP FEES	5
HOLIDAYS	6
VACATONS, PLANNED AND UNPLANNED ABSENCES	7
EMERGENCY NOTIFICATION CARD	7
BIRTHDAYS AND HOLIDAY CELEBRATIONS	7
SECURITY ENTRY SYSTEM & EMERGENCY PROCEDURES	8
DEPARTMENT OF DEFENSE AND N.A.E.Y.C. REQUIREMENTS	9
HEALTH	9-14
FOOD & NUTRITION	17
INTERACTION TOUCH POLICY & REPORTING OF CHILD ABUSE	17-19
DEVELOPMENTAL PROGRAM	19-23
FAMILY INVOVMENT	26-27
PARENT INVOVEMENT FORUM	27
COMMUNICATION WITH FAMILIES	28-29
MENU	31

Our Mission and Philosophy

OUR MISSION STATEMENT

The mission of the Child Development Center at DSCC is to enrich the quality of family life by providing peace of mind to parents and families and by enhancing the life experiences of the children in our care.

OUR PHILOSOPHY

Our educational philosophy and programming are committed to consistency and quality. The success of the Employer Partnership's approach to early childhood learning is reflected in the level of growth and skill development of the children in our care.

The foundation of Employer Partnership's early childhood education is the establishment and nurturing of relationships. Among the key elements of our approach to learning:

- Evolving philosophy and practices that are continually modified and reflected upon and serve as inspiration to others within the early childhood education community
- Educational responsiveness to children's natural curiosity, which encourages them to master skills and literacy.
- Developmentally appropriate programs that nurture children's strengths utilizing existing technologies and community resources provide rewarding opportunities for children to demonstrate their own learning places.
- Balanced learning environments that are open to change and modification by the children enable them to construct their own learning places.
- Equal partnerships in purpose that identify children, families, caregivers, clients and communities encourage co-participation in this education and care process.
- Opportunities to demonstrate interrelationships of ability, knowledge, ethics, values, and service show the integration of both theory and practice.
- Communications that inform families about their children's experiences, allows teachers to understand children better, and shows children that their work is valued; underscore the importance of shared experience and feedback.

Consequently, the relationships that are established at the center create a framework of support for each child as a valued identity within the group. Friendships are developed and expanded. Children learn to listen to other children. There is a growth of intimacy and cooperative learning. Such a foundation supports the child as a member of her/his own family and provides creative outlets for parental participation in the child's early learning experiences.

OUR MISSION:

At the Child Development Center, we have the vision, aspiration, and resources to keep us at the vanguard of the child care and education field. Our management philosophy reflects our commitment to creating customized programs that attune to the developmental needs of children. The creation and implementation of these programs reflect our Core Values:

- 1. Do the Right Thing**
- 2. Make a Difference**
- 3. Keep Our Promises**
- 4. Help Each Other**

Our Core Values are applied on a practical level to our belief in *equal partnerships in purpose*. These partnerships identify children, families, Caregivers, DSCC and its community as co-participants in the child care and education process.

To uphold these values, the management team believes that the primary responsibility of our leadership role is to ensure program staff has the tools, skills and environment to meet the needs of these partners. In order to meet this responsibility we will strive diligently to:

- Make all program decisions considering the following three criteria:
- What is best and most appropriate for the children and families in our charge?
- What is best and most appropriate for the staff?
- What is best and most appropriate for the efficient and quality operation of the center?
- Treat all faculty, families, children, and DSCC liaisons with respect, courtesy, and professionalism.
- Ensure staff's training programs are sufficient to maintain high quality service.
- Adhere to NAEYC standards and guidelines.
- Respond quickly and decisively in matters that deviate from order or from the principles we hold important within the center.
- Establish a pleasant atmosphere of trust, communication and teamwork for families, faculty, and DSCC liaisons.
- Place value on high standards of performance and have no tolerance for the uncommitted among the staff or ourselves.
- Provide the needed guidance and direction to the faculty to ensure quality and safety is maintained.
- Encourage all ideas, thoughts and suggestions that will benefit our program.
- Clearly communicate our expectations to faculty and families.
- Provide all appropriate communications to the DSCC and other agencies in a timely manner.

Research into child development constantly produces new innovations and information that leads to higher levels of quality programs for children and families. It is vital that we strive to keep abreast of all the latest developments and implement them within our center when that will improve the services we provide.

GENERAL POLICIES:

HOURS OF OPERATION/MANAGEMENT TEAM

The center's hours of operation will be from 6:00a.m. – 6:00p.m, Monday through Friday. See the section on Holiday's for days the center will be closed (pg. 7). Our phone numbers are 231-8353, or 238-0773 and baseline 692-2852. Our fax number is 238-0776.

Our management team includes a Center Director (Shelley Wasicki), Assistant Director (Heather Pierro), Training and Curriculum Specialist (TACS) (Nancy Philhower), and Education Coordinator (Allison Shamblin).

ELIGIBILITY

Eligible CDC patrons include:

- Active duty military personnel
- DoD civilian personnel paid from both APF and NAF
- Reservists on active duty or inactive duty personnel training
- DOD contractors employed @ DSCC or tenant activities on site (to include those employed at the child development center).

The CDC waiting list will be maintained in accordance with the following priorities:

- **Priority 1:** Active duty military members (regardless of duty location) who are single, or whose spouse is employed full time outside the home or is a full time student outside the home.
- **Priority 2:** DoD civilian employees (regardless of duty location) who are single, or whose spouse is employed full time outside the home or is a full time student outside the home.
- **Priority 3:** DoD contractors assigned to DSCC or a tenant organization who are single, or whose spouse is employed full time outside the home or is a full time student outside the home.
- **Priority 4:** Active duty military members (regardless of duty location) whose spouse is employed part time, is a part time student, or is unemployed.
- **Priority 5:** DoD civilian employees (regardless of duty location) whose spouse is employed part time, is a part time student, or is unemployed.
- **Priority 6:** DoD contractors assigned to DSCC or a tenant organization whose spouse is employed part time, is a part time student, or is unemployed.

Patrons in priority categories 4-6 will be offered space when no excess demand list exists for categories 1-3, and there is no projected demand for the next 30 days.

In addition to the above priorities, there is a sibling priority which permits families already having one child enrolled in the CDC to move to the head of the waiting list for each of the priorities should they have a new child patron. For example, a DoD employee with one child in the center would be placed at the top of the "Priority 2" list should he/she wish to enroll another child in the center.

Grandparents or other relatives who fit into one of the above priorities are considered eligible only when they have legal custody or guardianship of the child(ren).

REGISTRATION AND WITHDRAWAL FROM CARE

To obtain information about the waiting list, registration, or enrollment, please call Shanita Gilchrest at the CDC at (614)231-8353 or (614)238-0773.

Children are eligible for enrollment on an equal basis regardless of race, age, sex, disability, cultural heritage, religion, or political beliefs.

For children who are identified with special needs at the time of registration, a Special Needs Committee (SNC) evaluation will be conducted.

Parents must provide the Child Development Center with at least fourteen-calendar days written notice when withdrawing their child(ren) from the center. Please include the reason for withdrawing the child from care. If you are moving or changing jobs and you will be transferring to another Angelic Care Center, please let us know and we will forward your child's records to your new center (some centers may have waiting lists and specific restrictions may apply). No registration fee will be charged for transfers to other Angelic Care Centers.

TUITION

The tuition is based on total gross family income and will be determined by the DSCC Child Development Services Coordinator upon registration. Tuition fees are reviewed annually by DSCC with guidance from DoD. Should tuition rates change, the DSCC CDS coordinator will

give patrons at least 30 days notice. Any adjustments to pay categories are effective the first full payment period following the approval date.

PAYMENT

Fees are due no later than close of business (6:00 p.m.) on Monday and will be paid directly to Angelic Care. A late payment fee of \$10.00 will be added to all accounts after close of business Monday. Patrons who are delinquent more than one payment will be denied service on the second Tuesday following the first Monday the payment is delinquent. The Child Development Center will notify Child Development Services of those patrons who are delinquent with payments. The Child Development Center will consider any patron's non-payment of all fees due by 6:00 p.m. the second Friday after the patron first becomes delinquent to be constructive notice of withdrawal. The Child Development Center will charge a return fee of **\$25.00** for all checks with insufficient funds.

SIBLING DISCOUNTS

When multiple children from the same family attend the center, a 10% discount from the usual tuition fee is granted for each additional child. To take advantage of this discount, full tuition must be paid for the youngest child. The discount is then applied to all other children enrolled from the same family.

LATE CHILD PICK-UP FEES

Families of children left in the center after closing are assessed a late pick-up fee of \$5.00 for the first 15 minutes, \$10.00 for the next 15 minutes, and \$20.00 for the next 15 minutes, per family not to exceed \$50.00 per day. This payment is due and payable upon picking up the child/children. Children will not be admitted until this fee is paid. If the parent or emergency designee cannot pick up a child within one hour after closing, CDC staff will initiate the local "Left Child" policy.

ARRIVING AT THE CENTER

We require that you accompany your child into the classroom. This provides a smooth transition and allows you a brief exchange with the teacher to convey information about your child and to learn of the day's plan. Our responsibility begins when you place your child in the care of the Child Development staff member.

When the center first opens for the day and attendance is low, children are usually gathered in one room before they move on to their respective classrooms. This provides an opportunity to get settled and gives children of different ages a chance to interact. Likewise, at the end of the day as children leave the center; remaining children might be placed in one room.

Caregivers will perform a quick health check as they greet the child. Children with symptoms of illness will be referred to management and may not be accepted into the program for the safety of other children and staff members.

SIGN IN/OUT PROCEDURES

Parents bringing the child to the center are required to sign the child in and out using the form located in the center's entryway. **The parent is required to escort the child to the appropriate classroom in which they will sign the child in, leaving a phone number where they can be reached that day, and will need to sign their child out on the proper sheet at the end of the day.** If someone other than the child's custodial parent or guardian will be picking up the child from the center, prior authorization, in writing, must be given. The parent or guardian is the only person who can authorize the center to release the child to another individual. At the time of registration, the parent or guardian must provide the names of a least two other adults who have permission to pick up the child in case of an emergency. This authorization is given on the enrollment form and must be periodically updated in writing.

A Child Development Center staff person will ask for proper identification before releasing a child to someone other than his/her custodial parent or legal guardian. A photo ID is required. The center staff will only release a child to an individual listed as an emergency release designee.

If either parent wishes to place restriction on the other parent's rights to pick up a child, the Child Development Center requires the enrolling parent to submit a copy of the court orders or other legal documentation regarding child custody and/or visitation rights. This information will be kept in the child's file and we will abide by all legally authorized restrictions.

Under no circumstances will children be allowed to leave the center unsupervised for another location. We cannot release a child to walk to a bus stop or walk home.

Any Child Development staff member suspecting a parent/guardian to be under alcohol or chemical substance influence will immediately inform a member of the management team. If the parent insists upon taking the child, DSCC security will be notified immediately.

HOLIDAYS

The center will be closed on all federal holidays:

- New Year's Day
- Martin Luther King's Birthday
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans' Day
- Thanksgiving Day
- Christmas Day
- Any other day that is deemed a federal holiday by the Government

If a holiday falls on a weekend, the center will close the same day Government offices are closed. Full tuition is charged for these holidays.

VACATIONS, PLANNED AND UNPLANNED ABSENCES

If your family will be taking a vacation or your child will be absent from the center, please notify the Child Development Center staff as soon as possible. If your child is ill, you must notify us of the nature of the illness. Tuition will be due on the regularly scheduled day during all absences. This is to ensure that your child will have a place within the center upon returning. Two weeks of absence without notification will be accepted as notice of withdrawal.

EMERGENCY NOTIFICATION CARD

Emergency cards are kept on file in the center. In case of illness or injury, the cards are used to notify and advise you, or the person/s designated by you, of the child's status. It is extremely important that the information be kept current with correct phone numbers.

If the following information should change at any time, please notify us so that we can better serve you and your child:

- Phone Numbers where you can be reached during the day
- Addresses at home and at work
- Names of authorized persons who may be contracted in case of an illness or injury
- Names of persons authorized to pick up your child
- Updates of immunizations

BIRTHDAYS AND HOLIDAY CELEBRATIONS

Your child's birthday is a special day! We recognize birthdays as opportunities to acknowledge and reinforce each child's personal identity. We enjoy being a part of your child's birthday celebrations and recognize birthdays here at the center if that is your preference. Please discuss this with the Center Director before your child's birthday. To ensure the safety of all children, we ask that you honor our restrictions on **not** bringing food and balloons into the center.

The center will celebrate the following holidays: New Year's Day, Christmas, Independence Day, Labor Day, Memorial Day, Columbus Day, Thanksgiving Day, Presidents' Day, Veterans' Day, and Martin Luther King Day. The center will request annually from the Parent Advisory Council (PAC) on specific holidays that the parents recommend that the CDC celebrate, such as: Halloween, Chanukah, Easter, Cinco de Mayo, Kwanzaa, Ramadan, St. Patrick's Day, Chinese New Year, Mother's Day and Father's Day.

The staff will implement appropriate holidays in their lesson plans, but will not allow holidays to dominate curriculum and activities. Parents are encouraged to present ideas for celebrations to the staff and participate in the classroom.

CLOTHING

We request that all children bring a complete set of extra clothing in case of spills. All clothing must be clearly labeled with your child's name. We cannot be responsible for unmarked items. Please remember to "up-date" these extra items of clothing as your child grows and as the seasons change. Children should come dressed for action! We recommend washable, comfortable play clothes that are easy for the child to manage. Tennis shoes or other soft-soled shoes are the safest and strongly encouraged at all times, where as sandal or hard-heeled boots can lead to injury. Thongs, sandals and boots are discouraged. **The center has policies concerning no jackets with string ties, no barrettes, beads, or clips may be worn in hair as they are considered to be choking hazards for children under two years of age. Jewelry such as rings, necklaces, or bracelets worn by infants are not permitted. Back-up garments appropriate for current weather conditions are advised.**

PERSONAL BELONGINGS

All children share the toys and educational materials at the Child Development Center as part of the learning experience. The center has ample supply of equipment and materials that are appropriate for each level. These are sanitized and inspected on regular schedules.

The Child Development Center cannot assume responsibility for loss or damage to any personal possessions children bring to the center. It is distressing to children to misplace or lose belongings and sometimes difficult for the caregiver to identify the owner. Therefore, children shall leave toys, money, pets, gum, and candy at home. Please help your child understand why it is not wise to bring toys or other objects that they may not wish to share with the group. However, it is acceptable for a child to bring a blanket, special soft toy, or stuffed animal for rest time.

LOST AND FOUND

If your child is missing anything, please inquire at the center as soon as possible. It is much easier to return a lost item if it is labeled with the owner's name. Remember to label everything. Unclaimed items are given to charity after a reasonable period of time.

HIRING STAFF TO CARE FOR YOUR CHILDREN IN YOUR HOME

On occasion, parents ask our teachers and center staff to watch their children after hours. The Child Development Center does not authorize or take responsibility for any services that Child Development Center staff may provide outside the center premises or program.

CHILDREN WITH SPECIAL NEEDS

The Child Development Center will comply with the Americans with Disabilities Act and applicable federal state or local law in providing services to children with disabilities. Our goal is to meet the individual needs of the child within the structure of our program, while maintaining a healthy and safe environment for all children and staff.

The center staff receives on-going training in “developmental milestones”. When Child Development Center staff notes a symptom of a potential special need after the child is enrolled, the family will be notified by way of a conference. DSCC has a Special Needs Committee (SNC), and families may be referred to that team for review and assistance.

SECURITY ENTRY SYSTEM

The DSCC Child Development Center has a state of the art entry system to protect the children in our care. To enter the building a staff person must release the door. This system prevents strangers from entering the center unattended. The center is also equipped with audio and video cameras throughout as an extra precaution of safety. Under certain circumstances, parents may request management to review a videotape. For more information on viewing videotapes, see the SOP on Digital Video Recording (DVR). This SOP can be obtained from front desk personnel or center management.

EMERGENCY PROCEDURES

The Child Development Center has written policies and procedures for dealing with emergencies. All staff are trained in proper procedures to follow in case of any type of emergency. We carry out and document emergency drills a minimum of twelve times per year. Sometimes these drills are scheduled, but usually they are unannounced. The drills will occur at a variety of times during the day to provide the best training for a “true” emergency. Evacuation plans are posted in each classroom.

In the unlikely event that the center is severely damaged or declared unsafe, all children will be evacuated to an emergency location where they will await your arrival. Should such an emergency occur, the center management team will attempt to notify you as soon as possible.

STUDENT ACCIDENTS

It is a Child Development Center policy to plan carefully and supervise at all times to prevent accidents from occurring. All staff members are certified in First Aid and Pediatric CPR. If your child is injured at the center, the staff member will administer first aid. If treatment by a doctor is needed, we will make every effort to contact you. If your child has an accident or unusual occurrence during the day, you will be asked to sign an incident/accident report when you pick him/her up that day. There will be times when we will call you after the incident/accident and not wait to notify you at the time of pick up. These reports are filled out by the caregiver and reviewed by a manager. The manager will make the decision to call you at the time of the incident.

DEPARTMENT OF DEFENSE AND N.A.E.Y.C. REQUIREMENTS

We believe that following DoD (to include DSCC and DLA) and NAEYC standards are in the best interest of your child(ren). We are committed to adhering to those standards. These standards relate to our facility, staff health and safety procedures, file criteria, nutrition, caregiver/child ratios, child abuse prevention, and record keeping. Our center is subject to inspection by DSCC staff on a daily basis and Headquarters DLA staff a minimum of one unannounced annual inspection. Our center is fully certified by the Department of Defense.

The Child Development Center will achieve and maintain accreditation and will comply with all the standards of the National Association for the Education of Young Children. Our center is NAEYC accredited through November 2006.

HEALTH:

MEDICAL REQUIREMENTS

The Child Development Center adheres to DoD regulations regarding immunization records for your child. Immunization records must be provided upon enrollment. Infants, toddler, and preschooler immunization records must be kept current. Validated proof of immunizations will be submitted annually and as your child receives new immunizations or booster shots. Patrons have fifteen days to turn in their child's health assessment. The health assessment is to be updated biannually.

MANAGEMENT ON SITE

Management will handle minor health problems that develop after admission. He/she will notify parents, or their designated emergency contact, if the parent cannot be reached, should a child become ill at the center or incur a minor injury. Children who are ill may be isolated from the rest of the children until a parent or designated person can pick them up. When a parent is called that their child is not well, they must take them from the center within one hour of being notified.

CHILD DAILY HEALTH REQUIREMENTS

A caregiver will assess each child upon arrival and before the parent leaves for signs that could affect the child's ability to participate in the day's activities. The caregiver will use information provided by the parent(s), as they are dropping off their children, to supplement these assessments.

If the caregiver determines that the child shows signs that could affect his/her ability to participate in daily activities, the child will be sent to the Center Director, or designee in the Director's absence.

The Contractor shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exist:

- The illness prevents the child from participating comfortably in activities as determined by management with input from the program staff.
- The illness results in a greater need for care than the childcare staff can provide without compromising the health and safety of the other children as determined by management with input from the program staff.
- A temperature in excess of 100.5 degrees axillary for children under 3 months of age, and in excess of 101 degrees axillary for children over 3 months of age, accompanied by behavior changes or other signs or symptoms of illness. The child may return when fever has been absent for 24 hours and no other signs or symptoms of illness exist.
- Symptoms and signs of possible severe illness that include uncontrollable coughing, lethargy that is more than expected tiredness, inexplicable irritability or persistent crying, difficulty breathing, or wheezing. The child may return when a medical professional evaluation finds the child able to be included at the child development center.
- Blood in stools not explained by dietary change, medication, or hard stools. The child may return when a medical professional evaluation finds the child able to be included at the child development center.
- Diarrhea, defined by two or more runny, watery stools in an hour for children less than 6 months of age, or 3 watery stools in a day that can not be explained by medication or dietary changes. In cases where runny or watery stools are due to medication or dietary changes, the child shall still be excluded in cases where the stool cannot be contained in the diaper, or by the child's ability to use the toilet. The child may return when diarrhea has been absent for 24 hours.
- Head lice. The child may return to care after treatment. A member of the CDC management staff will conduct a check of the child's hair prior to the child being admitted

- to the activity room. If nits (eggs) are found, the child will be excluded until the parent manually removes them (outside of the CDC).
- Hepatitis-A Virus. The child may return to care 7 days after onset of illness and/or jaundice, or as directed by a health department official when a passive immunoprophylaxis (currently immune serum globulin) has been administered to appropriate children and staff members.
 - Impetigo. The child may return to care 24 hours after treatment begins.
 - Measles. The child may return four days after the onset of rash.
 - Mouth sores with drooling. The child may return when a medical professional evaluation determines that the child is noninfectious.
 - Mumps. The child may return to care 9 days after the onset of gland swelling.
 - Persistent abdominal pain (i.e. pain that continues for more than 2 hours) or intermittent pain in conjunction with fever or other signs or symptoms of illness. The child may return when a medical professional evaluation finds the child able to be included at the Child Development Center.
 - Pertussis. The child may return to care after receiving 5 days of appropriate antibiotic treatment (usually a 14 day cycle).
 - Pinworm. The child may return to care 24 hours after treatment begins
 - Purulent (defined as containing, discharging, or accompanied by pus) conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge; usually accompanies by eyelid pain or redness). The child may return 24 hours after treatment begins.
 - Rash with fever or behavior change. The child may return when a medical professional evaluation finds the child able to be included at the Child Development Center.
 - Ringworm. The child may return to care 24 hours after treatment begins, while limiting exposure to others by wearing long sleeves, covering with a bandage, etc.
 - Rubella. The child may return to care 6 days after onset of rash.
 - Scabies. The child may return to care 24 hours after treatment begins.
 - Strep throat or other streptococcal infection. The child may return to care 24 hours after antibiotic treatment begins and, if applicable, fever has been absent for 24 hours.
 - Tuberculosis. The child may return when a health care provider or health official states that the child is on appropriate therapy and can return to childcare.
 - Varicella-Zoster (Chickenpox). The child may return to care when all sores have dried and crusted over (usually 5-6 days).
 - Vomiting (2 or more episodes of vomiting in 24 hours). The child may return when vomiting has been absent for 24 hours.

Specific health conditions that do not require exclusion from the program if the child is able to participate in normal daily activities include:

- Infectious disease agent in bowel movement or urine that can cause illness, but which is not communicable, and which is not causing symptoms in the infected child.
- Conjunctivitis where the child may have clear, watery discharge from an eye(s) but does not have a fever, eye pain, or eyelid redness.
- Unidentified or non-specific rashes (excludes known infectious conditions such as ringworm or impetigo) with no fever or change in behavior.
- Children with cytomegalovirus infection, human immune deficiency virus (HIV), or carriers of Hepatitis B.

The Contractor will follow the procedures listed below for management of illness:

- Staff shall inform a member of management when a child is ill or becomes ill while at the center. The center management will make the final decision to permit or exclude a child who is mildly ill from the program.
- If the child becomes ill at the facility, the front desk staff will notify the parent and complete a symptom record (Use DLA Form 1852 Symptom Record).

- If the child is too ill to stay at the center, the child shall be provided an isolated space away from other children to rest until the parent or designated person arrives. The Contractor will ensure the child is supervised at all times by a staff member familiar to the child.
- Children will remain in isolation under the supervision of a CDC staff member familiar to the child while the CDC Director promptly makes reasonable arrangements for the child's release to the parent or parent-designee or until emergency medical assistance arrives.

If a child appears mildly ill upon arriving at the program, but will be staying for the day, staff shall complete a symptom record to document date, time, and symptoms of illness. A copy will be given to the parent and discussed when the child leaves for the day (See DLA Form 1852 Symptom Record).

PROCEDURES FOR MEDICAL EMERGENCIES

CDC personnel will notify parents at pick-up time should a child become ill or injured or show any indication of disease during the time in care. However, Contractor will notify parents immediately in the event of an emergency, acute illness or serious injury that requires transportation to the hospital.

In case of accidental ingestion of harmful material, Contractor will contact Children's Hospital Poison Control Center 228-1323 with the following information (Contractor will post this list at all telephones):

- What was ingested. (Bring along empty or partially empty poison or drug bottle/container.)
- How much was ingested.
- The weight of the child.
- How long ago the poisoning occurred.

The contractor will follow instructions provided by Children's Hospital Poison Control Center regarding care.

When a child requires immediate medical attention, Contractor will request an emergency squad by dialing 692-2111 for transport to Children's Hospital.

Contractor will notify the CDS Coordinator (692-6651 or 692-3101) and the Safety and Health Office (692-1662 or 692-1663) immediately in case of fatal or serious injury of a child, staff, or other adult.

If parent cannot be reached prior to transport, a caregiver will accompany the child to Children's Hospital, whenever possible, with a copy of the Child Care Emergency Contact Information Form (DLA Form 1856).

MEDICATIONS AND MEDICAL PROCEDURES

The Contractor may only administer physician-prescribed medications or medical procedures. Basic care items may be administered in accordance with written instructions from the parent or guardian. Basic care items are those used for the prevention of sunburn and diaper rash (ointments and lotions), and oral teething medicine.

Instructions for use of basic care items will be provided by the parent on the form entitled: "Permission Agreement for Application of Basic Care Items". It will be signed and dated by the parent or guardian and will include the following information: child's first and last name, reason for use, frequency of use, amount and location of application. Basic care items must be in the original container and labeled with the child's name.

The Contractor will ensure that sunscreen provided by the parents as a basic care item has a minimum SPF (sunburn protection factor) of 15. Staff shall apply sunscreen to a child's exposed skin, except eyelids, 30 minutes before exposure to the sun and every two hours while in the sun.

For approved over-the-counter medications, the Contractor will ensure that parents provide the medication in the original container, along with written instructions for the dose, frequency, and duration of administration. The medication will be labeled with:

- The child's first and last name
- The name of the medication
- Specific and legible instructions supplied by the manufacturer for administration and storage
- The name of the health care provider who recommended the medication or item

For prescription medication, the Contractor will ensure that parents provide the medication in the original, child-resistant container. Labels will be prepared by a pharmacist (i.e. no "sample" medication will be administered) and will include:

- The child's first and last name
- The name of the medication
- The date the prescription was filled
- The name of the health care provider who wrote the prescription
- The medication's expiration date
- The administration method
- The medication duration (e.g. take for 10 days)
- Information, as applicable, for how the medication is to be stored (e.g. in the refrigerator, away from direct sunlight, etc.)

The Contractor will ensure that parents provide the written instructions of a licensed physician on use of medication that will be administered in the child development center. This information will include, but is not limited to, the time the medication is to be administered and start/stop dates. For medications that are prescribed for a recurring problem, an emergency, or a chronic condition (e.g. a child with asthma, a child who is allergic to bee stings, etc.), the Contractor will ensure that parents provide the medication in the original, child-resistant container. Labels will be prepared by a pharmacist (i.e. no "sample" medication will be administered) and will include:

- The child's first and last name
- The name of the medication
- The dose of the medication
- How often the medication may be given
- The conditions for use, and
- Any precautions to follow

The child's parent and physician must sign an authorization form. Expired medication will be returned to the parent.

The Contractor will keep all medication, other than basic care items, in a locked container that is inaccessible to children and prevents spillage. The container will be stored in a centrally located cabinet or refrigerator as required.

The Contractor will store basic care items at a height that is out of reach of children, but accessible to staff for ease of use

The Contractor will use only trained personnel to administer medications or medical procedures and will not administer:

- Medications without parents written permission on DLA Form 1849 Medication Consent and Log.
- Medications unless the parent has administered the medication for at least 24 hours

- Medications labeled “PRN” (as needed, unless CDS Coordinator has provided written approval and verification of the instructions)
- Oral medication, including teething medicine unless the parents have administered the first dose at least 24 hours before being administered by CDC employees

The Contractor will provide medications and medical procedures to one child at a time. The Contractor may administer therapy and medications in the activity room when all medication administration policies are followed (if a parent is administering the medication, however, they must still do so in an area away from other children).

The Contractor will never refer to any medications by anything other than their proper name.

The Contractor will not force children to take medication or treatment. If the child refuses the medication, the Contractor will notify the parent that the child would not take the medicine.

Immediately after administering each medication dosage or treatment, the person administering the medication will complete the appropriate child’s DLA Form 1849 Medication Consent and Log. Spills, reactions, and refusals to take medication shall be noted on this log in the “Reactions/Notes” section.

The Contractor will maintain each child’s DLA Form 1849 Medication Consent and Log in each child’s folder.

The CDC Contractor will return all medication, except basic care items, to parents daily. For medications in pill form, the Contractor will not allow bulk storage. Only the daily dose during the child’s attendance in the program is allowed in the facility.

If a medication is not on the approved list, the Contractor will request approval thru the CDS Coordinator. Medications will not be administered by any member of the Contractor staff until the CDS Coordinator has given approval.

The Contractor will administer therapeutic treatments only when prescribed by a physician. The SNC will determine the feasibility and necessity of these treatments at the CDC on a case-by-case basis.

CDC employees will not perform functions that require extensive medical knowledge (e.g., determining the dosage or frequency of a prescribed medication), perform extensive medical intervention therapy (e.g., those not typically taught to parents by physical, occupational, speech therapists or special educators as part of a home program), or perform high-risk medical acts (e.g., injection of insulin).

Parents who want to administer medications that are not on the approved list or to perform medical procedures for their child (ren) while at the CDC must:

- Obtain prior approval from the CDS Coordinator
- Administer only to their own child (ren)
- Administer only in the presence of the Director or designee
- Administer only if prescribed or recommended by a physician, and
- Administer in an area away from other children

At no time will the Contractor advise the parents when to administer the medication or medical procedures.

The Contractor may store medications administered by the parents. If the Contractor chooses to store medications the parents administer, the Contractor must do so in the same manner as the

Contractor is required to store medications it administers (including returning unused portions to the parents at the end of the day).

APPROVED PRESCRIPTION MEDICATION LIST

Only the prescriptions medications on this list may be administered by Contractor staff with written parental permission. To administer medications, staff must have successfully completed a medication administration course given by a Community Health Nurse or registered nurse with at least 2 years experience in providing this training. All medications not on this approved prescription medication list require approval from the Wright Patterson Pediatric Consultant, through the Child Development Services Coordinator, before administration.

TRADE NAME

GENERIC NAME

Antibiotics

Amoxil	Amoxicillin
Augmentin	Amoxicillin/Clavulanate
Bactrim/Septa	Trimethoprim/sulfamethoxazole
Dynapen	Dicloxacillin
EES, Eryped	Erythromycin Ethylsuccinate
Furadantin/Macrodantin	Nitrofurantoin
Gantrisin	Sulfisoxazole
Lorabid	Loracarbef
Pediazole	Erythromycin/sulfisoxazole
Penicillin	Penicillin
Septa	Trimethoprim/sulfamethoxazole
Suprax	Cefixime
Keflex	Cephalexin
Zithromax	Azithromycin

Decongestants

Actifed	Tripolidine/Pseudoephedrine
Naldecron	Phenylprepanlamine/Phenylephrine
	Phenyltoloxamine/Chlorpheniramine
Robitussin	Guaifenesin

Antihistamines

Atarax Syrup	Hydroxyzine
Benadryl	Disphenhydramine
Chlor-Trimeton (CTM)	Chlorpheniramine
Dimetapp	Brompheniramine
	Maleate/Phenylpropanlamine
Rondec	Carbinoxamine/Psedophedrine

Topical Ointments

Kenalog	Triamcinolone – cream/ointment
Mycolog II	Triamcinolone/Nystatin
Mycostatin	Nystatin – ointment/oral suspension
Tridesilon	Desonide – cream/ointment
Westcort 0.2% cream	Hydrocortisone valerate 0.2% cream
Grifulvine – V	Griseofulvin
Diflucan	Fluconazole
Hydrocortisone 1% cream	Hydrocortisone 1% cream

BASIC CARE ITEMS

Topical applications such as diaper rash ointment, sunscreen, and oral teething medications can be administered with the parent's written consent. We will follow directions provided on the 'permission agreement for application of basic care items' form available at the front desk or from the nurse. All containers should be clearly labeled with the child's first and last name. All of these medications will be kept out of reach of children.

BITING

Experts in the field of child development tell us that biting occurs primarily as a result of a child's inability to communicate. Many young children are not very verbal. Children may become frustrated by a new experience, such as another child taking away their toy, or suddenly being around many other children, and may bite as a response. When a child does bite, the following procedures will occur:

- The child receiving the bite will be comforted and the bite area cleaned to prevent infection. An incident report will be completed and the child's parent notified.
- The biting child will be redirected to appropriate activities.
- His or her parent will be notified, and the incident report placed in the child's file.
- The teacher will carefully assess the classroom environment to minimize frustration for the child. The teacher will discuss the incident with the child's parents to determine ways to redirect the behavior.
- The child will be closely supervised. The identity of the child will be kept confidential by the center staff.

Most children stop biting soon after these actions have been taken. For those children who continue to bite, it may be necessary to re-evaluate the situation. Additional resources will be called upon to achieve the desired behavior, including the implementation of progressive guidance procedures.

TOILETING

Parents are often anxious for their child to begin toilet learning. Close and frequent communications is promoted between parents and our caregivers in order to keep the child's developmental needs as a primary concern. When you feel that your child is ready to be toilet-trained, please discuss this with us. We will work with you to train your child.

As a child gets older, toilet learning becomes a consideration in our program. We support the toileting routine that parents use at home to the best of our ability to include the use of disposable training pants when appropriate. The manner in which toilet learning is conducted can have a tremendous impact on a child's development. It should be a positive experience with lots of encouragement for doing well. Toilet learning requires consistency and patience, and can only be effective when a child is ready. Our teachers are aware of and look for indicators that a child is ready to learn to use the toilet. Each child's readiness for toilet learning must be the key that begins this process. If we feel that your child is not physically ready for this, we will talk with you about it.

CLEANLINESS

The Child Development Center ensures that cleanliness standards are in accordance with DoD regulations. The center is cleaned daily by a professional janitorial service. Daily inspections are conducted before the center opens. Weekly, monthly, quarterly, and annual services (such as changing air filters, pest control inspections, carpet cleaning) are maintained. The kitchen and food preparation areas are maintained to DoD standards. Our staff cleans and disinfects changing tables after each diaper change. All toys and equipment are disinfected on a regular schedule.

We promote cleanliness and good hygiene with the children. Frequent handwashing is practiced by staff and children. Handwashing is always required before and after eating or cooking activities and water play, and toileting and outdoor play.

FOOD AND NUTRITION

Children are served a nutritious breakfast, lunch and a snack. Those children at the center after 5:00 p.m. will be offered a light snack to accommodate feeding children every three hours. Each child will receive meals portions that meet USDA requirements based on their age and second helpings of bread, fruit, and vegetable components will be available. Children will never be forced to eat. Food will never be used as a disciplinary tool.

All snacks and meals are planned to meet the nutritional requirements of children and comply with USDA standards. Menus are selected to offer a variety of types of food and represent a variety of cultures. The Child Development Center will provide food for special diets under a doctor's order or for religious purposes. In accordance with DLA and center policy, parents may not bring food into the center.

The Child Development Center will only serve food that is prepared at the center, with the exception of baby food and formula. Infant food will be accepted in new, unopened containers and when accompanied by feeding instructions as applicable. Infant formula must be in single serving plastic bottles that are labeled with the child's full name and date. Unused portions will be discarded.

Menus are posted at the front desk and in classroom. All meals are served in the classrooms, and during this time, we teach children the fundamentals of good nutrition and sound eating habits. The staff of the Child Development Center eat family style with the children making mealtimes a relaxed and pleasant social occasion. You are encouraged to enjoy lunch with your child anytime (please notify the front desk if you will be having lunch with your child so that you can be included in the lunch count).

REST TIME

All children who spend a full day with us will be required to rest on a regular schedule. Depending upon the age of the child, children are expected to rest quietly or engage in quiet activities, allowing those who need to sleep the opportunity to do so.

Infants up to 12 months of age will sleep in cribs on their own schedules. Children over 12 months of age will be provided with mats and a blanket for rest time. To decrease the risk of SIDS, infants up to six months of age will be placed on their back to sleep. Once they reach six months of age and are able to turn over, they may sleep in the position of choice.

THE CHILD DEVELOPMENT INTERACTION TOUCH POLICY

Appropriate touching involves the recognition of the importance of physical contact to child nurturing and guidance; adult respect for personal privacy and personal space of children; responses affecting the safety and well being of the child. Appropriate forms of adult-child initiated affection include: kissing anywhere on the hands or head except for the mouth; hugs; lap sitting; reassuring touches, e.g. on shoulders or naptime back rubs (over the child's clothing); and child initiated forms of affection.

Inappropriate touching is touching that creates an improper and/or negative emotional or social effect on the child and is touching that violates law or American societal norms. Inappropriate touching usually involves coercion or other forms of exploitation of the child and satisfaction of adult needs at the expense of the child. Inappropriate touch is often applied in anger and reinforces the concept with the child of "striking out" to respond to a problem. Examples of inappropriate touching include forced greeting kisses (hello/goodbye), corporal punishment, slapping, striking, pinching, prolonged tickling, fondling, or molestation.

CDC staff may touch the genitals and proximate body areas of a child in a manner and to the degree necessary, to diaper and/or assist the child in proper toileting procedures provided the following conditions are met:

- Parents must initial and sign the form entitled "Child Care Agreement" (DLA Form 1854-1) that states they permit diapering and/or toileting assistance.
- Staff will receive training in diapering and toileting procedures as part of the orientation process.
- Should a child's genital area need to be checked for reasons other than diapering or toileting procedures (i.e., injury, child complaint), the director or other caregiver will be present as a witness. This examination will be documented on DLA Form 1845, Incident Report.

All employees of the CDC will immediately report all inappropriate interaction or touching, to the CDC Director or staff member in charge and will encourage all visitors to the CDC to do the same.

The CDC Director, or designee, will direct the person reporting the inappropriate touching/interaction to report the incident to the FAPM, at 692-7217 in the presence of the Director, or designee.

The Center Director will be responsible for the development of a corrective action or disciplinary action plan for an employee violating the Interaction and Touch policy.

If there is any question that an interaction raises to the level of abuse, the Contractor will follow the procedure entitled, "Identification and Reporting of Child Abuse and Neglect."

REPORTING OF CHILD ABUSE

Research has shown that certain conditions and factors in a childcare setting can reduce the risk of potential abuse and neglect. These factors include adult-child ratios, a responsive human and physical environment, developmentally appropriate curricula and materials, staff training, supervision, a well thought out approach to children with special needs, open center-parent communication, and a positive guidance approach to discipline. The Child Development Center gives special attention to all these factors.

To prevent possible abuse, we require background clearances and reference checks on all staff. Staff also receives training in the identification, reporting and prevention of child abuse and neglect. The center has key control procedures for adult toilets and public areas. We ensure caregivers maintain constant watchful supervision of children at all times with particular attention to nap time, field trips, and child toilet areas.

We conduct an annual Child Risk Assessment Tool (CARAT) investigation and submit written reports of the findings to the DSCC.

REPORTING PROCEDURES

The Contractor and all involved in the reporting procedure will exercise extreme care to ensure confidentiality of the victim and the accused.

Every Contractor employee who has any suspicion that a child has been abused or neglected, either at the CDC or elsewhere will, in the presence of the director or designee, immediately report such information to the Family Advocacy Program Manager (FAPM) at 692-7217. If the FAPM cannot be reached, the employee who raised the suspicion will leave a message for the FAPM and immediately call Franklin County Children Services (FCCS) at 229-7000, in the presence of the director or designee.

Immediately after calling the FAPM, the employee will contact Franklin County Children's Services (FCCS) at 229-7000 and file a report.

Immediately after calling FCCS, the Director or designee, in the presence of the reporting employee, will call the Office of Emergency Services on 692-2111 and the CDS Coordinator at 692-6651.

The reporting employee will complete a DLA Form 1846, Suspected/Reported Child Abuse or Neglect Report immediately following the completion of paragraphs 2, 3, and 4 above. Suspected child abuse or neglect is defined as suspected child abuse (out of or within the center), suspected child neglect (out of or within the center), lost children, negative media impact issues, injury that requires further medical attention, and fatal injury to a child or staff member. The Contractor will ensure that the CDS Coordinator is provided a copy of the DLA Form 1846, Suspected/Reported Child Abuse or Neglect Report before the close of business on the day of the occurrence.

DEVELOPMENTAL PROGRAM

At the Child Development Center, we believe each child is a unique individual. Our programs are based on each child's social, emotional, intellectual, and physical development needs. We believe children are happy and secure when they have plenty of opportunities to succeed each day. Successes breed self-confidence, and with self-confidence children approach learning as fun and actively search for information and solutions to problems. As a result, they develop into capable adults. Much of what we do with children is designed to facilitate the development of self-confidence.

Caregivers are directly involved in formulating and implementing the developmental philosophy, goals, and objectives. The actual activities in the classroom are based on the specific needs and interests of the children. All children are assigned a Primary Caregiver to insure each child receives individualized attention, and to develop and maintain an Individual Development Plan.

Our curriculum is developed based on the needs, interests, and development of each and every child in our classrooms. We focus on the process of learning and experiences. Activities are designed to emphasize the experiences children are having rather than the results of those activities. For example, the experience of painting is more important than what the child painted, and the process of building with blocks is more important than what they build. The activities we plan for children, the way we organize the classroom environment, the selection of toys and materials, plan the daily schedule, and talk with children, are all designed to accomplish the goals of our curriculum and give your child a successful start in school and life. A schedule of activities and lesson plans are posted in your child's room. The lesson plans reflect a balance of activities in all areas of learning, insure multicultural representation, incorporate each child's developmental plan, and reflect the needs of children and families. Infants under the age of 12 months have an individual lesson plan.

INFANT PROGRAM

In this program, your baby will receive warm, positive and nurturing attention. Our caregivers provide an enriched environment, with lots of activities to do and interesting things to see, hear, taste and touch. Infants are capable of absorbing and organizing a great deal of information about the world around them, so staff talk, read and sing with them about what is happening. A foundation of trust and competence is established as caregivers provide hugs, encouraging words, and lots of smiles. A key component is the opportunity for the parents to be involved in their infant's program.

TODDLER PROGRAM

This program is centered on the natural curiosity and energy of very young children. It encourages individual exploration and begins to teach fundamental skills. Special emphasis is

placed on language development and self-help capabilities that build self-esteem. Your child will enjoy interacting with new friends that are his/her own age and will begin to develop appropriate social skills.

Toilet teaching will begin in this program. Please discuss with you child’s teacher your approach to this step in your child’s development so that we can work closely to ensure success and self-esteem.

PRESCHOOL PROGRAM

This program is specifically designed so that preschool children will enjoy their experiences. Guided by caregivers, the children choose from a variety of discovery centers every day. As educators, it is our task to create and support a fun environment that encourages children to develop competence and self-confidence. The program promotes cooperative play, positive peer relationships, understanding of other’s needs and the ability to handle and express their feelings in an acceptable manner. Language and communication is role-modeled and encouraged by caregivers. Reading, writing, and math readiness concepts are also introduced. Caregiving staff incorporate Ohio’s kindergarten readiness criteria into weekly lesson plans.

RATIOS AND CLASS SIZE

With each program, adult-child ratios and class size are maintained at levels that are established by DoD regulations. These are as follows:

AGE	ADULT-CHILD RATIO	MAXIMUM CLASS SIZE
Infants (6 weeks-24 months)	1:4	8
Toddlers (25months-36months)	1:7	14
Preschoolers (over 36 months – Kindergarten)	1:10	20

We serve children from 6 weeks to 6 years of age (depending on when the older children go to kindergarten). Currently we have four infant classrooms, three toddler classrooms and four preschool classrooms.

These minimum ratios will be met at all times with the exception of naptimes for the Toddler and Preschool programs. These may be doubled while all children are sleeping to facilitate staff training. Teachers who participate in training activities during nap times must remain on site.

CLASSROOM TRANSITIONS

Children need stability and the opportunity to bond with a peer group and caregivers to feel secure and confident in a center setting. We keep this need in mind as we prepare for transitions from one program to confident in a center setting. We keep this need in mind as we prepare for transitions from one program to the next. Developmental criteria fro each classroom have been established including age, social and emotional development, and self-help skills. When your child is ready for an older group, the following steps will be taken:

- You will be notified of the transition plan with a starting date and an estimated completion date.
- You will be given information on your child’s new program. We encourage you ahead of time to talk to your child about their new classroom and even visit their new room prior to them starting.
- Your child will be told of the transition and the “receiving” teacher will interact with him/her in the present classroom or on the playground to introduce him/herself and to allow the child to become familiar with him/her.
- Your child will need to be dropped off in his new classroom on the date of his transition by you (parent).

- Your child will stay in their new classroom all day provided they are not having a rough time adjusting to their new room. If they begin to have a rough time they will be allowed back to their old room for the remainder of the day.
- Your child will be given a full week to adjust to their new classroom and teachers.

STAFF QUALIFICATIONS AND PROFILES

Following is a chart of all center personnel:

Position	Qualifications
Center Director	Bachelor's degree in Early Childhood Education and Minimum of 3 years management experience in childcare
Assistant Director	Bachelor's degree in Early Childhood Education and Minimum of 3 years management experience in childcare
Training and Curriculum Specialist (TAC)	Bachelor's degree in Early Childhood Education or Child Development and At least 3 years of full-time teaching or management experience with young children or a graduate degree
Health Consultant	Registered Nurse Licensed by the State of Ohio
Senior Lead Caregiver	Bachelor's degree in Early Childhood Education or Child Development or High School Diploma, and C.D.A. credential and a minimum of 2 years teaching experience Training in opening/closing the center 1 year DSCC experience
Lead Caregiver	Bachelor's degree in Early Childhood Education or High School Diploma, and C.D.A. credential and a minimum of 2 years teaching experience
Assistant Caregiver	High School Diploma, C.D.A , Or Bachelor's degree
Floater Caregiver	High School Diploma
Reception Personnel	High School Diploma
Registration Clerk	High School Diploma
Cook	High School Diploma Maintains current Food Handlers' certification

STAFF TRAINING

We believe that the caregiving team is the cornerstone for implementing our philosophy. Members of the team are carefully selected, trained, and evaluated.

The center has developed an annual training calendar that is followed by the Education Coordinator in her work with the staff. In following the DoD training guidelines, every member of the teaching staff receives 36 hours of initial training and 24 hours of annual training to remain current in the field of early childhood education. Before entering a classroom, all new staff will go through 24 hours of training and observations with our TAC. Within their first 6 months of employment staff have accumulated 36 hours of training, which include First Aid, CPR, Child Abuse Recognition, and Communicable Disease Recognition

The Child Development Center has carefully identified the skills and competencies caregivers must have to meet the childcare and early education needs of young children. It is our goal to keep up to date in the latest developments in the field, and to train our staff to apply the most appropriate concept in their classrooms daily.

Each module has a Lead Teacher that holds a certification or degree in Early Childhood Education/Development. Our Assistant Teacher must be a high school graduate and have experience in this field. Staff without degrees is encouraged to go through an extensive and educational training program. This program can lead to the completion of their Child Developmental Associates Certificate (CDA), which qualifies them as a Lead Teacher.

The training program consists of many strategies:
Each staff member receives "orientation" training in which the Training and Curriculum Specialist goes over our contract and policies.

The CDC uses the DoD training module series to support the continuing professional development of the staff. Each staff member is required to complete this series. Staff members are observed on a regular basis by the Training and Curriculum Specialist and given feedback to enhance their performance. Specific goal setting and attainment is a part of this process. The District Manager and Center Director will also observe the staff in action. A mentor caregiver will be assigned to new employees to help them be successful in the training programs.

A series of training days are held throughout the year to present to the staff with new concepts and ideas that may go beyond the training they receive through the above steps. This learning is supported in the center and staff are encouraged and aided as they improve their skills and programs.

CLASSROOM ENVIRONMENT

We believe our center environment must be clean, safe, and well planned. Our administrators and staff are responsible for ensuring this.

The Center Director and staff place children in groups by age and developmental level. We provide activities and learning experiences specially designed for each child's needs, abilities, and developmental level.

Your child will feel safe and secure in our clean, comfortable classrooms that are designed for learning. Our child-sized furniture, equipment, toilets, and sinks help your child develop self-reliance in taking care of his/her personal needs. Our learning centers offer block play, housekeeping, dramatic play, reading, quiet play, science, art, and manipulatives for exploration and problem solving. Your child will be enriched by an abundance of toys and equipment such as blocks, dolls, CD players, tape recorders, games, books, and videos. Children work and play together in small groups in the learning centers around the room. In this environment, your child can become involved in meaningful, self-directed activities.

OUTDOOR PLAY

Our playground structures have been specially selected for the total development of children. Your child will spend delightful hours engaged in climbing, balancing, sliding, swinging, riding, and playing with others. Safety surfaces that absorb falls covers the portion of the playground underneath equipment, while hard-surfaced areas are provided for riding toys, jump rope, hopscotch, and ball or group games. Under the watchful supervision of our skilled staff, your child will be safe, secure, and happy with friends of the same age. Each room's daily schedule includes at least one outdoor period. DoD requires that we include outdoor time each day when weather permits.

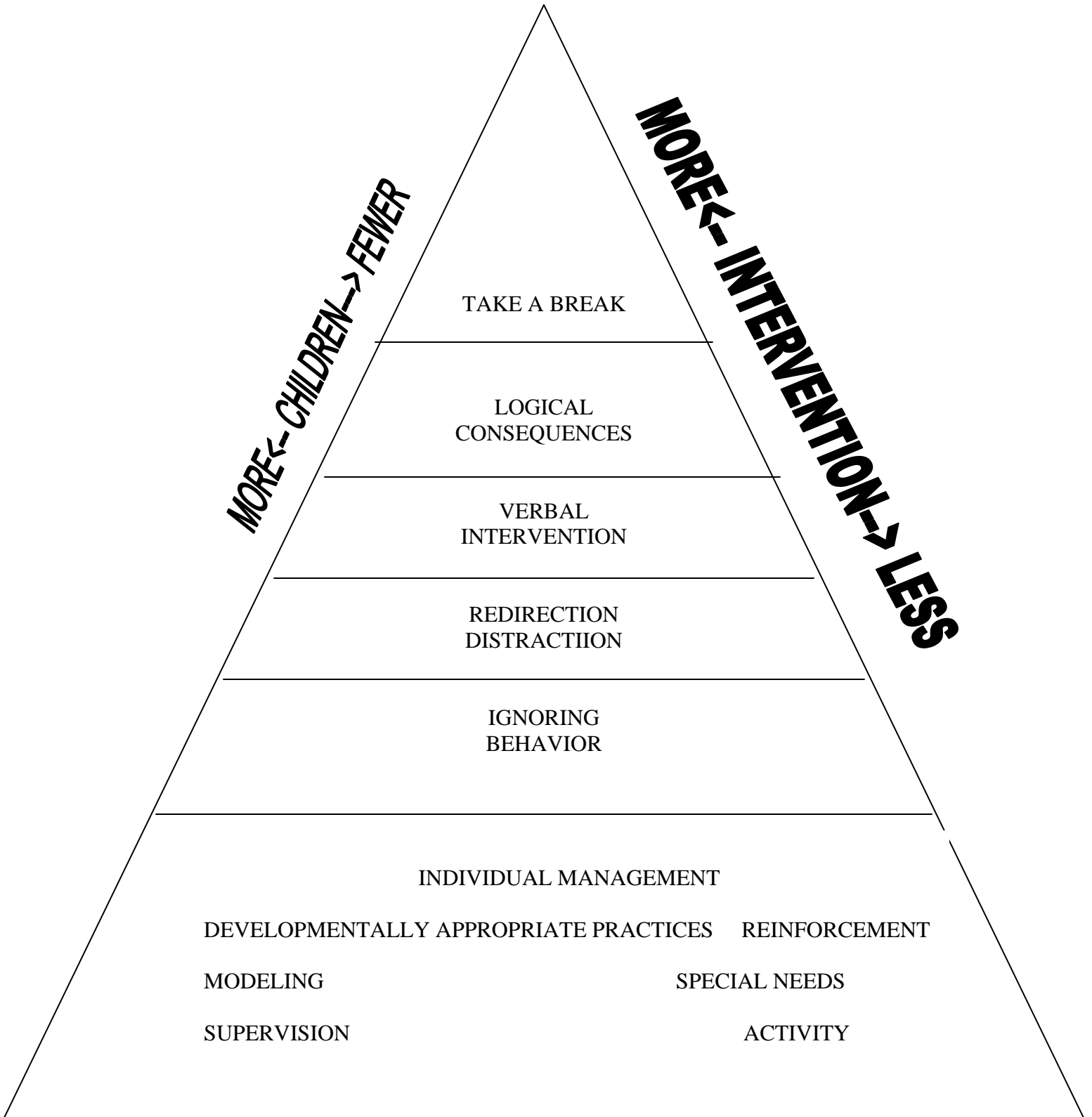
Children who are well enough to attend our center must be well enough to participate in all activities, including outdoor play. Please be sure your child has adequate outdoor clothing. Children do not go outdoors if the temperature/wind chill is lower than 30 degrees F.

FIELD TRIPS

The Child Development Center enjoys giving children the opportunity to learn about their community by providing exciting recreational and educational field trips. The center is encouraged to take field trips with children four years of age and above. You will be notified at least three days prior to each trip. For each event, we will need your signed transportation authorization. Your written permission will also be required on occasion to authorize your child's participation for in-house activities such as sprinkler and water play days. Children without written permission to participate will be provided alternate activities.

Every safety precaution is taken when children are taken on field trips. Drivers of the vehicles are not counted in the adult-child ratios. Parents are welcome to join us on the field trips.

PROGRESSIVE GUIDANCE PLAN



POSITIVE PROGRESSIVE GUIDANCE (DISCIPLINE)

The Child Development Center believes that all children should experience success. We strive for a classroom setting that provides children with opportunities to explore their environment with in consistent age-appropriate limits. Simple, understandable rules will be established so that expectations and limitations are clearly defined. CDC staff will discipline in a consistent, respectful manner based on an understanding of individual needs and behaviors of children at varying developmental levels. In this atmosphere, most behavioral issues are prevented.

Discipline will be based on the idea of natural consequences, including such methods as diversion, separation of child from situation, reinforcement of appropriate behavior, or removal from the activity causing destructive behavior. We strive to help children learn human values and problem-solving skills and take responsibility for their choices. Details of this procedure are outlined below:

- **Ignoring:** Some negative behavior is produced by a child to get attention. It can be stopped when it does not get the attention desired. We will use this technique unless a safety issue is involved.
- **Redirection/Distraction:** We offer alternatives to children engaged in undesirable behavior by presenting a different toy, suggesting a new activity, engaging the child in an activity with a teacher or another child, or encouraging independent play.
- **Verbal Intervention:** The teacher explains to the child the inappropriate behavior and shows him/her the appropriate way to handle the situation.
- **Logical Consequences:** The teacher helps the child understand the logical consequences of his/her actions by removing the object or activity the child is engaged in.
- **Take a Break:** The child is separated from the group to allow him/her to relax and calm down, and to help him/her not to be influenced by peers. The child will have access to activities as soon as the negative behavior stops or is significantly reduced. If a break is needed more than two times in a day, the parent will be notified.

If these positive guidance techniques are not working effectively and inappropriate behavior persists. The Child Development Center will use the following progressive procedures:

- We will observe and record the child's inappropriate behavior and what we have done to try to change the behavior.
- Parents will be asked to participate in a parent/teacher conference in which a specific plan will be developed to address the behavior. The action plan will outline all steps the staff will take to try to change the behavior, all steps the parent will take, and steps toward disenrollment if the behavior persists.
- Our staff may suggest outside resources, including the Family Advocacy Program, to parents and will work with any outside resource personnel for further guidance in responding to the child's behavior.
- If the inappropriate behavior continues, we will reassess the situation with the parent's full participation and apply additional resources to modify the behavior to an acceptable level.

The Child Development Center may disenroll immediately any child whose behavior creates a significant risk of harm to the health or safety of other children or staff, without following the guidance steps outlined above.

The Child Development Center does not permit the following forms of discipline: corporal punishments; punishing a child for lapses in toilet-training habits; withholding food, light, warmth, clothing, or medical care; embarrassment, or humiliation; and physical restraint, other than the restraint necessary to protect a child or others from harm.

FAMILY INVOLVEMENT:

PARENTS ARE ALWAYS WELCOME

We believe parents are the most significant adults in a child's life. We do everything possible to ensure parents' involvement in our programs.

Developing methods for keeping communication flowing freely is an important part of each staff member's responsibility. Your input is important to us. Please feel free to discuss any concerns you may have with your Center Director at any time. Other staff with responsibility for the center are also available to speak with you.

Please consult with the Center Director or your child's teacher should any problems arise concerning your child, whether at home or at the center. We seek your involvement in the center's program, particularly in following your child's progress.

Parents are always welcome. We encourage you to visit, unannounced, at any time. Stop in, visit your child, and join in our activities. DSCC makes it available to parents/guardians who actively participate, the opportunity to receive a discount on their child's tuitions.

BE A PART OF THE LEARNING PROCESS

We encourage you to get involved in your child's learning and development at the center. Your child is exposed to lots of new learning activities at The Child Development Center. Talk to your child about what fun things he/she did in the center and find ways to extend these activities at home. Perhaps your child enjoys a certain book at the center, which you could get from the library and read out loud. Art might be a favorite activity- you could buy some materials and provide an "art corner" at home.

Many children love animals, so a trip to the zoo, wildlife refuge, or children's zoo is a great activity. Or maybe your child enjoys building fantastic creations with blocks; so visiting a local construction site would be fun and rewarding.

ORIENTATION: THE FIRST FEW WEEKS

The first few weeks in any new environment can produce anxiety for your child. The Center Director and caregivers are sensitive to these feelings. Our staff is trained to be alert and aware of your child's reaction to this new environment and will make every effort to help your child adjust as easily as possible. These are some things you can do as a parent to help ease the adjustment period:

- Take time to get to know the caregivers and staff involved in the care of your child. Since your feelings may be indirectly communicated to your child, it is important that you feel confident in the staff's abilities and comfortable about bringing your child to the center.
- If possible, plan to spend an hour or two visiting the classroom with your child on or before the first day of attendance.
- Talk with your child positively about the center and the things he/she will be doing there.
- If you anticipate a problem in separation, discuss this with the caregivers and decide on a procedure to follow in advance. We suggest that after the necessary signing in and exchange of greetings, you say to your child, "Goodbye, I will pick you later. I know you will have a good day," and then leave the building. This method may seem abrupt, but it will minimize separation anxiety for your child. This is preferred to "sneaking out" because your child is well informed and has the opportunity to say goodbye to you.
- For younger children especially, it may be helpful to bring a special object from home, such as a stuffed toy or blanket. This may help the child in bridging the gap from the familiar to the unfamiliar.

During the first few weeks, you may feel some apprehension after leaving your child. This is a perfectly natural response- we know how very important your child's well-being is to you. We encourage you to call the center during the day to find out how your child is doing. The Center Director and staff are eager to keep you informed. A readjustment may occur after a long weekend or vacation. Your continuing positive attitude will facilitate any such transitions.

IF YOUR CHILD IS UPSET

If your child has an upsetting experience, such as a change in family structure, the death of a pet, or an illness in the family, please let us know. We want to help your child work out difficulties through play, art, or sympathetic conversation. Your child's total development is important to us all.

PARENT INVOLVEMENT FORUM

The Parent Involvement Forum is a non-federal entity established by the DLA Child Development Program Instruction (CDPI).

- The PIF facilitates parent feedback and center response.
- The PIF provides support to enhance the CDC programs.
- The PIF serves as a quality assurance agent for the DSCC CDC. It assists in ensuring that the program meets the developmental needs of the children.
- The PIF meets the second Thursday of every month in Building 20, B533N at 11:30.

We encourage you to become involved in the Forum. This forum can more formally involve you in our programs and the continued well-being of your child while in our care. We want your ideas to help us have an even higher-quality program.

PARENT PARTICIPATION

Parent involvement in the education and care of their children is a central part of child development. Research shows parents actively involved in the care and education of their child have a direct, positive impact on their child's educational success. Parents who attend sessions and learn about various aspects of parenting and child development have a greater positive influence on their child's development than those who do not.

The Child Development Center offers a variety of ways in which parents can become involved and participate in the activities of the center. It is again our goal to form a partnership with families for the well-being of the children.

There are generally four ways in which parents become involved:

- Communication with the staff, including daily conversations at the time they bring the child or pick him/her up, formal and informal conferences, reading the notes and newsletters that are provided, etc.
- Volunteering in the classroom. Please speak with the Center Director about ways you may be involved in the classroom occasionally or on a regular basis. There are training requirements for this type of participation.
- Attending parent-training activities. The Child Development Center will offer parent meetings for educational purposes that address issues relating to parenting and child development. The PIF may also offer relevant meetings on topics of interest to parents. Taking advantage of these meetings can be very beneficial to both you and your child.
- Become a part of the Parent Involvement Forum. If you would like to receive the minutes form the meetings and updates on what the PIF is doing or details on how to become a part of this important group please e-mail shelley.wasicki.ctr@dsc.dla.mil or shanita.gilchrest.ctr@dsc.dla.mil.

COMMUNICATION WITH FAMILIES:

PARENT COMMUNICATION

Parents play the central role in the education and development of their children. It is the responsibility of the Child Development Center to both assist parents in this critical task, and to inform them of the continual developmental progress of their child, in each domain. This communication process includes several modalities to share information.

PARENT CONFERENCES

Parent-Teacher conferences are the formal vehicle for information exchange from the developmental documentations and anecdotal notes the caregivers compile to be communicated to the families. These conferences will be designed to discuss all areas of development: cognitive, social-emotional and physical. The Child Development Center offers conferences two times per year and at any time a parent or caregiver may request more. Conferences are to be scheduled on a regular basis and based upon the needs of the child. Problems and areas of concern may be addressed to find joint solutions between the parent and teacher. Caregivers will post notices for parents to sign up for a conference time that is convenient.

LESSON PLANS

The lead caregiver in each classroom will post weekly lesson plans that provide information on activities and skills being developed through these activities.

Caregivers are encouraged to expand on these lesson plans according to the interest and needs of the children within the classroom, or according to special activities that may be occurring, i.e. holidays, special events in the community, etc. Parents are encouraged to share ideas they may have that they feel may be meaningful and exciting to the children. Children will be encouraged to participate in all activities. Activities will be adopted to reflect developmental appropriateness for each classroom.

“WHAT WE DID TODAY”

The lesson plans developed by the caregivers at the beginning of each week may be modified according to the needs of the children each day. The caregivers in each classroom will post a specific report each day, detailing exactly what the children did each day and perhaps a brief explanation of why these activities were selected. This provides a quick means for you to be informed of your child's daily activities and can promote conversation with your child about his/her day.

DAILY/WEEKLY NOTES

Daily notes are provided for all children. These will inform you of your child's individual activities and anything special that may have occurred.

NEWSLETTERS

Each quarter the center publishes a newsletter containing information of activities, parenting issues, and other news items. This is available to all parents at the front desk.

STAFF PROFILES

In order to help you become better acquainted with the staff involved in the care of your child, information on each staff member is posted in a prominent place. The caregiver's profile specifies their experience, education, and or specific qualifications, as well as hobbies and interests.

PARENT LENDING LIBRARY

Parents and other adult family members very often have questions concerning child development, self-esteem, language development, quality time with children, and other topics related to child care. A parent Lending Library is located at your center to assist those who want to become more knowledgeable about these topics. Parents have access to books, articles, magazines, and videotapes that are not available at home.

PARENT VISITS

The Child Development Center has an open door policy and invites all parents and authorized persons listed on the child's registration forms to visit the center at any time. This will show your child that we have a partnership and relationship that is for his/her benefit. There may be specific times or age-groups that this needs to be handled with care however. For example, two-year-olds do not have a sense of time other than concrete "signs". When they see a parent at the center, they may believe it is time to go home. You may want to schedule your visits to coincide with a time that is convenient for you to take a child of this age with you as you leave the center. You may also wish to discuss visits with your child's caregiver so they can plan and prepare for it. For example, if you would like to eat lunch with your child at the center, we can make sure that we have extra food ordered.

Pets In The Child Development Center

Room	Name	Type
7A	Blue	Beta Fish
Toddler	Max, Butter Cup, Blossom, Bubbles, Spiderman, Batman	Gold Fish
6B		Gold Fish

STAFF MATRIX, COMMUNICATION CHAIN

