

**Hill Air Force Base
Child Development Center
Parent Handbook**



child development center

WELCOME TO Hill AFB

Welcome to Hill Air Force Base Child Development Program. The purpose of this booklet is to inform you of policies and procedures as well as provide basic information. Policies and procedures are based on Air Force Instruction 34-248, Department of Defense Instruction 6060.2, Air Force Inspection Checklist and local operating instructions. These policies and procedures are available to parents at the front desk. You are always welcome to visit and share ideas and talents, ask questions, and express your concerns regarding the Child Development Program.

Thank you for permitting us to join you in providing for the care, nurturing, and development of your child.

DOD CERTIFIED AND NAEYC ACCREDITED

Hill Air Force Base Child Development Center is a Department of Defense certified Center and has received accreditation from the National Association for the Education of Young Children (NAEYC). As a high quality childhood program we provide a safe and nurturing environment while promoting the physical, social, emotional, and intellectual development of young children.

MISSION, PHILOSOPHY, GOALS AND DESIRED OUTCOMES

Mission - The purpose of our programs is to assist commanders and families in balancing the competing demands of family life, the military mission, and to improve the economic viability of the family unit.

Philosophy - The practices of the 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. Children are valued as individuals, as well as part of a group. Likewise, our program respects and supports the ideals, cultures, and values of families in their task of nurturing children. We advocate for children, families and the early childhood professionals within our programs.

Curriculum 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

Desired Outcomes

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

Table of Contents

Hours of Operation _____	5
Programs _____	5
Eligibility _____	6
Fees _____	6
Registration _____	7
Special Needs Policy _____	7
Parent Orientation _____	8
Daily Admission Procedures _____	9
Child Release _____	9
Safety _____	9
Health Policies _____	10
Preventative Practices _____	10
Policies and Actions _____	10
Inclusion with mild illness/symptoms _____	10
Exclusion for illness _____	10
Re-admittance to Program _____	11
Medical or Dental Emergencies _____	11
Medication _____	12
Diaper Ointments _____	12
"As Needed" Medications _____	13
Food Program _____	13
Ensuring Children's Nutritional Well-Being _____	13
Communication Strategies between Family and Program _____	14
Negotiating Difficulties & Differences between Families and Program _____	14
Assessments _____	14
Transition to older classrooms _____	15
Weather Policy _____	15
Emergency Plans/Procedures _____	15
Severe Weather _____	16
Accident Reports _____	16
Staffing _____	16
Guidance Policy _____	17
Forbidden Discipline Actions _____	17
Touch Policy _____	17
Child Neglect and Abuse Prevention and Reporting _____	18
DOD Child Abuse/Safety Hotline _____	18
Sleeping Arrangements _____	18
Infants _____	18
Toddlers and Preschool Children _____	19
Lost or Missing Children Procedures _____	19
General Information _____	20
Toys and food _____	20
Lost/Damaged Articles _____	20
Clothing _____	20
Field Trips _____	21
Celebrating Cultural Diversity _____	21
Family Involvement Plan _____	21
Parent Advisory Committee _____	22
Conclusion _____	23

**Child Development Center
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5708 Mitchell Lane, Building 470
Hill AFB, UT 84056
(801) 777-6321**

HOURS OF OPERATION

Hours of operation: 0600-1800: Monday through Friday, twelve months a year.

The Child Development Center is closed on weekends, federal holidays and Christmas Eve as well as closings due to inclement weather and base closures granted by the Installation Commander, e.g. Family Days. All parents are required to pick up children no later than 1-1/2 hours after base closure announcements.

Note: During 12-hour exercise shifts, children may be in the center no more than 60 hours per week and additional hourly rates above 50 hours will apply based on family's income category. During regular duty hours no more than 10 hours of continuous care will be provided in child development programs without prior approval of the Mission Support Group Commander or designee. If a waiver is granted, additional hourly fees will be charged accordingly. The 60 hour maximum is always in effect.

PROGRAMS

The Child Development Center accepts children 6 weeks through 5 years (before enrollment in kindergarten). Programs include:

- **Full Time Care:** Full-day childcare services for children six weeks to five years. Contracts for full-time care are offered to parents on a space available basis according to waiting list priorities. A contract reserves the child's space for a maximum of ten hours per day/ 50 hours per week Monday through Friday.
- **Hourly Care:** Provided to children six weeks to five years of age to families who are in need of short-term and intermittent care for their children on a *space available basis*.
- **Family Child Care:** Family Child Care (FCC) provides an alternate setting for care in AF licensed homes. FCC Providers are licensed after extensive training and their homes inspected by Military Public Health, Fire and Safety. The Family Child Care Coordinator closely monitors FCC homes during monthly visits. The Family Child Care Office is located in Bldg. 460 and a referral list of licensed providers is maintained through this office, commercial 801-777-0695 DSN 777-0695.

ELIGIBILITY

Eligible patrons include active duty military personnel, DoD civilian personnel paid with either APF or NAF, reservists on active duty or during inactive duty training, and DoD contractors. Individuals, who are assigned to the base, regardless of branch of service, are given equal priority. Military personnel are given a higher priority rating in each category over DoD civilians in the same category. Those eligible who are not assigned to Hill AFB, have spouses who are unemployed or spouses employed off the installation are given lower priority.

In facilities where a waiting list exists, Air Force requires a policy to terminate care within a reasonable amount for families where the spouse is no longer employed, actively seeking employment, or no longer enrolled as a full-time student. At the completion of 60 days, enrollment will be terminated if employment has not been achieved. Employment must be on a full-time basis outside the home for a minimum of 20 hours per week, or a full time student (12 semester hours minimum).

Families that are currently enrolled in our program will be required to verify their dual employment by submitting a copy of leave and earning statements or the equivalent. This information will be collected at the same time we verify total family income during the annual fee review. Additionally, it is the parent's responsibility to notify childcare personnel when an employment change occurs throughout the year. *Failure to notify the program within 30 days of the change constitutes your family's two week notice to withdraw your child from the program.* In order to ease this transition, families in which one parent is employed, and the other is not, will be given 60 days to seek and gain employment or full-time student status.

FEES

- Fees are based on DoD guidelines according to the Military Child Care Act of 1989. These fees are updated annually by the United States Department of Air Force.
- **PAYMENTS:** Contracts are payable weekly and bi-weekly (NAF & CIV pay periods. Payments are due by the close of business on Mondays, but a one-day grace period is given. If payment is not made by close of business Tuesday, your credit card on file will be charged with the balance and a \$10 late fee. Should your card be declined, a late fee of \$25.00 will be imposed. Those of you electing to have "auto pay", will be charged in accordance with the contract beginning the first day of payment and/or two grace days thereafter, i.e. Monday, Tuesday, or Wednesday. Should there be any additional fees, above the contracted fee; the CDC will notify you for verbal authorization. *No credit will be extended.*
- **CREDIT CARDS:** All families are required to have a credit card on file unless a waiver has been granted.
- **LATE PICK-UP FEES:** Families picking their child up after 6:00 p.m. are charged a late fee of \$10.00 for the first minutes and \$1.00 per minute thereafter. There will be no grace period allowed. Only parents or a person designated by the parent, as stated on AF Form 1181 in writing, may take a child from the Center.
- **DISCOUNTS:** There are no discounts for holidays, snow days or base closures.
- **CREDITS:** Credits for Family Days will be given based upon the pay category daily rate.

- **CHECKS:** Post dated checks will not be accepted. Checks returned for insufficient funds must be paid in cash with a \$25 fee according to NAF accounting regulations. After two returned checks, all transactions must be paid in cash.
- **REFUNDS:** Refunds will be issued on a case-by-case basis only with the approval of the Program Director.

NOTE: *Tax information will be given to each family by 31 January. The Child Development Center TAX ID # 87-0285546*

REGISTRATION

- Child Development Programs is a non-profit organization and does not discriminate on the basis of color, creed, race, or sex.
- Families will be asked to provide evidence that they qualify for the Priority Enrollment category for which they are being enrolled.
- A child's health assessment by a physician and immunization records must be presented at the time of registration. No child will be eligible to use the facility without record of current immunizations. All immunizations should be given at the beginning of the immunization schedule, unless a doctor's note signifies there is a medical need for delay of immunizations.
- All parents/guardians must complete AF Form 1181, Youth Flight Patron Registration, DD Form 2652, USDA form, Child's Health Assessment Form, Child and Family Information Sheet, and program contract in a timely manner during registration. Failure to update these documents within the time frames established during annual registration may result in suspension of care. It is the responsibility of each parent to ensure that information on the forms is kept current.
- Confidentiality of records will be maintained. *Registration documents are kept at the front desk area in locked cabinets. Credit card information is kept in safe when not in use. Children's classroom portfolios are kept in locked closets in child's classroom.*
- Children with special needs who require individual attention (to include allergies, health concerns, and/or an adjusted staff: child ratio) must obtain a recommendation from the child's physician using the Child Health Assessment Form and/or IFSP/IEP. Enrollment will be reviewed on a case-by-case basis and may be coordinate with our Pediatric Advisor, intervention specialists and Air Force Headquarters, should there be concerns about the CDC's ability to meet the child's needs with reasonable accommodations.

SPECIAL NEEDS POLICY

The focus of the program is to support the individual needs of all children by promoting social, emotional, cognitive, and physical growth and development. When a child exhibits developmental delays or behavioral concerns, it is necessary to work as a team, including the teachers, supervisors, Training and Curriculum Specialists (T&C), parents, management, and outside agencies, to meet the needs of the child while attending the program.

- a. Once a concern has been raised, it is important to build a strong picture of what the teacher is seeing. Teachers accomplish this by completing observations to document the child's development in specific areas or to recognize possible patterns of behavior. They review the Ages and Stages Questionnaires (ASQ) completed by the child's parents, as well

as the Creative Curriculum Developmental Continuum to get a baseline for where the children's abilities are.

- b. Teachers will request a T&C observe the child to validate their concerns. T&C's should aid the classroom providing suggestions and modeling to assist in providing activities or strategies for meeting the child's needs.
- c. If concerns are still present, a Round Table (parent/teacher meeting) will be conducted. This meeting will consist of **both** parents and key classroom teachers for a team approach to meeting the child's needs. Often a T&C, one of the management team, or both will be included to utilize all resources available to us as a supportive team. The intention of a Round Table is to address the issues and develop a plan in which parents and teachers play an active role. This may be a time when it is determined that additional resources are needed from the community (i.e. a physician's recommendations or intervention agencies) and the CDC will then make a referral to the parent to contact the outside agency.
 - Children ages (0-2yrs) are served by Early Intervention Services (EIS) and are provided according to the family's county of residency. EIS (Davis County), 801-402-0677. EIS (Morgan/Weber County), 801-476-5460.
 - Children ages (3-5yrs) are served by the Family Enrichment Center through the public school system and are also provided according to the family's county of residence. Family Enrichment (Davis County), 801-402-5510, Family Enrichment (Weber County) 801-476-5460.
- d. Contacting these agencies provides the necessary services to families for screening children for possible developmental delays. When a child is identified as meeting the criteria for services, an Individual Family Service Plans (IFSP) or Individual Education Plan (IEP) is developed to foster the families' and child's developmental needs with specific strategies.
- e. The CDC does not make referrals lightly and failure to participate in Round Tables or follow up on referrals may result in suspension or discontinued enrollment in the program. It is imperative to establish an effective form of communication to support staff's efforts when meeting the needs of children and families.
- f. A release form will be completed by the family allowing for the exchange of information between the intervention agencies and the program. This allows the staff to take advantage of the resources available and to best support the overall growth and development of the child. All IFSP/IEP, Round Tables, and other forms of communication will be kept confidential and maintained in the "Child's Portfolio". Copies of the IEP/IFSP are also maintained in the Trainer's office and the Director's office. When a child no longer attends the program records will be returned to the parent or shredded.

The CDC strives to provide the best care possible for all children enrolled. We assure you that we have your child's best interests in mind because we want them to succeed in our program. Our hope is to assist you in providing quality consistent care that is individualized to your child's needs.

PARENT ORIENTATION

New Families: All families who enroll their children in the program will be provided an on-site orientation, with either the Program Assistant Director or Director, which includes a tour of the center and visit to the assigned classroom. Parents will be asked to complete an Ages and Stages Questionnaire (ASQ) in the first week of enrollment unless the child is less than four months old.

Transitions: Children are transitioned into another age group and classroom based on developmental criteria. Parents are offered a transition orientation meeting to become familiar with the classroom practices and procedures as well as developmental milestones. A parent conference is scheduled within 6 weeks of a child entering a new classroom. Children are provided with a transitional period so they can be introduced to a new primary caregiver and their new peers. Usually this is no more than one week but it is dependent on the needs of each individual child.

DAILY ADMISSION PROCEDURES

- Each child must be signed in and out of his/her individual rooms, and at the front desk. For accountability purposes each child should be signed in FIRST at the computer upon entering the building at DROP OFF and signed out LAST upon PICK UP. This allows the front desk the ability to account for everyone in the building in the event of an emergency.
- Parents must provide telephone numbers where they can be reached in case of an emergency at all times. If parents are unable to be reached by phone, the name and number of a release designee who is willing and able to pick up their child is required. Parents or designees are required to pick up their child within 30 minutes of notification of illness, injury, or behavioral problem.

CHILD RELEASE

- Unless WRITTEN arrangements have been made with the front desk, only parents, guardians, or parent designee shown on AF Form 1181 Youth Flight Program Patron Registration have authority to have a child released to them.
- Children may not be released to siblings or other children under the age of 14.
- Parents, guardians, or designees who appear to be under the influence of drugs or alcohol, will be asked to make other arrangements for transporting their children, otherwise Security Forces will be called.

SAFETY

Safety precautions are in place to maintain the facility and operate the program in a way that protects the safety of the children, staff and parents.

- Park in the designated parent parking area.
- **Do not leave motor vehicles running.**
- **As per the Youth Supervision Policy, children under the age of 12 may not be left in a vehicle unattended.**
- All families and visitors must enter and exit through the main entrance. All other entries remain locked.
- All visitors are expected to show ID at the front reception. Visitors are required to sign in and be escorted when in the building unless they are authorized for child pick up. Guests of parents must be escorted at all times.
- All medications must be turned in to the front desk.
- Please do not send your child with food or items from home that could potentially create a safety hazard (coins, food, etc.)

- Dress your child appropriately for indoor and outdoor play. The required footwear for active children are shoes that are closed toed and are secured around the heel.
- Report any safety hazards to Program Director or to the supervisor on duty

HEALTH POLICIES

Ensuring children are healthy when in attendance is key to reducing the spread of illness and communicable diseases. Illness inclusion/exclusion policies must be sensitive in order to strike a balance between the needs of working parents and precautions taken to reduce and prevent illness exposure in a group setting. AF programs follow guidance on the inclusion and exclusion of children in the programs from Caring for Our Children.

Smoking is not permitted in the CDC or within sight of the children.

PREVENTATIVE PRACTICES

- A. Hand washing** - Hand washing is a simple health practice that significantly reduces the spread of germs and infectious disease. Parents are required to wash their child's hands when they enter the classroom each day. Should the parent stay for a visit they should wash their hands as well.
- B. Health Checks** - Teachers will visually check each arriving child for signs of illness. If a child has a fever of 101 degrees oral or higher, appears unhealthy, or has symptoms of a communicable disease, she/he **may** be refused admission.
- C. Notification of Illness and Communicable Disease** - If your child has been exposed to a recurrent illness or a communicable disease, signs are posted to communicate the illness. *Parents are asked to call and report diagnosis of any illness.* Parental reports help support preventive measures.
- D. Sanitation and Cleanliness** - The Center cleans and sanitizes items and areas used by children regularly to prevent the spread of disease.

HEALTH POLICIES AND ACTIONS

A. Inclusion with mild illness/symptoms - Certain conditions **do not** require a child to be sent home. The program will focus on the needs and behavior of the ill child and the ability of staff in the program to meet those needs without compromising the care of other children in the group.

Conditions that require this consideration are:

- When symptoms reflect the presence of slight illness associated with urine or feces but where no other signs of illness are present
- When a rash is present without fever (below 100 degrees auxiliary/101 degrees oral) or behavior changes and is non communicable as determined by the child's health care provider.
- When a secretion is present, i.e. excessive saliva, nasal discharge, coughs, and there is no accompanying fever present (where no fever-reducing medication has been given), and the child is eating, drinking and fully participating in group activities.

B. Exclusion for illness - The presence of a communicable condition or diseases is the most common reason to exclude children from the program. There are three primary reasons for excluding children from attending the program:

- When an illness prevents the child from participating in any/all the activities in the program
- When she/he requires greater care than the child care staff can provide and compromises the health and safety of others in care

- When signs and/or symptoms associated or directly related to a communicable or contagious condition/disease are present

Please see the "Inclusion/ Exclusion Policy" for full details. This policy contains a list of signs and symptoms most common in a group care setting, describes the resulting action that will be taken by the program, action to be taken by the parent, and when a child may return to the program. This information and guidance has been paraphrased from Caring for Our Children and Healthy Young Children.

C. Re-admittance to the Program - In most cases, children can return to the program when:

- Fever is resolved without medication, or child is accompanied with a doctor's note stating there is no communicable disease present.
- Until the required treatment has been administered for a specified period of time, and/or with verification from a doctor that the illness is not contagious.

Again, the child should not return to the program if the symptoms/illness makes it impossible to provide comforting care to the ill child and compromises the health and safety of the other children assigned to the room/group.

CONCLUSION

Ensuring all children and staff are provided a healthy and safe environment is a basic requirement of a quality child care program. Communication between parents and the program is key to reducing exposure to communicable disease.

Although this policy and the "list of "Inclusion/ Exclusion Policy" are meant to clarify the inclusion/exclusion of children, there may be incidents of disagreement. When disagreement occurs:

- The Program determines inclusion/exclusion based on the child's ability to participate in the program or the teachers ability to care for the mildly ill child and other children in the classroom.
- The program's director may consult the medical advisor and/or public health office to determine inclusion/exclusion based on whether the child has a communicable disease and if s/he poses a risk to the other children in the group.

Children will be required to be picked up within 30 minutes, if they are sent home for illness.

MEDICAL OR DENTAL EMERGENCIES

Parents of a child requiring emergency health care will be notified immediately of the situation. If the parents are not available, the emergency contact number will be utilized. If necessary, 911 will be called to transport to the nearest emergency room. Davis Hospital has been named as the primary site for emergency care. (If parents can be reached prior to transportation they will have the option of using an alternative care site.) If a child is transported to the emergency room, center staff will accompany the child with the child's file containing the AF Form 1181 and Health Assessment Form until parents arrive.

NOTE: The program is prepared to respond to emergencies. CDC staff are trained in first aid, CPR and pediatric rescue breathing. First aid supplies are readily available.

MEDICATION

- The program will only accept/administer medication including over-the-counter medication that is prescribed by a health care provider such as a doctor, physician's assistant or nurse practitioner.
- Parent or guardian must complete AF Form 1055 giving written permission to administer medication prior to the acceptance/administration of any medication. **Parents must initial and date AF form 1055 each day medications are given.**
- All medications (prescription and over-the counter) must be in their original containers labeled with the child's full name, the date, storage information, prescribing physician, dosage, and direction for administration.
- All medications must have a stop date. The stop date may be an actual date or a time period for which the medicine should be administered (i.e. "for 10 days.") The expiration date of the medication may not be the same as the stop date.
- Medication will never be given after expiration date, or to an individual other than shown on the label.
- Because of the possibility of reactions, the Child Development Center will not administer the first dose of medication. Parents or guardian must administer the first dosage and wait twenty minutes before the child may be signed in. Parents must be made aware that adverse reactions can occur anytime during treatment.
- Only qualified Child Development staff, approved by the Center director and trained by base medical staff, will administer medications.
- Parents or guardian will be responsible for furnishing all supplies. All changes to prescription must be in writing and signed by a health care professional.
- Medication will be administered according to the following schedule:
 - Prescribed 3X day/administered once by authorized staff at either 10:30 *or* 14:30
 - Prescribed 4X day/administered twice by authorized staff at 10:30 *and* 14:30
- All unused medication will be returned to the parent at the end of the day. Parents will be required to sign an annual permission form for staff to administer sunscreen, lip balm, hand lotions, and diaper ointment.
- **ALL MEDICATIONS MUST BE TAKEN HOME EACH EVENING EXCEPT EPIPENS, INHALERS, AND DIAPER OINTMENT.**
- Required items for any prescriptions: Child's name, Date prescribed, Stop date, What medication is for, Name of medication, Dosage amount, Number of times to administer, How to administer (ex. orally, apply in left eye), Signature of medical professional and date. Notes should have a stamp for authenticity, be written on a doctor's script or on office letterhead.

DIAPER OINTMENTS:

Diaper ointments only require annual permission from the parents on the Over-the-Counter Lotions, Lip Balms, Diaper Ointment, Sunscreens form. The CDC will provide one type of diaper ointment and parents can choose to provide their own if they have a different preference. Although, diaper ointment will only be used for treatment purposes until the rash no longer exists not as a prevention measure. Should the rash persist longer than 2 weeks, a referral to your child's physician will be made. If your doctor prescribes a diaper ointment, the same procedures as stated under "Medication" must be followed.

"AS NEEDED" MEDICATIONS

The Child Development Center will accept *emergency* "as needed" medications to be administered for asthma or allergies such as inhalers, nebulizers and Epi-pens.

- Parent or guardian must complete AF Form 1055 giving written permission to administer the "as needed" medication prior to the acceptance/administration.
- The medications must be prescribed by a health care professional, in their original containers labeled with the child's full name, the date the medication was issued, storage information, prescribing physician, dosage, direction for administration and stop date. (The stop date cannot exceed 12 months.)
- All emergency "as needed" medications require a current and complete action plan outlined by the prescribing health care provider.

The Child Development Center's "Medication Policy" provides further guidance and clarification.

FOOD PROGRAM

- Nutritious meals and snacks are served daily. Child Development Programs are participants in the USDA food program. A dietitian or Major Command Specialist approves menus.
- The menu is posted next to the kitchen and daily menu with substitutions is posted in the front entrance way. A copy of the menus are available upon request.

The meal schedule is as follows :

0800 - Breakfast

1100 - Lunch

1400 - Snack

1700 - Snack

- For children with food allergies the program requires that families complete the Health Assessment Form on the reverse side. The Health Assessment must be signed by a medical professional and place of practice. The Center will work with a dietician to ensure dietary needs are met.
- For children under the age of 12 months parents will have the option of providing formula/breast milk for infants or have the Center supply the formula. (See Infant Welcome Packet for more details.)
- The Center will provide sippy cups for young children under the age of 2.
- Parents and children may not bring food into the Center, except formula and breast milk.
- Parents are encouraged to share meals with their children anytime and as often as they like.

**The U.S. Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. To file a complaint of discrimination call (202) 750-5964.*

Ensuring Children's Nutritional Well Being

The Hill Air Force Base Child Development Center supports breastfeeding by providing a comfortable place for nursing mothers. The young infant classrooms have a breast feeding room available for nursing mothers. The older infant classrooms are provided rocking chairs for mothers to breastfeed their infant. Older infant mothers are welcome to use the breast feeding room in the younger infant classroom. Coordination of feedings occurs between mother and teacher. If more than one mother

arrives to breastfeed their infant or if a mother prefers a private area, an alternate room is provided in the isolation room located within the training room.

COMMUNICATION STRATEGIES BETWEEN FAMILIES AND PROGRAM

Good communication between program staff and families is an essential part of establishing relationships based on mutual trust and respect. It is the goal of the program to ensure that on-going communication supports this partnership between program and families. The following methods are used:

- **The Center has an open door policy:** Families are encouraged to participate in their child's classroom activities throughout the day. Program Directors are available to answer questions or concerns at any time.
- **Newsletters, Emails, White Boards and Notes:** In order to keep families informed, the Center uses a variety of communication methods to ensure families are kept current on what is happening in the program.
- **Informal Conferences:** These daily exchanges between staff and families enable teachers to meet each child's changing needs and identify interest.
- **Formal Conference:** These semi-annual meetings between families and staff provide the opportunity to share information about child's progress and to establish future goals. Families also receive a formal parent conference within six weeks of entering the program and six weeks after transitioning to a new age group, a minimum twice annually.
- **Parent Information Board:** A family information board is located at the front desk area and in each hallway near your child's classroom.

The Child Development Center makes every attempt to communicate in each families preferred language. If a translator is required one will be provided.

NEGOTIATING DIFFICULTIES & DIFFERENCES BETWEEN FAMILIES AND PROGRAM

When difficulties and differences arise in interactions between families and program staff every attempt is made to find a mutual satisfactory resolution. The family, program staff and management meet together to determine if a resolution can be achieved that is in harmony with the Center's philosophy, goals and program policies. If a mutual resolution is achieved, management will follow-up to ensure goals are met and all parties are satisfied. If a solution cannot be reached the program's Flight Chief will meet with the family and the program's management staff to resolve the issue.

ASSESSMENTS

The Child Development Center uses various methods to ensure that each child's development is proceeding in a healthy, progressive way. Most of the information about children is gathered through classroom observations, formal conferences (on a minimum semi-annually) and informal (daily interactions) conversations with families and through a process call "ASQ -Ages and Stages Questionnaires. "

Observations: This assessment is ongoing throughout the year and directly correlates with the curriculum being taught in each classroom. The classroom teacher observes the children and then uses this information to plan activities that target specific skills and goals for each child. The

observations are tracked on a form that is shared with families during conferences. Families may request to review this form at any time.

ASQ: This assessment tool is a questionnaire completed by the family at specific time intervals and frequency that best capture developmental milestones. By utilizing these questionnaires, we can strengthen our partnership in tracking and supporting your child's overall growth and development. Each family will be asked to answer questions about some things your child can and cannot do, and return the questionnaire to your classroom's teachers. Families will be notified of the results of the ASQ by letter or during a conference if the time frame falls within your child's scheduled conference time period. The questionnaire will be returned to you after "scoring"; results will be filed in your child's portfolio to maintain confidentiality of your child's progress

Transition to older classroom: Chronological age triggers transition paperwork. ASQs and observations by teachers are combined with observations by training & curriculum specialists to ensure children are developmentally ready for transitioning before they are moved to an older classroom. Parents may request classrooms for transitions, but please understand these requests cannot always be honored due to a number of variables in play during transition.

WEATHER POLICY

Children enrolled in the Child Development Center shall play outdoors daily, as scheduled, when the temperature, with wind chill consideration, is 32° F or above. Canopies and misters decrease temperatures, thereby providing a cooler environment for children's play areas when temperatures are high. Limit children's exposure to borderline hot and cold conditions by shortening the normally scheduled periods on playgrounds. There are no other restrictions regarding temperature; however, there are guidelines regarding air quality, in which the CDC follows the Utah Department of Environmental Quality recommendations for educational facilities.

- **Green-** Good Conditions-Air quality is considered satisfactory and the air pollution poses little or no risk. All children may go outside for designated time.
- **Yellow-** Moderate Conditions-Air quality is acceptable, however, MONITOR CHILDREN AND STAFF who have RESPIRATORY CONDITIONS. All children may go outside for designated time.
- **Orange-** Unhealthy Conditions for Sensitive Groups-Air quality is acceptable; however, MONITOR CHILDREN AND STAFF who have RESPIRATORY OR CARDIAC CONDITIONS. All Children may go outside for designated time. If a staff member or child cannot go outside because of a health condition, contact the supervisor on duty.
- **Red-** Unhealthy Conditions for all- staff and children will remain inside.

Teachers will cease outdoor activities if they see lightning or tornado in the area even if they haven't been advised through normal channels.

EMERGENCY PLANS

The protection, safety and well-being of children and adults are paramount to the Child Development Center. The proper base agency is notified when a hazard is suspected and appropriate safety measures are taken.

Emergency procedures

For emergency due to hazards and environmental risks the following actions may be taken:

- Shelter-in-Place (SIP)
- Re-locate to another activity room
- Evacuate to a preselected base facility, location revealed during new parent orientation

In the event of evacuating the facility, SIP kits/emergency containers of food, water, blankets, and other necessities are taken to the evacuation site. Parents would then be contacted via telephone based upon information provided on the child's enrollment form which has been previously collected.

Severe Weather

Base Early Release is determined by the Installation Commander. In the event of a severe weather emergency, parents will be notified via telephone or email for pick-up procedures. We ask all families to check in with the program when snow is falling during the duty day to stay informed and be ready to contact individuals who are authorized to pick-up their children in the event they cannot pick-up before the time of the early release closure.

ACCIDENT REPORTS

Minor injuries are treated by washing with soap and water, applying band-aids and ice packs if appropriate. An accident report will be completed by the Program Assistant and the parent will be notified. Parents will be informed immediately of any head injury or serious injury requiring medical attention. All accident reports will be kept on file at the Center.

STAFFING

All programs within Child Development Programs are staffed with professional child development management and trained program assistants, administrative and support personnel. Training includes CPR, First Aid, pediatric rescue breathing, Prevention, Identification and Reporting of Child Abuse, Child Nutrition and Food Handling, Positive Guidance/Discipline techniques, and other early childhood development and base training. An ongoing staff-training program is implemented to ensure proper care and age appropriate activities for the children. All Child Development staff have approved background checks and references on file.

One of the most important tenants of our program is to ensure the safety of children. The foundation of safety is in the staff-to-child ratios. Air Force has established the following staff-to-child ratios:

<u>Age Group</u>	<u>Staff: Child Ratio</u>
6 wks - 12 months	1:4
12 - 24 months	1:5
24 - 36 months	1:7
3 - 6 years	1:12

Maintaining this safety standard requires the program to ensure that the appropriate number of staff are present in the classroom during the drop-off. We establish our staffing patterns to meet this requirement and monitor classrooms ratios frequently during the morning hours. Leaving staff and children "out of ratio" is not a practice our program can support.

Several factors can challenge our ability to “meet ratio” during the start of the day. For example, if weather is a factor, our staff may be late reporting to work. Illness of staff who work “opening shifts” can create an immediate staff shortage as well. Our program practice is to have staff advise the front desk when they are approaching maximum ratio so that a substitute staff member can be assigned to the classroom. There are times when a parent arrives to the classroom before the staff member has arrived. If this should occur, the parent will be asked to use this period to settle their child into the room and wait until the staff member arrives. In most cases this is only a few minutes. Once the staff member arrives, the parent can sign their child into the classroom on AF Form 1930.

GUIDANCE POLICY

The goal of positive discipline is to teach self-control, to help a child learn to take responsibility for his behavior, and to maintain a warm relationship between the child and the caregiver. If teachers view questionable behavior as a mistake in child's judgment, rather than an unacceptable behavior, it will be easier to think of ways to teach more acceptable alternatives. Children are not “good” or “bad”; their behaviors are appropriate or inappropriate.

We help children learn from experiencing the logical consequences by their own actions. By setting clear limits and disciplining in a positive, patient, loving way, you can help children learn to control their own limits. Children develop at different levels and times; therefore, learning self-control is a slow and gradual process when children need a lot of guidance and support in developing the necessary skills. There are no quick fixes; however the following disciplinary actions will never be tolerated:

Forbidden Discipline Actions

- Any physical, emotional, or sexual abuse
- Physical attacks include, but are not limited to: spanking, slapping, hitting, shaking, pulling, pinching, etc.
- Abusive, loud, or harsh voices, teasing, humiliating, insulting, blaming, threatening, frightening, nagging, comparing children or laughing at a child.
- A child's behavior is not to be discussed in front of the child, other children, other team members, or other parents.
- Meals or snack will not be withheld as a form of coercion or punishment.
- Toileting accidents or lapses will be handled in a casual and non-threatening manner.
- Sentimental appeals, bribing, and offering material rewards will be avoided.

Each parent is offered a copy of the complete “CDC Positive Guidance Policy” upon enrollment. In addition a copy of the full policy is posted on each parent bulletin board.

TOUCH POLICY

It is important that the touches used by teachers are appropriate, caring, and respectful to the child. Touch, just as tone of voice and language used, is an effective way to support and facilitate the message a teacher wishes to send to a child. In addition, children must know that they are important

individuals and have a right to say, "It's not okay to touch me". Defining inappropriate touch provides parents and teachers with an understanding of the use of appropriate touch with children.

Team members will model appropriate touch, such as hugs, lap sitting, reassuring pats on the shoulder, naptime back rubs, holding an infant, etc. Appropriate touching involves:

- Recognition of the importance of physical contact to a child's nurturance and guidance.
- Respect for the personal space of children.
- Responding to the safety and well being of the child (i.e., holding hand of child when crossing the street, holding child gently but firmly during a temper tantrum).

Inappropriate touch reinforces the concept with the child "striking out" to respond to a problem, such as forced good-bye kisses, corporal punishment, slapping, striking, fondling, or molestation.

Inappropriate touch involves:

- Coercion or other forms of exploitation of the child's lack of knowledge.
- Satisfaction of adult's needs at the expense of a child.
- Violation of laws against sexual contact between adults and children.
- An attempt to change child behavior with adult physical force, often applied in anger.

CHILD NEGLECT AND ABUSE PREVENTION & REPORTING

- Children exhibiting suspicious bruises, abrasions, burns and other physical marks will be reported by management staff to Family Advocacy Office 777-3497 or to the Department of Human Services 776-7327. All child development staff members are mandated reporters.
- Child development programs will offer prevention of child abuse classes throughout the year for staff and custodians.
- Reasonable precautions will be taken to minimize the potential for child abuse to occur within the child development programs. This includes staff training, video monitoring of the classrooms, all lights remaining on in the facility while children are present and visual access to the classrooms.
- Children will not be released to parents, guardians or designees who are under the influence of drugs or alcohol.
- The Child Development Center facility shall be limited to one entrance/exit that shall be monitored by staff members at all times. All visitors to the Centers shall sign in/out and wear a visitor's badge when entering/exiting the facility, and will be escorted while in the Center.

DoD CHILD ABUSE/SAFETY HOTLINE

DoD has established a national hot line for individuals to report suspected child abuse or safety violations at military child development center or family child care homes.

DoD Hotline: 1-800-336-4592

SLEEPING ARRANGEMENTS

Infants (children under 12 months)

In order to ensure a safe sleep environment for all infants enrolled, infants are always placed in a supine (back) position for sleeping to lower the risk of Sudden Infant Death Syndrome (SIDS.)

- Soft surfaces and gas trapping objects such as pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items will not be placed under or with a sleeping infant.
- Only thin blankets provided by the CDC will be used. It will be tucked in at the foot of the crib and reaches only as far as the infant's chest. The infant's head remains uncovered during sleep.
- After being placed down for sleep on their backs, infants are allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.
- A certain amount of "tummy time" while the child is awake and observed helps muscle development and reduces the tendency for back positioning to flatten the back of the head. Infants who fall asleep during "tummy time" are gently placed into their cribs.
- If a child has an illness or disability that predisposes the child to airway obstruction in the back sleeping position, parents are required to provide a written statement from the child's medical provider describing the requested sleep position and the medical reason for this position. This statement is adhered to the child's crib and reviewed periodically, to determine if there has been a change.

Supervision of sleeping infants:

- Teaching staff are aware of and positioned so they can hear and see any sleeping infant for whom they are responsible and check on sleeping infants by standing near and looking into the child's crib at least three (3) times an hour.
- The frequency of checks will reflect knowledge of any individual child's characteristics (Example: A child diagnosed with reflux may need more frequent checks).

Toddlers and Preschool Children

Most children benefit from periods of rest throughout the day. The program provides an afternoon rest/sleep period for children each day. Children are not required to sleep but must be respectful of others. Quiet activities will be provided for non-sleepers.

LOST OR MISSING CHILDREN PROCEDURES

Accountability of the children is a primary responsibility of the staff member with the parent's assistance. Children enrolled in the CDC and siblings must be accompanied by parents at all times when not in the care of the CDC. Staff members monitor children's arrivals and departures from the Center and perform constant checks to ensure children are accounted for at all times. Upon entrance or exit of the facility the parent will "clock in/out" their child at the parent computer (in place of the Air Force (AF) form 1182 "Youth Flight Register"). The AF form 1930 "Youth Flight Daily Attendance Record" is kept in each room and as children arrive and depart it is the responsibility of the parent/guardian to "sign" in or out on this document every time they drop off or pick up their child. If a child is transferred to another room during the day a staff member will perform this function.

Staff members take all necessary precautions to ensure all children are accounted for and safe. Staff members monitor children's arrivals and departures from the Center and perform constant checks to ensure children are accounted for at all times. If a child is lost or missing the following procedures will be followed:

If a child is noted to be missing from the site:

- An immediate search begins of all playgrounds, parking lots, and all rooms to ensure the child has not hidden or been locked in anywhere within the boundary.
- After a quick sweep of the facility and grounds, the Supervisor on Duty will contact the parents, security police or local forces to issue an Amber Alert.

If a child is found to be missing on a field trip:

- After a quick sweep of the area the Trip Supervisor will contact the security section at the location, security police/local force to issue an Amber Alert. The parents will then be notified.

Other prevention and accountability measures taken: At the 0900 hourly count, the front desk staff will check AF Form 1930 located in the classrooms against the parent computer record to ensure all children are accounted for. Hourly counts are conducted to verify attendance.

GENERAL INFORMATION

TOYS and FOOD

No food, personal toys, chewing gum, candies, cookies, coins, etc. will be in the child's possession at the time of admission. A comfort blanket for nap time will be permitted. In addition, preschool may allow children to bring in a toy in place of a comfort blanket.

LOST/DAMAGED ARTICLES

Child Development programs cannot assume responsibility for lost or damaged toys, book bags, clothing or jewelry. Please mark all containers and articles of clothing with your child's name. Please do not allow children to wear jewelry or other high value items to the center. Also, please do not allow your child to bring money to the center. Small children may find and swallow it or other harmful circumstances may occur. Lost and found items are kept in the classrooms or inquiries can be made at the front desk.

CLOTHING

- Dress children in clothes that are appropriate for messy activities and for outdoor play. Even though washable paint and smocks are used for painting, sometimes paint will remain on clothes. Children are most comfortable in sturdy, simple clothing. This also assists them as they learn self help skills such as dressing themselves.
- Changes of clothes including shirts, pants, underwear, socks and shoes labeled with the child's name need to remain at school for painting, wetting accidents, or other messy play activities.
- Label all children's clothing. Indelible water marker or permanent marker is suggested.
- If earrings are worn, they should be studs. Hoops and dangling earrings could result in injury to the child during play. Necklaces, bracelets etc are best left at home.
- **Ensure that children wear non-slip closed-toed shoes with a back strap.** Jellies, thongs, and water/rubber sandals are only worn during water play.
- Children are taken out doors to play during winter months therefore, coats, hats, mittens, and snow pants are required each day.

FIELD TRIPS

Developmental appropriate field trips for toddlers and preschoolers are taken during the year. Notification will be posted prior to any field trip regarding date, time, destination and cost. Generally transportation is provided by Hill Air Force Base transportation department. Parents are strongly encouraged to volunteer and assist staff during field trips. Field trips are often taken as a large group and space may not be available for your child in the center should you arrive late or choose not to have your child attend the field trip.

CELEBRATING CULTURAL DIVERSITY

The Child Development Programs at Hill Air Force base are committed to a policy of programming for children, which are both developmentally appropriate, and reflects the cultural diversity of the children who attend our facilities.

Holiday celebrations are grouped according to seasons and focus on our multi-ethnic population. We, therefore, encourage parent participation in the sharing of art, dress, music, food, and stories from their traditional family celebrations. Parents are encouraged to become actively involved in the presentation of these activities within the classroom environment.

Our goal is that any holiday celebration, which is part of the programming for our children, be meaningful to them, fostering understanding and respect for one another. We strive to recognize our similarities and celebrate our differences.

We are committed to provide a variety of opportunities, which will enhance our children's understanding of who they are as people in the community of the world.

FAMILY INVOLVEMENT & SUPPORT PLAN

The Child Development Center subscribes to a family focused approach and submits that a family program offers the following benefits:

1. Acknowledges the families' primary responsibility for the education of their children and supports their involvement in the entire process.
2. Acknowledges the child as part of a dynamic unit to better understand the individual circumstances and resources that affect the child/family unit.
3. Facilitates ongoing dialog between families and program staff so as to support individual children's interests and to meet their needs.
4. Maintains a center program relevant to the needs of families, recognizing and acting on parental expectations in a culturally sensitive fashion.
5. Offers a variety of parent educational opportunities to enhance parenting skills and promote family resiliency.
6. Helps families access and develop their community resources.

The following goals and objectives are inherent to the Family Involvement & Support plan:

1. Provide emotional support - Families with young children face greater stress and demands upon their time, energy, and financial resources. The program offers support through educational services and ongoing practical guidance that influences the well-being of development of their children; partnership with other parents is encouraged.
2. Encourage information sharing between parent and staff and promote acquisition of new skills — A two-way flow of information is essential to provide consistency and continuity of child care. This can be accomplished through formal and informal parent/staff conferences, daily communication sheets, newsletters, and follow-up sheets. Staff developed workshops, classroom observations, video presentations and group trainings provide the opportunities to share expertise.
3. Foster family participation in program's activities — While parents have the opportunity to determine the type and degree of their own involvement, they are encouraged to participate on advisory committees and in special events, to be involved in decisions about their child's program, and to assist in creative as well as routine duties.
4. Facilitate the use and development of community resources — The program will inform families about availability and access to community resources (health, mental health, assessment, educational services and other early education programs) and provide liaison, referral and coordination functions to various services, if needed.

The Family Involvement & Support plan is implemented by using the following strategies:

1. Informal contacts, initial orientation, ongoing dialogue, parent bulletin boards, newsletters, parent surveys, parent questionnaires, and parent handbooks offer opportunities to exchange/share information about children and program activities on a regular basis.
2. The program's open-door policy states that families are welcome at all times; parents are encouraged to visit their child's room at their convenience, have a meal and communicate to staff and center director any and all ideas or suggestions. Parents are also encouraged to discuss other issues, concerns or differences in perspectives. Should difficulties or differences arise, the program is committed to work with parents to find mutually agreeable solutions through open dialog, meetings, and other culturally sensitive approaches.
3. The program has an active **Parent Advisory Committee** comprised of parents and staff. This committee meets monthly or at least quarterly to develop the overall "family involvement" calendar; to plan community or enrichment activities; to address parents' suggestions, ideas, and concerns; and to assist in fundraising efforts for the support of staff and programming.
4. Parent/staff conferences, both formal and informal, provide a time for information exchange and shared problem solving. Formal conferences, with written reports, are held semi-annually at a minimum; additional conferences can be arranged by request. Informal conferences/verbal exchanges take place on a daily or weekly basis. Additionally, the program uses a variety of assessment tools and parents are encouraged to provide input. The ASQ questionnaires completed at enrollment and on a regular basis afterwards is a major contributor to your child's developmental assessment. The content of conferences is kept confidential and specific to individual needs.
5. Open house, parent workshops, family dinners and parent involvement activities are additional opportunities for families to visit the center, to meet other families, and to become involved with the program.

Hill AFB Child Development Center realizes the importance parents play in the education and development of their children; and, strives to share this responsibility with families by respecting their ideas and concerns, encouraging involvement in the program and providing support in an effort to establish and maintain collaborative relationships with each child's family.

PARENT ADVISORY COMMITTEE

Did you know that as a parent with a child enrolled in the Child Development Center (CDC), you are a member of the Parents Advisory Committee (PAC)?

The Parents Advisory Committee is made up of parents who wish to participate in assuring that their children receive the highest quality care. Parents have an opportunity to work hand in hand with teachers and the administration of the Child Development Programs, helping provide valuable input into the decision making process.

CONCLUSION

The Hill Air Force Base Child Development Program staff want to provide a positive experience for you and your child. We encourage you to stay actively involved in our program, working hand-in-hand with our staff to maintain high-quality care. Welcome to your New Extended Family!