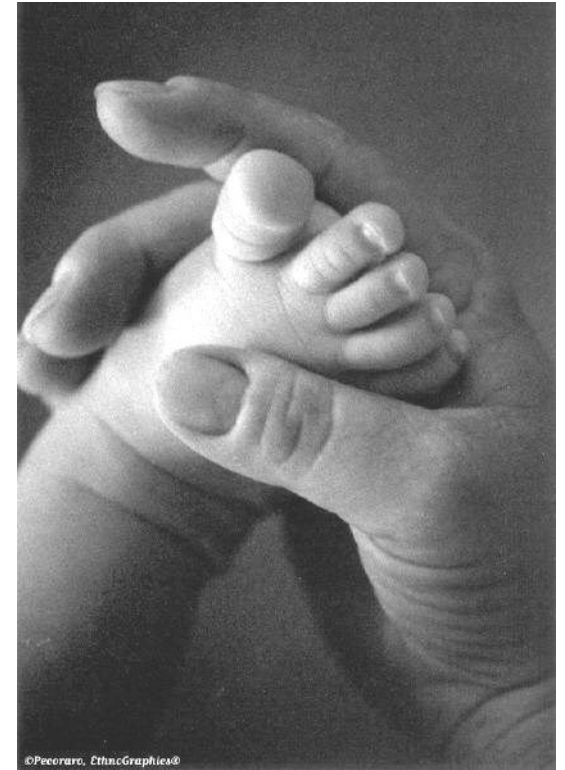


*We believe
play
is the way
children
make sense
of their world
and is
the natural way
they
learn.*



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Parent Handbook



SJAFB, NC

We, the CDC staff, realize the importance parents play in the education and development of their children; and strive 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. Welcome once again to our program, we are glad you have chosen our program to meet your child care needs. We will continue to strive to provide you with the highest quality of customer service and care for your child. We hope you will enjoy our program and ask you to speak with the program director immediately should any concerns arise. Thank you again.



Community Resources

- Family Child Care—919-722-7194
- Fire Department—919-722-3836
- Family Advocacy/Nurse—919-722-1878
- Child and Youth Behavioral Consultant—919-886-3405
- Airman & Family Readiness Center—919-722-1123
- Military and Family Life Consultant—919-886-3346
- Child Care Health Consultant—919-580-3578
- Speech Pathologist—919-731-5965
- Wayne County Public Schools—919-731-5900
- Smart Start/Partnership for Children of Wayne County—919-735-3371
- Child Service Coordinator—919-731-1305
- Pediatric Occupational Therapy—919-736-8580

Table of Contents

Welcome	4
Mission, Philosophy, Outcomes	5
Hours of Operation	6
Programs	6
Fees and Charges.....	7
Eligibility Requirements & Admission Policies	8
Required Immunizations	8
Special Needs.....	9
Transition Policy	10
Meals and Snacks	12
*Health Policies	13
*Sanitation Methods	13
Toilet Training	14
*Administering Medications.....	14
Sunscreen & Insect Repellent Authorization	15
*Infant Sleep Policy	15
Infant Shoe Cover Policy.....	16
Feeding Procedures	17
Rest Periods and Naps	19
Biting	19
*Guidance Policy	20
*Child Maltreatment Reporting	21
*Family Involvement & Support Plan.....	21
*Transportation & Fieldtrips.....	24
Alcohol , Drugs, Tobacco Policy.....	24
Key Personnel.....	24
Community Resources.....	25

Items marked with an * are topics required by accrediting agencies

Welcome

... to the Seymour Johnson AFB Child Development Center

Our program serves children from six weeks until kindergarten. You have chosen an early childhood program that has been certified by the Department of Defense and accredited by the National Association for the Education of Young Children (NAEYC).

DoD certification requires our program to meet or exceed high compliance standards. Current policy mandates four unannounced inspections each year. These include a comprehensive fire, health, safety, installation-level multidisciplinary team, and an Air Force higher headquarters' inspection. In addition, we are frequently inspected by representatives from public health, fire and safety throughout the year. These inspections ensure the center's high quality of care is maintained.

If the primary language spoken in your home is other than English, please indicate the language spoken on the Child Information Form. At this time, we have staff on board who speak Spanish. Should you need an interpreter, please let the front desk know and one will be provided immediately. Should an interpreter for any other language be needed, we will work with the local community to help provide information in your primary language. In an effort to bring your native language into the classroom, your child's teachers will work with you to learn key words and phrases. We will also provide materials and books in your native language.

In our program, you will see:

- Frequent, positive and warm interactions between staff and children
- Planned activities—age-appropriate and based on children's needs and interests
- Trained staff
- Adequate staff to respond to individual children
- A healthy, safe and warm environment for children
- Nutritious meals and snacks
- A partnership with parents based on regular communication and involvement
- Effective administration
- Ongoing, systematic evaluation

"At the CDC, each day of a child's life is viewed as leading towards the growth and development of a healthy, intelligent child who is a contributing member of society."

Emergency Procedures and Plans

(Fire, Unsafe conditions, Weather Conditions and Natural Disasters)

Monthly fire drills are held as staff and child training in the Child development Center. Evacuation routes are posted on signs in each room where children are present. In case of fire, the evacuation of the children is our primary concern. There is a fire alarm pull station located in each room and in the hallways in the facility. Emergency phone numbers are posted on each phone in the program.

In the event of a tornado warning or other severe weather, staff will follow the guidance set forth in our squadron OI's. We are alerted to heat, lightening and other threatening weather. Tornado sirens are sounded on the installation and are audible at the Child Development Center. If a tornado or other natural disaster does occur, all efforts to protect children will be made. After the storm passes, parents will be notified and assured of their child's well being.

When ever it becomes necessary to evacuate the building and to notify emergency personnel, the programs manager, Airman and Family Services Flight Chief and families will be notified of the situation when it is safe to do so.

When the installation is closed to all but essential personnel or entirely closed for all operations, notification will be given on the base wide notification system AIHOC, news channels and on Facebook by the installation.

and vans to transport children on fieldtrips. If a van is used, the children will be fastened into seatbelts.

The staff will account for the children at all times, they will conduct name to face roll call before departing the Child Development Center and again before departing the fieldtrip site. The program will also take fully supplied first aid kits, medications, food and drink (if needed), and emergency contact information on all field trips. The Child Development Center staff will have a working cell phone on all trips in order to report any emergencies, injuries or delays beyond the scheduled arrival and return time to the program immediately.

Tobacco Policy

The use of all tobacco products is prohibited in the Child Development Center and surrounding areas. Please extinguish all smoking materials prior to arriving at the centers.

Use of Alcohol and Illegal Drugs

Alcoholic beverages or stimulants will not be brought to the Child Development Center. Persons suspected of indulging prior to coming to a facility will be denied admittance and their parents notified. Children will not be released to parents or patrons who appear to be under the influence of alcohol or drugs while on premises. Security Forces will be contacted immediately.

Key Personnel:

Child Development Center Director—722-1197

Airman and Family Services Flight Chief—722-5618

Training and Curriculum Specialist—722-1197

:

The information contained in this handbook has been designed to answer many of the questions you may have about our services and to inform you of our policies and procedures. Our aim is to make both you and your child happy, comfortable and involved in the activities we offer. We have an open door policy and encourage you to visit our program before and after enrolling your child. All children enrolled in the program are subject to closed circuit video monitoring and recording as part of their participation in the SJAFB Child Development Center. Parents also give the Child development Center permission to photograph their child while attending the Child Development Center



Mission and Philosophy

The program's mission is to assist DoD military and civilian families in balancing the competing demands of the accomplishment of the DoD mission and family life by managing and delivering a system of quality, available, and affordable programs and services for eligible children and youth birth through 18 years of age. Our philosophical approach is grounded on current research and knowledge of early childhood education. The program is committed to welcoming children and families, to partnering with and supporting parents in their parenting role. 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 early childhood professionals within our programs.

Outcomes *It is our goal to ensure every child and family in our program will experience the following outcomes:*

A. Children

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.

Children will gain competence in problem solving strategies, gain an 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.

B. Family

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.

Hours of Operation

Monday through Friday	6:30 a.m. - 5:30 p.m.
Saturday, Sunday, Federal holidays	Closed
Family Days	Closed

The center supports exercises; hours of operation will be adjusted accordingly.

The adjusted hours will be advertised and will be posted in the center.

However parents are encouraged to speak with center personnel for specific times and any assistance needed in finding child care that fits their families' needs.

Extended Duty Child Care programs are available for parents needing care after the center hours due to temporary shift changes, due to base recalls, rapid mobilization or deployments. This care is provided in licensed Family Child Care homes and is available to all active duty military, reserve or guard on active duty and DoD civilian employees. For additional information, please call the Family Child Care office at 722-7194.

Programs

Full-time Weekly Care is designed to provide care Monday-Friday. This program has a complete developmental program for children and involves children whose parents are both employed or attending school full time.

Hourly Drop-in Care is designed to follow developmental principles for each child in a warm, inviting atmosphere. Space is limited to daily availability. Hourly care is also available through the Family Child Care program. Contact the CDC at 722-1197 or the FCC at 722-7194 for assistance in meeting hourly care needs.

Preschool Enrichment Program is a part-day program designed to help prepare children, who are not enrolled in a full-time program, for school. This program is for 3-5 year olds from 8:30a.m. to 12:30p.m. Monday-Friday.

Give Parents a Break Program is sponsored in conjunction with the Air Force Aid Society. This program offers free child care to families who may be experiencing stress due to a parent's TDY status, recently moving to the area, an illness in the family, having a special needs child or being a single

and family unit to join us in the adventure. Remember: "Your gifts of love are so powerful; they will last longer than anything you can imagine."

- **Parent Involvement activities:** We offer monthly activities for parent involvement, a copy of upcoming events is posted in the front lobby and classrooms. Activities such as joining the classroom for snack, attending our annual Pumpkin Patch, or joining our Month of the Military Child events are available to allow you to spend time with your child in our facility and bridge the relationship between you and your child's teachers. We look forward to seeing you each month!
- **Informal contacts:** Informal contacts are a significant means of communication and are encouraged daily. The beginning and end of the school day offers an opportunity for program assistants to talk briefly and informally with family members. During such times, program assistants can share a child's more recent accomplishments. Such positive comments are encouraging and supportive of the family.
- **Parent information bulletin boards:** We encourage parents to read the information on bulletin boards located in the lobby and the parent bulletin boards located outside of each activity room. These boards are specifically designed to help keep families informed about the happenings of our program.
- **Parent/teacher conferences:** Conferences between program assistants and family members offer a time for information exchange and affords us the opportunity to establish goals that are appropriate for each child. Formal parent conferences are offered once a year, however we are readily available to meet more often at a parent upon request. This is essential in forming a positive partnership that is beneficial for the child.
- **Classroom observation:** Our program proudly boasts an "open door" policy, encouraging parents to visit our program at any time.
- **Parent Advisory Board meetings:** These meetings are held quarterly. They provide a time for information exchange, training, informal social interaction and problem solving within a supportive group.
- **Field trips:** Since field trips often require greater supervision of the children, parents are a needed resource. Field trips provide an opportunity to combine an outing with new learning experiences for children, parents and program assistants. Field trips offer parents the opportunity to become better acquainted with the staff and to observe their own children in relationships with others.

Transportation and Field trips Policy

Written parental permission to participate will be required for any trip or event not conducted in the Child Development Center. The AF form 1181 is the consent form for permitting the program to transport and take children on a fieldtrip. The program will only use Air Force buses

Maintains a center program relevant to the needs of families, recognizing and acting on parental expectations in a culturally sensitive fashion.

Offers a variety of parent educational opportunities to enhance parenting skills and promote family resiliency.

Help families access and develop their community resources.

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

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.

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.

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.

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:

- Acknowledgment of a parent's right to be involved
- Staff members recognize the child as a part of a dynamic family unit
- Provides for greater continuity and coordination in a child's development
- Facilitates individual programs for the child and parents
- Maintains a program relevant to the needs of the families and the community

Our program offers many avenues in which parents may become involved in our activities. The following suggestions are intended to offer guidelines and stimulate ideas for parental involvement. We encourage each child's parents

parent. The program is offered once a month. For more information on specific dates and enrollment requirements, contact the CDC at 722-1197.

Parents Night/Day Out is a program designed to provide child care services during day/evening hours. The program is offered at the same time as Give Parents A Break. For more information on specific dates and enrollment requirements, contact the CDC at 722-1197.

Summer Enrichment Program is for children ages 3-5 years old. The program offers fieldtrips, special activities along with fun filled activities. The program runs from 8:30 a.m. to 12:30 p.m. For more information on the program and requirements, contact the CDC at 722-1197.

Fees and Charges

Fees are determined by the total family income as defined by the DoD in accordance with the Military Child Care Act of 1996. Please note the program does a review of fees annually, typically in the beginning of each new fiscal year. At this time we will ask you to bring in new leave and earning statements and pay statements for all adults in the home. Providing this information is voluntary and is in the parent's best interest.

Please note, parents who elect not to provide this information or who are unable to provide a copy of their most current leave and earnings statements at the time of enrollment, and annually thereafter, will be placed in the highest fee category.

If fees increase, they will go into effect 30 days after notification. Payment is due on Friday for the following week. An Air Force directive requires families utilizing child care services to provide a credit card number. In the event that payment is not received by the close of business on the second business day of the week, the credit card on file will be charged for the full amount owed. Families who do not have back up payment authorization will need a waiver from the Mission Support Group Commander. If for any reason the back up payment authorization cannot be used, parents will be notified and assessed a \$10 late fee PER DAY, up to the fourth working day of the week. After that time, care will be denied.

For example: If payment is due on Friday for the upcoming week, parents have until the close of business Monday to make payment. If payment is not received, their credit card authorization will be used.

For parents enrolled in the Enrichment program, payment is due by the 3rd business day of the month. The credit card authorization will be used if payment is not received by the 5th of the month.

Late fees, as approved by the Mission Support Group Commander, begin at the time of closing the facility. Parents will be required to pay all late fees no later than the close of business the following business day. Please feel free to contact our front desk clerks with any questions or concerns.



Eligibility Requirements & Admission Policies

The CDC accepts children, ages six weeks through five years old, of active duty military, as well as DoD and non-appropriated funds civilians assigned to or living on Seymour Johnson Air Force Base.

Single and dual active duty military, married active duty military with a working spouse, or when spouse is a full time student, and DoD civilian employed parents are given higher priority than other groups in the use of the weekly program.

Before your child's first day of care, you will need to complete an orientation meeting. This meeting includes an exchange of information between yourself and the director or designee, as well as your child's new teacher and a walk through of our program.

All parents must complete and sign an AF Form 1181, *Air Force Youth Flight Program Patron Registration* prior to the child's initial visit. The registration form will be retained by the center as a "ready reference" in the event of an accident, illness, or other emergency. We cannot stress enough the importance of accurately completing and maintaining the information on this form. To assist us in maintaining accurate information, parents are asked to update the form at least annually.

A critical component of the information that you will be requested to provide on the registration form is an emergency contact person. Your emergency contact should be made aware that you have designated him or her on the form. Center personnel will contact this individual in the event of an accident or illness and you cannot be located. Emergency situations will be handled on a case-by-case basis. The determination of what constitutes an emergency situation will be determined by the program director or the program medical advisor. The precious moments saved in reaching you or your emergency contact in an emergency are well worth the time it takes to complete the form.

Enrollment of Children can be terminated due to the following:

- Non payment of fees
- Missing immunization
- Extreme behavioral concerns

Any of the following will be discussed in detail with parents/guardian Airman and Family Services management before terminating enrollment.

Required Immunizations

As a condition of attendance in a DoD sponsored childcare center all children must have immunizations as required by the American Academy of Pediatrics and the Air Force.

If a child has not received the required immunizations, he or she will not be admitted into the program. In addition, we will review records periodically to ensure all children are up to date with recommended immunizations. If it is determined that your child needs additional immunizations, you will have 30 days to obtain the required immunization.

op a behavior modification plan. Parent participation is crucial to the success of a behavior modification plan, therefore your attendance is mandatory. Once a plan is developed, subsequent meetings will be scheduled to review progress being made and determine the best care for your child.

Child Maltreatment Reporting Procedures

All personnel of the center are mandated to report any signs or observations of child maltreatment. Staff and volunteers are required to sign a statement stating that should they fail to report an incident of abuse they may be terminated from their position. If you suspect child abuse, child neglect or safety violations in the CDC, SAC, YP or Family Child Care programs, report them to your installation Family Advocacy Program, Safety Officer or call the Department of Defense Child Abuse/Safety Violation Hotline.

Family Advocacy Office (919) 722-1878
Local Child Protective Services (919) 580-4034
DoD Child Abuse /Safety Violation Hotline (877) 790-1197

*"Beauty in its truest form is seeing the world
through my child's eyes; seeing the excitement,
the wonder, and the innocence."*

Lauren Numedahl-Meuwissen

Family Involvement and Support Plan

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

Acknowledges the families' primary responsibility for the education of their children and supports their involvement in the entire process.



Acknowledges the child as part of a dynamic unit to better understand the individual circumstances and resources that affect the child/family unit.

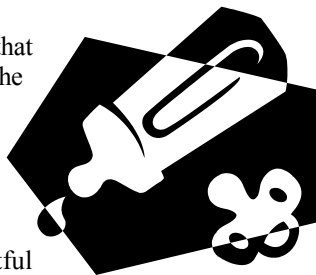
Facilitates ongoing dialog between families and program staff so as to support

individual children's interests and to meet their needs.

parents to develop a behavior modification plan. Parent participation is crucial to the success of a behavior modification plan; therefore, your attendance is mandatory. Once a plan is developed, subsequent meetings will be scheduled to review progress being made and determine the best care for your child.

Guidance Policy

The center provides a caring, loving environment that encourages growth in self-control and respect for the rights of others. As you can imagine, guidance (better recognized as discipline), without a doubt, continues to be difficult for anyone responsible for contributing to the growing development of children. Adults are models for children. We practice techniques that are fair, consistent, and respectful of children and their needs. In this way, children will know the importance of similar behaviors in their own lives.



Acceptable Guidance Techniques

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

Child and Youth Program Assistants are never allowed to spank, slap, hit, strike, punch, kick, pinch, yank or bite any child under their care. Verbal abuse, such as screaming or name calling, will not be tolerated. Withholding or forcing meals and snacks will not be tolerated.

The following children's behaviors are considered inappropriate while in attendance:

- Causing physical harm to another child or adult by hitting, biting, kicking, throwing, or any other physical action (age appropriate)
- Use of inappropriate language, spitting or other forms of verbal abuse or degradation by children directed at other children or adults
- Repeated refusal by a child to comply with center or room rules and/or failure to listen to program assistants
- Behavior that is potentially harmful to them

Parents will be contacted in the event their child continually displays inappropriate behaviors as outlined above. The program director, training and curriculum specialist, and classroom teachers will meet with the parents to devel-

All children are required to obtain an influenza immunization annually as well. Parents are required to provide documentation of this immunization no later than 31 Dec of each year. Those who cannot provide documentation of the immunization or medical documentation stating the child's inability to receive the immunization, will be terminated from the program effective 15 Jan.

Arrivals and Departures

Each time a child attends the center, either the parent or a designated person must sign the child in and out at the front desk, escort him or her to the classroom and sign in and out there as well. We realize these procedures may take a few extra minutes out of your busy day, however, these steps are the foundation of our efforts in ensuring the safety of your child each day.

For your child's safety, he or she will not be released to anyone other than the parent or person designated on the registration form. Children will not be released to siblings or other children under 14 years old. Persons other than parents picking up children will be required to show proper identification.

Should parents appear intoxicated when picking up their children, center personnel will assist them in finding alternative means of transportation. In the event parents present threats to themselves or their children's welfare, center personnel will contact Security Forces.

Parents are requested to contact the center by 9:00am when their children will not be in attendance. Parents of children who do not arrive at the program when expected will be contacted. This is just another way we work with you to ensure the safety of your children.

With the exception of installation-wide exercises or deployments, your child may not be left in the center after normal hours of operation. Emergency situations will be handled on a case-by-case basis with the approval of the Mission Support Group Commander.

When a child is left at the center after normal operating hours, the staff will make every attempt to contact the parents or emergency contact. If attempts are unsuccessful, the sponsor's unit will be contacted. As a last resort, Social Services will be contacted for assistance in finding the parents or a temporary placement for the child. A fee will be charged for all care provided after the CDC closes for the day.

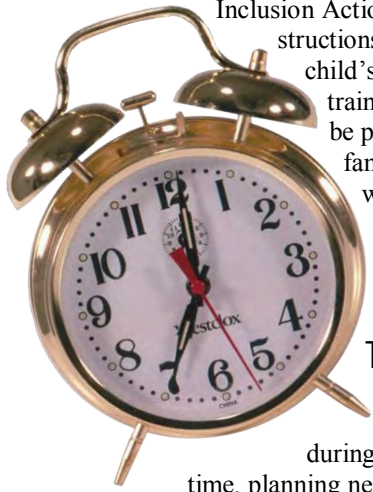
Patrons may be denied CDC services. Reasons for denial include, but are not limited to, the following rules and policies: inappropriate guidance techniques while at the center, failure to form a partnership with center personnel when children display inappropriate behavior while in attendance, continual failure to follow signing in/out procedures, rudeness to CDC personnel, inappropriate language, and continuous tardiness on payments and closing times.

Special Needs

AF Inspection Criteria provide a technical definition of special needs as a child who has a physical or mental impairment which substantially limits one or more major life activities. Prior to enrolling in any Child or Youth Program

(CYP), the child's developmental and/or medical requirements must be reviewed by the CYP Medical Advisor and a team of experts to include: the CYP Medical Advisor, the Medical Group Exceptional Family Member representative, the Flight Chief, the Flight T&C, Director, the Exceptional Family Member Program Family Support Specialist, the installation Legal Office, and others as determined by the installation convenes in order to determine if reasonable accommodations can be met. If reasonable accommodations can be met, an

Inclusion Action Plan will be developed to provide written instructions concerning how the program will meet your child's needs, changes to the environment, specialized training, required staff: child ratios, etc. If care can't be provided in the center and is better suited in a family child care home, the FCC Coordinator will work with you to place your child in the best possible home. Progress meetings will be scheduled periodically, at a minimum of annually to ensure your child's needs are still being met.



Transition Policy

We are committed to minimizing the number of transitions experienced by an individual child during the day and program year, while at the same time, planning necessary transition experiences in collaboration

with parents and families. These goals are achieved by:

- Employing an adequate number of teaching staff/substitutes
- Designing group composition and staffing patterns to ensure continuity of care
- Providing developmentally appropriate curricula for all age levels
- Maintaining ongoing communication/cooperation between teaching staff
- Maintaining ongoing communication/cooperation with parents/families

Transitioning Children ...

from one classroom to another within the program

Teaching staff will identify children for transition to another classroom/age group (based on child's age) and inform administrators/educational coordinators of projected transitions two months in advance.

Children will transition by age as follows:

- Infants: 6 and 12 months
- Pre-Toddlers/Twos: 24 and 36 months
- Preschool: 3-4 years
- Kindergarten to School Age: 5-6 years

Feeding Solid Foods

Solid foods are not offered to children less than 6 months of age.

Parents are encouraged to consult with the child's primary medical provider prior to introducing solid foods and are asked to offer new foods at home first to ensure the infant does not have an adverse or allergic reaction. If no problems occur, the new foods are then offered to the child at the center.

New foods are introduced gradually, with at least one week between introductions of each new item.

Food is not shared among children using the same dish or spoon.

Uneaten food is not put back into its original container for storage.

Unused portions of food in opened factory-sealed baby food containers marked with the infant's name, date/time opened, and stored in the refrigerator are discarded if not consumed after 24 hours.



Juices

Infants under the age of 12 months are not served juice and children over this age are limited to no more than 6 ounces per day. Any juice served is 100% pasteurized fruit juice.

Rest Periods and Naps

Children are provided an opportunity to rest after lunch daily or as required. A sleeping mat, sheet, and blanket will be provided for each child and spaced eighteen to thirty-six inches apart. During nap time, those children who are not sleepy will be provided a quiet activity to complete on their mat or at the table.

Biting

Biting can be a very emotional issue and is most often viewed as more vicious than punching, pinching, hitting or scratching.

A child whose communicative skills are not well developed may resort to biting as a means of obtaining the immediate response he or she desires. A child may also use it as a way to force another child to relinquish a toy, as a direct reaction to frustration or as a way to gain additional attention. There are no definitive answers in dealing with a child who bites. More often than not, biting may be a developmental stage that a child may have to work his or her way through.

As children embark upon this stage of development, the program director, training and curriculum specialist, and classroom teachers will meet with the

Breastfeeding

The program supports breastfeeding by providing mothers who wish to breast-feed while at the facility a quiet, comfortable area to feed her child, and by accepting, storing, and serving expressed human milk for feedings.

Breast milk is accepted in ready-to-feed sanitary containers labeled with the infant's name, time and date, and stored in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0° or below for no longer than three months.

Bottles of breast milk are not allowed to stand at room temperature to prevent spoilage; and, are discarded after one hour if not completely consumed or not refrigerated.

Bottles of breast milk are only used for the infant for whom they are intended. If necessary, bottles of breast milk are warmed by placing the bottle under running warm water, not to exceed 120° F, for no more than five minutes immediately before feeding. Microwave ovens/bottle warmers/crock pots/heated pans of water or other heating devices are not used to warm milk. The bottle of breast milk is gently mixed before feeding to preserve special infection-fighting and nutritional components in human milk.

Preparing, Serving and Storing Formula

Unopened cans of infant formula are stored in a cool, dry indoor place.

Prior to using stored formula, staff checks product expiration dates; food with expired dates is discarded.

Staff preparing formula thoroughly wash their hands prior to beginning preparation.

Formula is prepared in the kitchen or before children are present for care according to the manufacturer's instructions, using water approved by Bioenvironmental Health, which has been sterilized prior to mixing.

All bottles are labeled with the infant's first and last name and the date/time the formula was prepared.

Prepared bottles are refrigerated until ready to use and are used according to manufacturer's instructions (within specified hours of preparation time).

If necessary, bottles may be warmed by placing them under running warm water, not to exceed 120° F, for no more than 5 minutes. Microwave ovens/bottle warmers/crock pots/heated pans of water or other heating devices are not used to warm formula.

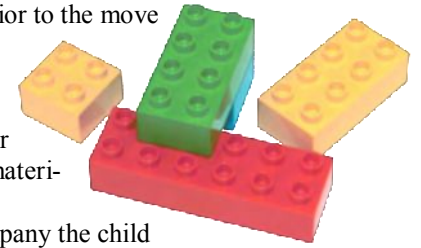
Formula will be discarded after one hour if not completely consumed or not refrigerated.

Exceptions to this policy will be determined by program administrators.

Parents and the teaching staff (gaining room) will be informed of children transitioning within the program at least one month prior to the beginning of the process (Notification of Transition). Parents are invited to tour the new classroom and meet the staff who will answer questions or address concerns about the move. A parent conference will be completed by the current classroom staff, and the new teachers will attend as well to meet the parents.

The transition process begins two weeks prior to the move by following the established transition plan (copy is available at front desk). The following should be taken into consideration:

- Children will need time to observe their new classroom and see the new toys, materials, teachers and other children.
- A familiar teaching staff should accompany the child on the first few visits to the new classroom.
- Before and during this process, the new teacher visits the current classroom.
- Transfer the child's portfolio to the gaining teacher.
- Parent Conference with the losing and gaining teachers.



Transitioning Children ...

to another program (School-Age Program or other early childhood program providing services for the child)

- Coordinate with the gaining program at least one month prior to the transition. Arrange a visit if possible.
- We will provide information about kindergarten registration and articles on transitioning. If your child will be attending the school age program, we will work with Youth Programs personnel to coordinate a week transition process one week in advance of the new school year.

Suggested experiences to ease the transition:

- Provide children with opportunities to practice behaviors expected at the new setting – carrying lunch trays, getting on a bus, etc.
- Read and discuss books about starting school or about changes.
- Arrange for class trips (small groups) to a kindergarten classroom while school is in session.
- Create scrapbooks of the schools/programs children will be attending. Place them in the library area.
- Adopt a kindergarten classroom to be pen pals.

Transitioning Children ...

to another installation by assisting the parents

- Administrative staff will assist parents in completing the proper paperwork and forwarding it to the gaining program.
- Program staff will assist the parents in gathering information about the gaining program.

Transition is a process that occurs over time; however it provides a variety of learning opportunities for children as they grow. Teaching staff, administrators and parents share the responsibility in making children feel safe and secure as they move. Strengthening the tie between programs and families will help create smooth transitions for adults and children. Please refer any questions to the undersigned.

Meals and Snacks

The CDC provides nutritious meals, to include breakfast, lunch and an afternoon snack, for all children in attendance. No child will be excluded from having a meal or snack.

Menus are planned in accordance with the U.S. Department of Agriculture Child and Adult Care Food Program requirements and are reviewed and approved annually. Menus are posted in the lobby area for parents to view. Any substitutions are noted on the menu at the beginning of each day.

Only food prepared in our facility may be served. We ask that you do not allow your child to bring food into the facility at any time. Parents whose children are unable to eat table food are encouraged to meet with their assigned program assistants prior to attendance to discuss their children's likes and dislikes. This enables us to have the appropriate baby food available on a child's first day. The center provides two types of formula: Enfamil with Iron and Enfamil Soy. Parents are responsible for bringing plastic bottles. Parents with children drinking a different type of formula are responsible for bringing in the formula in plastic bottles.

Parents with children who have special dietary requirements or allergies that deal with multiple senses must complete a special needs package. The special needs package must be approved by the CYP Medical Advisor before your child can attend the CDC. Parents must provide written medical documentation of the dietary restriction, as well as a list of food substitutes approved by the Medical Advisor. This information must be provided to the center director at the time of registration. This assists us in adequately meeting the special needs of your children. **When the CDC is unable to provide food required for a child's medical condition, parents may provide food when prescribed by the child's health care provider and approved by the Installation's CYP Medical Advisor. All food must meet the USDA CACFP guidelines.

The Child Development Center is required to post your child's allergy information (with or without pictures) in each activity room where your child has meals and snacks.

health and gives them the opportunity to enjoy new tastes and textures as they establish good eating habits. Adherence to the following guidelines is required to ensure infants and toddlers are served foods based on their individual nutritional needs and developmental stage:

1. Cow's milk is not offered or served to infants younger than 12 months of age.
2. Children, ages 12 to 24 months, are offered only whole milk.
3. Bottles do not contain solid foods unless there is a documented health reason on file provided by the child's health care professional.

At enrollment time, parents of infants provide staff with information about their child's feeding schedule and a list of foods, if any, the child may be offered. Requests to deviate from above guidelines must be substantiated, in writing, by the child's primary health care provider for a specific medical condition/dietary need and must include a list of alternative foods that can be safely offered.

Feeding Procedures

Staff members thoroughly wash their hands prior to feeding infants/toddlers.

Except for human milk, only formula and infant food that is purchased by the facility in factory-sealed containers, and prepared according to the manufacturer's directions, is served.

Staff who are familiar with the infant feed him or her whenever they seem hungry. Feeding is not used in lieu of other forms of comfort.

Bottle-feeding is done in such a way as to promote interaction and human contact and minimize the chance of ear infection or baby bottle tooth decay.

Infants, who are unable to sit, or are younger than 8 months of age, are held during feeding.

Children are not allowed to carry bottles with them while crawling or walking.

Bottles are not propped for babies who cannot hold their own bottles.

Bottles, nipples, and caps are cleaned and sanitized by washing in the dishwasher prior to each use.

Children's transition to "sippy cups" is agreed upon by family and teaching staff based on developmental readiness.



the first weeks the infant is in our program.

- Steps will be taken to keep babies from getting too warm or overheating by regulating the room temperature, avoiding excess bedding and not over-dressing or over-wrapping the babies.

Safe Sleep Environment:

- Infant room temperatures will be kept between 68-72° F.
- Infants heads will not be covered with blankets or bedding. Their cribs will not be covered with blankets or bedding.
- No loose bedding, pillows, bumper pads, etc. will be used in cribs. Wearable blankets are used for Infants in our care .
- Toys and stuffed animals are not allowed in our cribs.
- A safety-approved crib with a firm mattress and tight fitting sheet is used.
- Only one infant will be in a crib at a time, unless we are evacuating infants in an emergency.
- No smoking is permitted in the infant rooms or on the premises.
- All parents/guardians of infants cared for in the infant room will receive a written copy of our Infant Safe Sleep Policy at the time of enrollment.
- For healthy development when awake, infants will be given supervised “tummy time” for exercise and play.

Infant Shoe Cover Policy

Before walking on surfaces that infants use specifically for play, adults and children must remove, replace or cover with clean foot coverings, any shoes they have worn outside that play area.

If infants are wearing shoes in their classroom or designated area, it must be a different pair than worn outside their play area, or their shoes must be covered.

Parents can bring in a pair of shoes (soft shoes are acceptable for non-walkers) for infants to wear while in the room (these will remain in the child's cubby). The child's shoes will have to be changed once they enter the room, when going outside and when departing for the day to be in compliance practice.



Parents must pick up infants prior to picking up older siblings to avoid having to cover the older child's shoes. The rationale is to ensure that infants are provided a healthful environment by reducing the amount of debris/germs tracked in on shoes of all people who enter the play area.

Infant/Toddler Feeding Policy

Good nutrition is essential to the growth and development that occurs during an infant's first year. Providing infants with the right foods promotes good

Health Policies

The program will administer the health policies to ensure your child is in a safe and healthy environment. The program follows the book, *Infectious Disease in Child Care and Schools, 3rd edition*. This book is available in the Training and Curriculum Specialists' office.

Interim procedures for children who require exclusion

- A child who becomes ill while in attendance is made comfortable in a location away from other children (isolation room) and supervised by familiar staff.
- Child's parents or guardian is contacted immediately to pick up child within 30 minutes of contact
- If a medical visit was deemed necessary, staff requests that parents contact the CDC with the advice received from the child's medical professional.

Readmission

Children, staff, and volunteers are readmitted when

- The signs or symptoms that required exclusion are resolved
- If requested by management, a written statement by a medical provider that the individual is following prescribed therapy and is cleared to return to care/duty
- Child is able to participate in normally scheduled activities
- The center director or designee will make the final determination in the event there is a concern about a child being well enough to be readmitted into the program.

Program Procedures ...

reporting exposure to communicable diseases

It is very important for you to inform us if your child becomes ill with a communicable disease and has attended our program during the incubation period. We will do the following when notified that a communicable disease has been diagnosed:

- Report all communicable diseases to public health officials for guidance
- Inform staff and families about exposure to communicable diseases; provide appropriate information about common symptoms, incubation and contagious periods and infection control.

Sanitation Methods

In an attempt to reduce the spread of germs, we go to great lengths to ensure our facility is clean and sanitary. Children and adults are required to wash their hands upon entering the classrooms, before and after meals are served, after toileting, wiping nose, and before water play. For children under the age of one, toys, sheets, blankets cribs and equipment are sanitized daily; toys that

have been mouthed are sanitized immediately. For children over the age of two, we sanitize the toys, equipment, sheets and blankets at a minimum of weekly. Changing tables and eating tables are washed with soapy water, then sanitized with a bleach solution for two minutes between changes and after all meals. Our custodial staff is on duty throughout the day. They sweep, mop and empty the trash in all classrooms after each meal and wash and sanitize tables. Carpets are vacuumed at the end of the day. They also ensure children's bathrooms and sinks are cleaned and sanitized three times per day. Walls, windows, windowsills and cubbies are cleaned at a minimum of weekly to ensure cleanliness. Carpets in infant classrooms are shampooed monthly. Carpets in classrooms for children ages one through five are shampooed quarterly.

Toilet Training

Toilet training is a major milestone in your child's life. We would like to support you in this endeavor, and with your help, we can accomplish this task. Parents should not push their children into becoming toilet trained. Remember: as with any new skill, you should wait for signs of readiness and interest (i.e., your child wakes up dry after a nap, seems to be aware of bodily functions, etc.) from your child before attempting to teach the use of the toilet. If using the toilet becomes stressful, unpleasant and involves the use of threats, it is certain to cause power struggles between adults and children.

Many parents prefer pull-ups during this training process. However, we require children who are potty training to wear underwear/training pants only. If your child does not show an interest in toilet training, we will recommend training be postponed until an interest is shown.

Each child should have several changes of clothing in case of accidents. Wet or soiled clothing will be placed in plastic bags, tied and placed in your child's individual "cubby." For health reasons, dirty garments will not be rinsed by program assistants. If your child does not have enough clothing to last through the day, center personnel will contact you, as the center may not have spare clothing to fit your child.



Administering Medications

The CDC will administer only medications prescribed by a medical provider. Parents who need to have an over-the-counter medication, such as Tylenol administered to their child while in attendance may obtain medical authorization by following these simple steps:

- Pull your child's medical record, take it to the Pediatric Clinic and request medical authorization for the CDC to administer the medication to your child.

- Bring the medications that you have purchased to the CDC and complete the AF Form 1055, *Youth Flight Medication Permission*.

Medications will not be given unless they are in the original container and are labeled with the specific child's name, name of the medication and the dosage, strength, instructions for use, medical provider's name and the date of the prescription. All prescriptions must be current (within the last year).

Non-Prescribed Items

The CDC provides insect repellent, sunscreen, and hand sanitizer approved by the CYP Medical Advisor at no charge to parents of the program. Parents who wish the center staff to apply non-prescribed diaper ointments/salves, sunscreen, insect repellent, lip balms, over-the-counter hand lotions, and hand sanitizer must sign an annual permission statement. Note: Hand sanitizer is used only when soap and water are not available. Hand sanitizer is not used for children under 2 years.

Parents are responsible for signing the permission slip on a n annual basis.

Infant Sleep Policy

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died and a review of the baby's clinical history.

Child care providers can maintain safer sleep environments for babies that help lower the chances of SIDS. AF CYP and North Carolina law requires providers caring for children, 12 months of age or younger, to implement a safe sleep policy, share this information with parents and participate in training. In the belief that proactive steps can be taken to lower the risk of SIDS in child care, and that parents and child care providers can work together to keep babies safer while they sleep, the SJAFB Child Development Program practices the following safe sleep policy:

Safe Sleep Practices:

- All individuals employed by the SJAFB CDC will receive annual training on our AF Infant Safe Sleep Policy.
- Infants shall always be placed on their backs to sleep.
- We follow the American Academy of Pediatrics recommendation that infants under the age of 12 months should be placed on their back to sleep, but when infants can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer to sleep. A sign will be posted over the crib of all infants who are rolling over by themselves. Our staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
- Sleeping infants will be visually checked every five minutes by care giving staff. We will be especially alert to monitoring a sleeping infant during