

Wright Patterson Air Force Base Parent Handbook



child development center

Wright Field North – Area B

Wright Field South – Area B

Wright Care – Prairies

New Horizons – Area C

2021-2022

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Welcome to Wright Patterson Air Force Base Child Development Programs. 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 34-144, Department of Defense Instruction 6060.2, Air Force Inspection Checklist, and local operating instructions. Programs also utilize Air Force Child Development Program Instructional Guides on the following areas: AF Form 1930 Guide (Youth Flight Daily Attendance); Infant Safe Sleep Guide; Medication Administration Guide; Positive Guidance and Appropriate Touch Guide, Topical Application Administration Guide, Behavior Action Plan Guide, Immunization Guide and Supporting Children and Youth with Special Needs Guide. These policies and procedures are available to parents at the front desk. We support eco-healthy practices. This means choices we make in furnishings, materials and supplies are free from environmental contaminants. Fresh fruits and vegetables are washed before being served and we monitor outdoor air quality to ensure the air quality is appropriate for outdoor play. You are always welcome to visit and share ideas and talents, ask questions, and express your concerns regarding any Child Development Program.

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

DOD CERTIFIED

Air Force Base Child Development Centers are certified by the Department of Defense and 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 – To assist DoD military and civilian personnel 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.

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 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

CYP FACEBOOK PAGE

Using the QR code found below you are invited to join our CYP Facebook Page. This is a great way to stay up to date on information from our programs. This page consist of both Child Development, Youth Centers, School Age Program and Youth Sports.



List of Key Personnel - WPAFB Child Development Programs

Susan Anderson - Flight Chief

Necoleia Friend- Director, Child Development Programs

Wright Field South Bldg 630S Area B	Wright Field North Bldg 630N Area B	New Horizons Bldg 1403 Area A	Wright Care Bldg 6933 Prairies
<p align="center">JoRita Moore</p> <p align="center">Director</p>	<p align="center">Crissy Habel</p> <p align="center">Director</p>	<p align="center">Allyson Porter</p> <p align="center">Director</p>	<p align="center">Vacant</p> <p align="center">Director</p>
<p align="center">Tish Harding</p> <p align="center">Asst. Director</p>	<p align="center">Vacant</p> <p align="center">Asst. Director</p>	<p align="center">Lynn Edmondson</p> <p align="center">Asst. Director</p>	<p align="center">Amal Hamdalla</p> <p align="center">Asst. Director</p>

Jennifer Shade – Lead Training & Curriculum Specialist (T&C)

Wright Field South Bldg 630S Area B	Wright Field North Bldg 630N Area B	New Horizons Bldg 1403 Area A	Wright Care Bldg 6933 Prairies
<p align="center">Devonna Benson</p>	<p align="center">Beth Rowe</p>	<p align="center">Frederica Escoffier</p>	<p align="center">Teresa Peters</p>

Kristine Donovan T & C	Sharita Smith T & C	T & C	T & C
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List of Community Resources

Employee Assistance Program (FOHEAP) - The Federal Occupational Health Employee Assistance Program (EAP) offers a wide range of services to Civilian employees and NAF employees serving AFMC, and their immediate family members. Services include short-term counseling, legal and financial consultation, supervisor consultation, resources and information on our website, and more. Services are voluntary, confidential (within limits of the law) and provided with no charge to the employee. EAP services are available 24 hours a day, 365 days a year. Contact the EAP by calling **1-800-222-0364** or go to our website at: www.FOH4You.com

Airmen and Family Readiness Center - (937) 257-3592

Monday - Friday 7:30am-4:30pm

Closed Sat/Sunday and Federal Holidays

Bldg. 2, Area A

Moving? Need help and guidance? Check out the Military OneSource website, there is a section on Moving just for you and your family at <http://www.militaryonesource.mil/moving>
Are you moving and have children? Check out this website at <http://apps.militaryonesource.mil/myom>

PCSing with less than 4 years of Service or going Overseas? If you have less than 4 years of service or an overseas assignment, please call A&FRC to set up an appointment to receive specific information to help you prepare for your PCS. Call 937-257-3592 for an appointment to-day.

Bundles for Babies - This workshop is a must for expecting parents! Open to both active duty and their spouse or significant other. You will receive vital information on the Pediatric Clinic, New Parent programs, Family Day Care and more.

Heart Link - For military spouses that are newly married or just arrived to WPAFB. This class introduces you to the AF, WPAFB and go over your benefits of being a military spouse! You'll have an opportunity to make friends and network!

Veterans Administration (VA) Benefits Advisors - VA Benefits Advisors are responsible for assisting transitioning military members and veterans with regards to VA benefits. They assist and inform in areas of VA entitlement such as GI Bill education benefits, Disability Compensation, Vocational Rehabilitation and Employment, VA Healthcare, and the VA Home Loan Guaranty. Please call 257-3856 or 257-3857 for questions. Walk-Ins are welcome.

Transition Assistance Program (TAP) - The TAP workshop is designed to assist with transition into the civilian workforce. Class will cover resume writing, interviewing skills, job search, and more. To be scheduled you must attend Congressionally Mandated Pre-Separation Counseling first. Call 257-3592 to register.

Reunion & Reintegration - Welcome Home! R & R classes are held every Tuesday and Thursday, except on holidays. R&R starts at 0745 at the A&FRC. No registration required. R&R is mandatory for all returning deployers!

Deploying Soon? 1) Stop by to get a **photo** pillowcase made for your family members, it'll be treasured while **you're** away! 2) Spouses can qualify for a free oil change during your deployment with the Car Care because We Care. 3) The Give Parents a Break program offers childcare on designated nights so the parent/guardian has time to relax. Call 937-257-3592 for information.

Deployed Spouses Support Group - Is your spouse deployed or about to deploy? Regardless of whether this is your 1st or 10th deployment, this forum is for you so don't miss out; contact us NOW to reserve your spot! Open discussion with other deployed spouses. Education! Information! Connect with others going through the "Same Thing at the Same Time!" **Contact 257-3592 for dates & times**

Exceptional Family Member Program (Family Support) - This program is designed to give information to military families with members in need of special assistance. The EFMP Coordinator provides resources from local, state/county, and federal agencies, both educational and medical to accommodate the special needs member and their family. Please contact the EFMP Coordinator at 656-0946 for more information. **No appointment is necessary.**

Relocation Assistance - Ready Set Move! Airman & Family Readiness Center provides in-coming and outgoing relocation services to the Total Force, which includes civilians, and contractors who are relocating within the continental U.S. (CONUS) or outside the continental U.S (OCONUS). Whether you're moving overseas or across the country, you'll want to get to know your new community outside the gate. Call or stop in for more information.

Family Services - Family Services assists military members and their families in numerous ways: 1) Military and their families experiencing financial difficulties may be able to receive assistance after meeting with an A&FRC specialist and exhausting assistance through all other military relief organizations. 2) The Loan Closet has basic household items to loan on a short-term basis, free of charge, to anyone holding a DoD ID. The closet's PRIMARY USE is for PCS moves. 3) The Pantry helps with grocery assistance on a case by case basis. Items available through the pantry are non food items for personal hygiene. 4) Operation Stork provides layettes to all newborns at WPAPB, delivering them to the base hospital. For more information call (937) 257-2910.

Personal Financial Readiness - All services are available on a walk-in basis. Please bring any financial documents (LES, bank statements, bills, etc) that are relevant to your specific financial situation. They can assist with the following: setting financial goals, budgets, credit management, investment basics, Air Force Aid Emergency Assistance, and referrals. We are happy to assist you however possible so please do not hesitate to ask. **Please bring in your LES, bank statement, bills, etc. when you come in for assistance** as it will enable the staff to provide you with a more accurate assessment of your needs.

The Discovery Area - The A&FRC Discovery Area is your source for finding your future! Equipped with three network Smart Card accessible computers, and three non-network computers, along with six printers are available in the A&FRC lobby, we have everything you need for conducting your job search. This area also features current job postings provided by local employers, books which can be signed out to enhance your knowledge of: Career Planning, Interviewing, Conducting Job Searches, Life Strategies, Military Life, Spouse Employment, Resume Writing, and Transition. Hours of operation are: Mon – Fri, 7:30 a.m. - 4:30 p.m.

Air Force Aid Society - HQ AFAS has implemented a new On-line Emergency Assistance Application process when applying for a Standard or Falcon Loan. All Air Force Active Duty/Spouse, Retired, ANG/ AF Reserves, Widow/Widower with internet access and an email address will be able to apply for AFAS assistance using the new AFAS Online Application by registering & completing the application. Once you've completed the online application, please come in to the Airman and Family Readiness Center. Bring all necessary documentation (LES, Rent receipt, Utility bill, Repair invoice, etc.) to process the application.

<https://my.afas.org/memberportal/Login/Login.aspx>

Military Family Life Consultant - The Military Family Life Consultant (MFLC) program provides non-medical short-term, situational, problem-solving counseling services to address issues that occur

across the military lifestyle and help service members and their families cope with normal reactions to stressful and often adverse situations created by deployments and reintegration. MFLC provides outreach services that expand capabilities to address needs of Airmen and their families and can be a bridge to other services available on or off base. This program is free and totally anonymous; no records are kept. Call **937-716-6720** to schedule an appointment.

Employment Services - The Airman and Family Readiness Center offers employment services for all military, civilians, and their dependents. Services include job application and resume assistance, job referrals, career counseling, planning, interview preparation, career information, career/personal development workshops such as our Mock Interview class. A resource area with personal computers and a job vacancy referral board are also available. No appointment is necessary.

Translation Services: Military members who need help speaking or writing English can get a language translator through Military OneSource. Military OneSource provides real-time language interpretation services. Call 1-800-342-9647 to find the free translation services you need.



****WPAFB's School Liaison Office (SLO)****

Ms. Trina Pauley



Wright-Patterson Air Force Base School Liaison Officer is available full-time at the Airman & Family Readiness Center, Area A, Bldg. 2. She coordinates and assists school-aged children and youth of base military families with educational opportunities and information necessary to achieve academic success. Working in partnership with existing base programs/ initiatives her role is to: 1) Help identify, communicate (inform base leadership), and seek resolution concerning issues/ barriers to academic success by encouraging relationships between school, military families, installation, and community; 2) Promote the importance of parent involvement to Air Force military members (during registration/transitions/ deployments) of school-aged children in their student's education; 3) Develop programs/provide training to help teachers, counselors, principals, superintendents, and coaches better understand the unique needs/gifts of the military child/family; and 4) support on-going base educational/recreational programs and training initiatives designed to enhance the military family lifestyle. For more information, contact Ms. Trina Pauley 937-656-0942, or email: trina.pauley@us.af.mil

Loan Closet - (Family Services) This service is primarily for our military members who are in a PCS status. We offer many items to be checked out to make you comfortable until your household goods arrive. Items for loan are dishes, pots and pans, crock-pots, vacuums, irons, alarm clocks, car seats, pack and plays, sleeping mats and many more items, please stop by if you are PCSing to see what all we can assist you with!

NAEYC Topics

Relationships Program Standard: The program promotes positive relationships among all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member. **Rationale:** Positive relationships are essential for the development of personal responsibility, capacity for self-regulation, for constructive interactions with others, and for fostering academic functioning and mastery. Warm, sensitive, and responsive interactions help children develop a secure, positive sense of self and encourage them to respect and cooperate with others. Positive relationships also help children gain the benefits of instructional experiences and resources. Children who see themselves as highly valued are more likely to feel secure, thrive physically, get along with others, learn well, and feel part of a community.

Curriculum Program Standard: The program implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive. **Rationale:** A curriculum that draws on research assists teachers in identifying important concepts and skills as well as effective methods for fostering children's learning and development. When informed by teachers' knowledge of individual children, a well-articulated curriculum guides teachers so they can provide children with experiences that foster growth across a broad range of developmental and content areas. A curriculum also helps ensure that the teacher is intentional in planning a daily schedule that (a) maximizes children's learning through effective use of time, materials used for play, self-initiated learning, and creative expression as well as (b) offers opportunities for children to learn individually and in groups according to their developmental needs and interests.

Teaching Program Standard: The program uses developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child's learning and development

in the context of the program's curriculum goals. **Rationale:** Teaching staff who purposefully use multiple instructional approaches optimize children's opportunities for learning. These approaches include strategies that range from structured to unstructured and from adult directed to child directed. Children bring to learning environments different backgrounds, interests, experiences, learning styles, needs, and capacities. Teachers' consideration of these differences when selecting and implementing instructional approaches helps all children succeed. Instructional approaches also differ in their effectiveness for teaching different elements of curriculum and learning. For a program to address the complexity inherent in any teaching-learning situation, it must use a variety of effective instructional approaches. In classrooms and groups that include teacher assistants or teacher aides and specialized teaching and support staff, the expectation is that these teaching staff work as a team. Whether one teacher works alone or whether a team works together, the instructional approach creates a teaching environment that supports children's positive learning and development across all areas.

Assessment of Child Progress Program Standard: The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children's learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing sound decisions about children, teaching, and program improvement.

Rationale: Teachers' knowledge of each child helps them to plan appropriately challenging curricula and to tailor instruction that responds to each child's strengths and needs. Further, systematic assessment is essential for identifying children who may benefit from more intensive instruction or intervention or who may need additional developmental evaluation. This information ensures that the program meets its goals for children's learning and developmental progress and also informs program improvement efforts.

Health Program Standard: The program promotes the nutrition and health of children and protects children and staff from illness and injury. **Rationale:** To benefit from education and maintain quality of life, children need to be as healthy as possible. Health is a state of complete physical, oral, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization 1948). Children depend on adults (who also are as healthy as possible) to make healthy choices for them and to teach them to make healthy choices for themselves. Although some degree of risk taking is desirable for learning, a quality program prevents hazardous practices and environments that are likely to result in adverse consequences for children, staff, families, or communities.

Teachers Program Standard: The program employs and supports a teaching staff that has the educational qualifications, knowledge, and professional commitment necessary to promote children's

learning and development and to support families' diverse needs and interests. **Rationale:** Children benefit most when their teachers have high levels of formal education and specialized early childhood professional preparation. Teachers who have specific preparation, knowledge, and skills in child development and early childhood education are more likely to engage in warm, positive interactions with children, offer richer language experiences, and create more high-quality learning environments. Opportunities for teaching staff to receive supportive supervision and to participate in ongoing professional development ensure that their knowledge and skills reflect the profession's ever-changing knowledge base.

Families Program Standard: The program establishes and maintains collaborative relationships with each child's family to foster children's development in all settings. These relationships are sensitive to family composition, language, and culture. **Rationale:** Young children's learning and development are integrally connected to their families. Consequently, to support and promote children's optimal learning and development, programs need to recognize the primacy of children's families, establish relationships with families based on mutual trust and respect, support and involve families in their children's educational growth, and invite families to fully participate in the program.

Community Relationships Program Standard: The program establishes relationships with and uses the resources of the children's communities to support the achievement of program goals.

Rationale: As part of the fabric of children's communities, an effective program establishes and maintains reciprocal relationships with agencies and institutions that can support it in achieving its goals for the curriculum, health promotion, children's transitions, inclusion, and diversity. By helping to connect families with needed resources, the program furthers children's healthy development and learning.

Physical Environment Program Standard: The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials to facilitate child and staff learning and development. **Rationale:** The program's design and maintenance of its physical environment support high-quality program activities and services as well as allow for optimal use and operation. Well-organized, equipped, and maintained environments support program quality by fostering the learning, comfort, health, and safety of those who use the program. Program quality is enhanced by also creating a welcoming and accessible setting for children, families, and staff.

Leadership and Management Program Standard: The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, fiscal, and program

management so all children, families, and staff have high quality experiences. **Rationale:** Excellent programming requires effective governance structures, competent and knowledgeable leadership, as well as comprehensive and well-functioning administrative policies, procedures, and systems. Effective leadership and management create the environment for high-quality care and education by:

- Ensuring compliance with relevant regulations and guidelines;
- promoting fiscal soundness, program accountability, effective communication, helpful consultative services, positive community relations, and comfortable and supportive workplaces;
- maintaining stable staff; and
- instituting ongoing program planning and career development opportunities for staff as well as continuous program improvement

CLOSED CIRCUIT VIDEO MONITORING (CCTV)

All children enrolled are subject to closed circuit video monitoring and recording as part of their participation/enrollment in the Child & Youth Programs. Per AFI 34-144 14.6.5.1 **“Program personnel do not have authority to make release determinations of videos. Direct the requesting individual to the installation Freedom of Information Act Requestor Service Center. Release determinations in these cases are made consistent with the Privacy Act and, as applicable, the Freedom of Information Act.”**

HOURS OF OPERATION

Hours of operation: 0630-1745 hours: Monday through Friday

Child Development Programs are closed on weekends, to include closings due to inclement weather and base closures granted by the Installation Commander. In the event the program is closed on a family day, families will receive advance notice of the closure so and prorated rate for the date of closure. All parents are required to pick up children no later than 1-1/2 hours after base closure announcements.

PROGRAMS

Child Development Programs accept children 6 weeks through 5 years of age. 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 signed parent contract reserves a child’s space 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, as available.
- **Family Child Care:** Family Child Care (FCC) provides an alternative 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, etc. The Family Child Care Coordinator closely monitors FCC homes during monthly visits. The Family Child Care Office is located in Bldg. 6933 (255-5053 Ext.5) and maintains a referral list of licensed providers.

ELIGIBILITY

Eligible patrons include active duty military personnel, DoD civilian personnel paid with either APF or NAF (including AAFES), reservists on active duty or during inactive duty training, and DoD contractors. Individuals who are assigned to or live on the installation, regardless of branch of service, are given equal priority. Those eligible who are not assigned to Wright Patterson AFB or living on the installation are given lower priority.

In facilities where a waiting list exists, children may be supplanted from Air Force child care programs by children in higher priority categories. When supplanting is necessary, families with the lowest priority and most recent placement date will be supplanted first. To ease the transition and provide time for impacted families to secure another child care option, families of bargaining unit employees will be given 75 day's notice and all other patrons will be given 45 day's notice prior to displacement. If a family who has been identified for supplanting leaves before their required separation date, two weeks' notice is not required.

FEES

- **FEES:** Fees are based on total family income and are set annually in accordance with Department of Defense guidelines. Total Family Income (TFI) is defined on DD Form 2652 and is required at the time of enrollment, along with a copy of the most recent Leave and Earnings Statement (LES) and additional household pay statements when applicable. For blended families, the TFI of the household where the child spends most of his/her time must be used. *For households in which unmarried couples or pairs are living as a family, the total family income must be used to determine TFI.* A copy of the LES must be provided based on your families status (single, dual etc). DoD Contractors and Specified Space available patrons will pay the DoD Contractor and Specified Space Available patrons fee of \$217.00 per week. No one will be grandfathered in.

- **PAYMENTS:** Fees are payable weekly, bi-monthly and monthly and must be paid in full. Effective 7 January 2019 all child care payments for Child Development and School Age will be made electronically. All program will electronically run payments through Orbital using the credit card number you provide. The programs will no longer be accepting cash/checks. Partial payments will not be accepted. A credit card authorization form must be provided; this card must remain active and valid. Automatic payments not cleared for payment by the due date will be charged a \$5.00/business day late fee per family. The CDC will not contact parents regarding a card decline. It is the sponsor's responsibility to make sure the payment is valid. Cards on file will be automatically charged for any accounts overdue plus late fees. Failure to make payments per your signed contract could result in denial of care and or loss of enrollment.
- **LATE PICK-UP:** A late fee of \$2.00 per minutes starting at 1755, or portion thereof, will be accessed to your account. This time is determined by the computer provided for sign-in/sign-outs at the front desk. The grace period for late pick up is 10 minutes. Parents/guardians who are unable to pick up their child by 1745 must notify a designated person, who is listed on the AF Form 1181. Continuous late pick-ups may result in loss of enrollment.
- **DISCOUNTS:** There are no discounts for holidays, snow days or base closures.
- **CREDITS:** Credits will be issued on a case-by-case basis only with the approval of the Program Director.
- **SUBLETTING:** every full time family in the CDC program is entitled to sublet/lease/rent their full time space for care to another family whose child is of the same age. Work with your facility manger to ensure the proper procedures and policies are followed prior to subletting your space. Located in the front lobby of each facility is a bulletin board so that families may post information regarding subletting their child's spots.

NOTE: Please retain your receipts for tax purposes.

REGISTRATION AND ENROLLMENT

Child Development Programs are a non-profit organization and do 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.

- AF Form 1181 – Air Force Youth Flight Program Registration. This form must include an emergency contact and phone number other than that of the parent/sponsor, who has access to the installation (ID Card). This number must be a home or cell phone number, NOT a duty phone number.

- Current Statement of Total Family Income (LES for military member(s) and Pay statement for other adult household members). Failure to provide these documents will result in placement in the highest category until the appropriate documentation is received.
- Proof of enrollment in school on a full-time basis, with proof of paid tuition for the current semester/quarter. A paid tuition bill is required for each new semester and/or quarter, to include summer to remain eligible for care.
- Credit Card Autopay Authorization Form
- DD Form 2652 – Application for Department of Defense Child Care Fees
- Current Immunization Record: The child's immunization record must be presented at the time of registration and as immunizations are given to children. No child will be eligible to use the facility without record of current immunizations per the Recommended Immunizations for Children ages Birth – 6 years of age. All immunizations recommended by the Center for Disease Control are required by Air Force, in order to use Air Force Child Development Programs.
- USDA Application
- Signed Enrollment Agreement
- Media/Photo Release form
- Parent Survey
- Military Family Life consultant (MFLC) authorization/non-authorization memo
- Inclusion in CDC: The CDC welcomes and supports all children in the child and youth programs. There is a standardized process throughout Air Force Child Development Programs to ensure consistency throughout all CDC programs. The CDC uses a comprehensive approach to support the needs of all children and their families, and to adhere to federal laws. The approach includes processes for CYP Professionals to identify needs, gather information, collaborate as a team, develop and track supports, and use the resources available. Please work with your facility manger to ensure all required documentation is in place to support your child.
- **FOOD ALLERGIES DOCUMENTATION:** Children who have been identified with a food allergy/intolerance are provided meals/snacks which meet their dietary needs and are in accordance with the USDA Child and Adult Care Food Program (CACFP). See Food Program Section for more information.

It is the responsibility of each parent to assure that information on the forms is kept current.

Children on IFSP or IEP

The focus of the program is to support the individual needs of all children by promoting positive social, emotional, cognitive, and physical growth and development. Ensuring continuity and support of the development of an individual child who receives intervention services (Early Development & Intervention Services-EDIS and/or local public or private schools) requires teamwork and cooperation

among agencies, parents, and the child care program. The following are key aspects to the safe and successful inclusion of children with special needs in the CDC.

Inclusion Action Team Meetings - Periodic meetings with intervention specialists, CDC specialists, parent(s), and/or any other professionals invited by the parent must be conducted to develop a comprehensive intervention team approach. The team approach ensures all those providing services to the child and family work together to support the goals and objectives developed between the intervention agency and the family. *Failure to convene team meetings or establish an effective forum of communication may result in suspension or discontinued enrollment in the program.*

Behavior Support Plans - The CDC will develop Support Plans using information and knowledge disclosed in team meetings that consist of families, direct care staff, management & trainers. The Support Plans will ensure the child fully benefits from their experiences in the program.

Methods of Communication - A release form will be provided to families allowing for the exchange of information between the intervention agencies and the care program. The CDC will maintain a log of all such communications summarizing the discussion/meeting. The log will be shared with parents at least semi-monthly, upon request and/or when needed. Effective and timely communication among team members supports the overall growth and development of the child and is essential to support the inclusion of individual children in the program.

Confidentiality – Behavior Support Plans, team meetings, and other forms of communication and exchange of information will be kept confidential.

PARENT ORIENTATION

New Families: All families who enroll their children in the program will be provided an on-site orientation which includes a tour of the center, visit to the assigned classroom, and a meeting with the Facility Director to review the parent handbook. Parents will be asked to complete a Child and Family Information Sheet and Ages and Stages Questionnaire (ASQ) in addition to enrollment paperwork.

Transitions (“Aging Up”): Children are transitioned into another age group and classroom based on developmental criteria. Parents are provided with a transition orientation meeting to become familiar with the classroom practices and procedures as well as developmental milestones. Children are provided with a transition period so they can be introduced to a new primary caregiver and their new peers. Classroom visits are provided over a period of time (usually no more than two weeks) depending on the needs of each individual child.

ADMISSION PROCEDURES

- Each child must be signed in and out of his/her individual rooms, and at the front desk through the designated electronic sign in system.

- 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 ONE hour of illness, injury, or behavioral problem.

CHILD RELEASE

- Unless WRITTEN arrangements have been made with the front desk, only parents, guardians, or a parent designee shown on the AF Form 1181 (Youth Flight Program Patron Registration) have authority to have a child released to them.
- Children will be released only to the parent/guardian and/or other adult person designated by the sponsor as stated on the AF Form 1181.
- No parents may be denied access to their child, including the right to pick up their child from Child Development Programs, unless a copy of the custody agreement that relinquished such parental rights is on file at the Center.
- Children will not be released to parents, guardians, or designees who are under the influence of drugs or alcohol. If a parent and/or guardian appears to be under the influence of drugs or alcohol, Security Forces will be called to assist.

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 or leave unattended children in vehicles
- All families, visitors and center personnel must enter and exit through the main entrance. All other entries remain locked.
- All visitors are required to sign in and be escorted when in the building
- 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 to them or other children (coins, food, jewelry, etc.)
- Dress your child appropriately for indoor and outdoor play; **children ARE REQUIRED to wear close toed shoes at all times while in the program**
- Report any safety hazards to Program Director or to the supervisor on duty

PARENT NOTIFICATION

Parents will be notified if a child is biting (whether it breaks the skin or not), using abusive language, crying excessively and/or exhibiting uncontrollable behavior (tantrums, throwing objects, hitting/kicking other children or staff members, multiple episodes of biting, etc. If behavior problems persist and/or are considered excessive on a day-to-day basis, the child may be removed from the CDC temporarily (for the remainder of the day), or permanently, and in all cases, the contract will become void.

TERMINATION OF ENROLLMENT

The program may terminate the enrollment of any child for just cause, such as continual behavior problems or non-payment of fees. The staff and director will make every effort to discuss with parents any problems and facilitate resolutions prior to terminating enrollment. The CDC will work with HHQ and Installation Commander before final termination of enrollment is issued.

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. Precautions and actions must be taken to reduce and prevent illness exposure to groups of children. Air Force programs follow guidance on the inclusion and exclusion of children in the programs from Caring for Our Children and Managing Infectious Diseases in Child Care and Schools. In the event of a pandemic disease, programs will follow the guidance given by Higher Headquarters (HHQ) and/or the Public Health Emergency Officer (PHEO) regarding inclusion/exclusion of care. Their guidance supersedes all other policies/procedures until the Emergency Officer and/or Higher Headquarters has cleared Child Development Facilities to return to normal operations.

PREVENTIVE 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.

B. Health Checks - Teachers will visually check each arriving child for signs of illness. If a child has a fever of 100 degrees axillary/101 degrees oral or higher, appears unhealthy, or has symptoms of a communicable disease, or if a child has had a fever in the previous 24 hour he/she will be refused admission. Children must be fever-free without the use of fever reducing medications in order to participate in the program.

C. Notifying of Illness and Communicable Disease – If your child has been exposed to a recurrent illness or a communicable disease, signs will be 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.

INCLUSION AND EXCLUSION POLICY

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 a 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 axillary/101 degrees oral) or behavior changes
- When an infection associated with secretions is present, such as excessive saliva, nasal discharge, coughs due to cold, and the like, no fever is present (and has not been eliminated or reduced with fever-reducing medication), and the child is fully participating in group activities

For the comfort of the child and all children in the group, parents are asked to limit a child's attendance.

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
- During disease outbreaks/pandemic conditions we will work with Public Health to follow the guidelines issued at the time for exclusion from care.

A list of signs and symptoms most common in a group care setting is located at the back of this booklet. The list, "Signs/Symptoms Associated with Communicable Disease and Conditions," identifies common sign and symptoms and 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:

- The sign(s) and/or symptom(s) have been absent for at least 24 hours. Note: Fevers cannot be reduced or eliminated by fever reducing medication.
- 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 "Signs/Symptoms Associated with Communicable Disease and Conditions" 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 medical advisor and/or public health office determine inclusion and/or exclusion, based on whether the child has a communicable disease and if he/she poses a risk to the other children in the group.

Children will be required to be picked up within 1 hour if they are sent home for illness.

ALCOHOL, DRUGS AND TOBACCO POLICY

In accordance with Air Force Instruction 40-102, *Tobacco Use in the Air Force*, "the goal is a tobacco-free AF" Tobacco use is the leading cause of preventable death in the United States. Tobacco use degrades the state of military readiness and the health of military personnel. Commanders and leaders should strive for tobacco-free AF installations and decrease supportive environments for tobacco use.

The Air Force is committed to providing an environment that does not encourage or facilitate initiation or continued use of tobacco. In keeping with the Air Force guidance on maintaining a safe work environment for all personnel, tobacco use of any kind (cigarette, cigar, pipe, smokeless) is prohibited within 50-feet of doors, windows, and air intake units/vents at any building on Wright-Patterson AFB as designated by AFI 40-102, *Tobacco Use in the Air Force*.

According to C42 of the Air Force (AF) Child Development Center (CDC) Inspection Criteria, Revised as of March 2016, "Smoking, consuming alcohol, using tobacco products (including e-cigarettes) and/or using illegal/illicit drugs (including marijuana) are strictly prohibited in the sight or presence of children participating in any CYP or sponsored activity, to include outdoor CYP activity areas."

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. WPAFB Hospital has been named as the primary site for emergency care. If a child is transported to the emergency room, center staff will accompany the child and bring the child's AF Form 1181 and special care action plans until parents arrive.

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

MEDICATIONS AND ADMINISTRATION

Only medications with written orders from a prescribing health official are authorized for use within CYP. No medications may be given without authorization from a parent/guardian. Prescriptions are not needed for items such as sunscreens, lip balms, hand lotions, non-prescribed diaper ointments/creams, insect repellants, and hand sanitizers. However, these items have to be labeled with the child's full name and returned to parents when no longer needed or have expired.

b. All medications are stored at the front desk in an unlocked cabinet. The cabinet only contains medication and is clearly labeled "medications." All medications are in their original containers, labeled with the child's/youth's full name, dosage, and how the medication is to be given. Medication is returned to the parents/guardians when medication is no longer needed or has expired.

c. CYP personnel are trained by a health care provider before administering medication. Preferably, the same people administer medication every day.

d. EpiPens, Glucagon, or Solu Cortef (emergency medications) may be provided in CYP. No other injectable medications may be permitted without permission from AF Services (A1S).

e. Medications may not be mixed with liquids or food unless specifically directed by a health care provider.

f. Medications requiring refrigeration are kept in a designated, secured refrigerator that is clearly labeled "medications." Only medications may be kept in this refrigerator. Note: A separate refrigerator for medication is not required in FCC homes; however, refrigerators are required to have a child-proof lock

- g. Processes are in place to retrieve medications and parent authorization forms if an emergency situation arises.
- h. Medications are not administered in Youth Programs, however; emergency medications may be administered, if needed.

ADMINISTRATION OF MEDICATIONS:

Handwashing is required prior to and after administering medication unless there is a medical emergency.

- b. Medications that are administered 3 times a days, may only be administered once during a typical day (10 hours of care). Medications that are administered 4 times a day may be administered two times during a typical day (10 hours of care). Medications that are administered only once or twice a day, will not be administered except for time sensitive medications. This requirement does not apply for children in extended care.
- c. Children/youth are administered the initial dose at least 20 minutes before signed in for care. Parents are notified of any adverse reactions such as diarrhea, skin rash, high temperature, and/or refusal to take medication.
- d. Parents/guardians are notified immediately if children/youth receive the wrong dosage or the wrong medication.
- e. Youth may self-administer medication if written permission is on file. CYP personnel trained in administering medications should be present at the time the medication is selfadministered.
- f. For field trips or emergencies, routine or emergency medication is transported in a secured container (e.g. backpack) by CYP personnel trained in medication administration. AF Form 1055 should be maintained with the medication and annotated at the time medication is provided.
- g. Procedures for administering medications:
 - Wash your hands.
 - Make sure the name on the medication and the name of the child are the same.
 - Check the dosage, frequency and the route of the administration before giving medication. Observe and report any side effects.
 - Document the dosage and the time the medication is given.
 - Person administering medication initials the 1055 form.
 - Replace the medication in the storage unit.
 - Wash your hands.

EMERGENCY MEDICATION:

- a. Parents/guardians must provide emergency medications at the time of enrollment.
- b. A current (within the last 12 months) emergency response plan from the prescribing

health care provider is provided for any child/youth requiring emergency medication. The action plan includes triggers, signs of distress, and medication administration instructions.

c. When administering rectal medication, care is taken to protect the privacy of the child/youth receiving the medication. Whenever possible, two adults must be present during the administration of as needed rectal medication.

d. The parent/guardian is notified immediately if emergency medication is required. NOTE: Depending on the severity of the situation, CYP personnel may need to administer medication or call for emergency medical assistance before attempting to contact the parent/guardian.

DIABETES ACCOMODATIONS:

a. Personnel and providers are trained to care for a child/youth with Diabetes. Training includes glucose testing, actions to take when the results of the glucose tests are abnormally high or low, and when to administer emergency medication. Training is conducted by a medical specialist and conducted annually.

b. Parents/guardians must complete the AF Form 3417, Child and Youth Diabetes Care Plan for Blood Glucose Testing, authorizing personnel or providers to conduct glucose tests and emergency responses. Testing should be conducted by the same individual, if possible, and at the same times each day. AF Form 3417 is updated annually. AF Form 3416, AF Child and Youth Blood Glucose Chart should be used to monitor glucose. Both forms can be found on e-publishing.

c. CYP personnel may not provide insulin therapy by injection or make adjustment for insulin via a pump. CYP personnel are to notify parents/guardians or appointed backup if child or youth requires insulin. Contact emergency services if insulin is needed prior to parents/guardians arrival.

d. Youth, who are capable of self-testing may carry diabetic testing supplies and conduct their own testing if written permission is provided by the parent/guardian. Youth may conduct the test in private or in the presence of an adult.

AF FORM 1055 INSTRUCTIONS:

CYP personnel complete the following sections of the AF Form 1055. (Shaded blue on sample)

a. Date: The day medication is received.

b. Name of Child: Record the child/youth's name as it appears on the prescription in the space provided.

c. Medication: Record the name of the medication as it appears on the prescription or medication label.

- d. Purpose: Record the reason the medication is administered. (Ear infection, cough, etc.).
- e. Prescription Number: Record the prescription number as it appears on the medication label. If over-the-counter medications do not have a prescription number, write N/A in this section.

- f. Expiration Date: Record the expiration date of the medication. This may not be the same as the stop date.
- g. Dosage: Record the amount of medication to be administered as it appears on the prescription label or medication.
- h. Times: Record when the medication should be administered while the child/youth is in care. The parent/guardian cannot dictate additional doses.
- i. Stop Date: Record the date to stop giving medication as it appears on the prescription. If there is no specified time, the stop date will be the medication expiration date or a year from the date of the plan, whichever comes first.
- j. Special Instructions: Record any special instructions (e.g. refrigerate, give after meals)
- k. Diagnosing Provider: Record the name of the prescribing health care provider.
- l. Date Seen: Record the date the health care provider examined the child/youth.

CYP personnel must complete the following sections of the AF Form 1055. (Shaded yellow on sample):

- a. Date: Date medication is given.
- b. Medication: The name of the medication administered to the child/youth. More than one medication can be listed on AF Form 1055.
- c. Dosage: The amount of medication administered to the child/youth
- d. Time: The time the medication was given.
- e. Signature: Signature (first and last name) of CYP personnel administering the medication. NOTE: CYP personnel initial and annotate the reason if a child/youth does NOT receive medication.

Parent/guardian completes the following sections of the AF Form 1055 (Shaded pink on sample).

- a. Record the name of CYP on the first line.
- b. Parent/guardian signature and date authorizing CYP personnel to administer the medication.

- c. Parent/guardian initials and dates the section titled "Daily Permission Verification", at the bottom of AF Form 1055 EACH day medication is administered. NOTE: The parent/guardian initials annually for as needed emergency medications.

TOPICAL APPLICATION ADMINISTRATION

Overview:

A parent/guardian must sign annually to authorize the application of sunscreens, lip balms, non-prescribed hand lotions, non-prescribed diaper ointments/creams, insect repellants, and hand sanitizers.

b. An AF Form 1055 is not required UNLESS the sunscreen, lip balm, hand lotion, diaper ointments/creams, insect repellent and/or hand sanitizer has been prescribed by a health care provider.

c. Only sunscreens, insect repellents, and hand sanitizers approved by the CYP Medical Advisor AND purchased by CYP or the FCC provider will be applied to children/youth. Any exception to the approved and purchased sunscreens, insect repellants, and hand sanitizers must be accompanied with a detailed note signed by a health care provider and updated annually.

d. Non-prescribed hand lotions, lip balms, and diaper ointments/creams must be supplied by the parent/guardian and be clearly labeled with the child's/youth's first and last name. Homemade hand lotions, lip balms, and diaper ointments/creams are prohibited. CYP personnel will be trained on applying sunscreen, lip balms, non-prescribed hand lotions, non-prescribed diaper ointments/creams, insect repellent, and hand sanitizers by a Program Manager or a Training and Curriculum Specialist.

f. Sunscreens, lip balms, non-prescribed hand lotions, non-prescribed diaper ointments/creams, insect repellants, and hand sanitizers are kept out of reach of children/youth.

g. CBD/Hemp lotions and oils are not approved for use in our programs. These items are not FDA or federally regulated.

SUNSCREENS:

a. Use a sunscreen that says "broad-spectrum" on the label - that means it will screen out both Ultraviolet A (UVA) and Ultraviolet B (UVB) rays.

b. Use a sunscreen with a Sun Protection Factor (SPF) of at least 15. The higher the SPF, the more UVB-ray protection.

c. Sunscreens should not be used with infants under 6 months of age. Keep infants younger than 6 months of age out of direct sunlight. Find shade under a tree, umbrella or canopy.

d. Sunscreen should be applied liberally enough to all sun-exposed areas so it forms a film when initially applied. Ensure sunscreen is applied to areas commonly neglected, like the

ears, face, hands, neck, and feet. Ensure sunscreen is applied to back of neck and ears as well. Sunscreen should still be applied on cloudy/overcast days, and in winter at high altitudes.

e. It takes 20-30 minutes for sunscreen to be absorbed by the skin, so it should be applied at least 30 minutes before going outdoors.

f. Reapply sunscreen every 2 hours. Sunscreen wears off after swimming, sweating or just from soaking into the skin.

g. Preschoolers attending the Child Development Center or an FCC home may apply sunscreen to their arms and legs; however, an adult should apply sunscreen to their face and other areas of their skin. Children should be reminded to wash their hands after application.

h. Youth attending the School-Age Program or an FCC home may apply sunscreen for themselves. CYP personnel should remind youth to apply adequate amounts of sunscreen to all sun exposed areas and to wash their hands after application.

i. Youth participating in sports should be encouraged to wear sunscreen during practices and games.

DIAPER OINTMENTS/CREAMS:

a. Only diaper ointments/creams with FDA approval and have been approved by the medical advisor will be used. Coconut oil, avocado oil and olive oil are not FDA approved diaper cream/ointments and will NOT be used. Diaper cream applicators are unsanitary and are prohibited. Bottom washes (i.e. Honest Company Bottom Wash) are unnecessary, and do not go through the FDA approval process, and will NOT be used. The AF CYP Medical Liaison has disapproved use of diaper cream applicators and bottom washes based on health and sanitation.

b. Diaper ointments/creams will be dispensed from the container onto a piece of disposable material, such as a paper towel or a facial tissue.

c. Use the paper towel or facial tissue or wear clean disposable glove to administer diaper ointments/creams.

INSECT REPELLANTS:

a. Insect repellent is not to be used for infants under 2 months of age and is to be used sparingly on children/youth.

b. The American Academy of Pediatrics recommends insect repellents used on children over 6 months of age, have 30% DEET or less; or 5 to 10% picaridin repellent; and is applied once per day, before going outdoors.

- For children with food allergies the program requires that families provide an Emergency Action Plan from your physician. It must include substitutions and an exposure response plan. The Center will work with a dietician to ensure dietary needs are met.
- For children who have food intolerances the program requires that the families provide a Drs note (in any form) stating what the intolerance is and what can be substituted in the items place.
- 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 from your classroom for more details.)
- The Center will provide sippy cups for young children under the age of 2, as needed.
- Parents may not bring food into the Center, except sealed jars of baby food and unopened boxes of infant cereal. Parents may also bring breast milk and formula if a family chooses not to utilize the center provided formula. All breast milk and formula must be labeled appropriately and follow the *Feeding Infants and Young Children Instructional Guide*, which states the following:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington D.C, 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Ensuring Children's Nutritional Well Being

The Wright Patterson Air Force Base Child Development Center supports breastfeeding by providing a comfortable place for nursing mothers. Infant classrooms are provided with a rocking chair for mothers to breastfeed their infant. Coordination of feedings occurs between mother and teacher. For all infants staff provide daily "my day sheets" which include food consumed and amount.

For all ages of children who require special feeding needs such as diabetics, overweight/underweight or medical condition that requires the use of specialized feeding equipment a care plan must be approved by the Inclusion Action Team and consist of type and quantity of food the child consumes and must be communicated to the family daily.

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, Facebook 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.
- **Parent Information Board:** A family information board is located at the front desk area and in each 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 mutually satisfying 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 (semi-annual conferences) 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 conference. Families may request to review this form at any time.

ASQ: This assessment tool is a questionnaire complete 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 secured and filed in your child's portfolio to maintain confidentiality of your child's progress.

EMERGENCY PLANS

Severe Weather: 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.

Base Early Release: The Child Development Center will close 90 minutes after the "staggered release" of base employees has been initiated.

Hazards and Environmental Risks: 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.

If the facility/classroom is in danger due to a chemical spill, fire hazard or prolonged heat or cold conditions (68 degrees-82 degrees) the following actions may be taken:

- Re-locate to another activity room (if available)
- Evacuate to another child care facility (if space available). Parents will be contacted to inform them of the location of their child, or if time permits parents will be contacted to pick up their child immediately
- If not alternative care location can be secured the program will notify families to come pick up their child due to the hazards and environmental risks.

ACCIDENT REPORTS

Minor injuries are treated by washing with soap and water and applying bandages and ice packs. Parents will be informed of all injuries and/or mishaps. All accident reports will be completed by the Program Assistants, and parents will be notified. All accident reports will be kept on file at the Child Development Center.

STAFFING

All programs within the Child Development Center are staffed with a professional child development management team, trained program assistants and technicians, and trained administrative and support personnel staff. Training includes CPR, First Aid, Prevention, Identification and Reporting of Child Abuse, Child Nutrition and Food Handling, Positive Guidance/Discipline techniques, and other early childhood development training. An ongoing staff-training program is implemented in all child development programs to ensure proper care and age appropriate activities is given to all children. All Child Development staff have up to date and 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 Groups</u>	<u>Staff: Child Ratio</u>
6 wks - 12 months	1:4
12 - 24 months	1:5
24 - 36 months	1:7
3 - 5 years	1:12

Maintaining this safety standard requires the program to ensure that the appropriate number of staff is 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 on late reporting to work, just as the majority of the base population. Illness of staff who works "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

Supporting Challenging Behavior

Staff-child interactions provide enrichment and guidance which supports the social, emotional, and cognitive development of children. In addition, the child development center provides a caring and supportive environment that helps children develop self-control, self-esteem, and respect the rights of others. A child's attempts to learn, participate, and respond to people and activities in the center are respected as an important part of his or her overall development.

In learning to be social beings, children travel through stages that may result in behavior that is challenging to others both physically and verbally. In all cases where children exhibit challenging behavior, the center strives to meet the needs of the individual child struggling with challenging behavior while also meeting the needs of the entire group of children in the classroom. While allowing time and techniques to help a child or children behave in ways that are socially acceptable, the center will take all measures to protect children from hurting themselves and others.

Positive Guidance and Discipline Policy

Positive guidance is the primary tool that caregivers use to support challenging behavior. The center does not use punishment--spanking, isolation, confinement, deprivation of food, and harsh consequences that include prohibiting a child for playing or engaging in any activities in the center--to address challenging behavior. Rather, the program ascribes to the use of positive guidance, an approach that is synonymous with discipline. Discipline comes from the word disciple, which means learner. Discipline should be a process of teaching which allows socialization to take place. The

purpose of discipline is to instruct children in proper conduct and to help them develop inner controls so they can live according to the standards of behavior established by society.

Positively guiding challenging behavior is a process of teaching which allows socialization to take place. Adults are the models for children. We practice techniques that are fair, consistent, and respectful of children and their developmental (social and emotional) needs. In this way, a child will know the importance of similar behavior in his or her own life.

It is important that positive guidance provide an experience conducive for a child to learn appropriate behavior. The most important measure taken at the program is prevention that is, understanding why challenging behaviors occur and using positive alternatives to handle them. There are different techniques that may be used depending on the situation and the age and development stage of the child. Please refer to the specific positive guidance/discipline techniques for age of your child (ren) provided in a separate hand-out.

Recurrent rough play, persistent behavior that threatens the welfare of others, and habitual use of foul language will not be tolerated.

The program's positive guidance efforts are expected to result in a child's positive response to the caregiver's instructions and direction. If a child is consistently uncooperative with the caregivers, or is consistently inflicting harm on others or self, a parent conference will be required. The conference will focus on cooperative efforts between home and center, on exploring causes or situations to the problems behavior, and on discussing solutions which support the growth of the child and the group of children he/she is assigned to. After a designated period of time, if the behavior problems continue without signs of improvement, the director may suggest professional guidance for both the parent and child and/or temporary removal from the program with referral to more appropriate child care setting (such as a family child care home). Decision regarding removal considers the ability of the center to meet the needs of both the individual child having the behavior problems and the children in the group he/she is a member.

The use of humiliating or frightening punishment is not permitted in any program by a caregiver, volunteer, supervisor or parent. This includes physical punishment (such as spanking, slapping, hitting, pinching or shaking); verbal abuse, threats, or derogatory remarks about a child or his/her family; the use of sarcasm; yelling and using a tone of voice which is harsh (that is beyond firm or stern in tone); bodily actions which threaten (such as pointing fingers near a child's face, raising a hand, etc.); and consequences which are not related to the inappropriate behavior (such as not being permitted to go outside for failure to clean-up). Restriction or confinement by physical

means (except in instances where the child's safety or the safety of others is threatened) and the threat of or denial of snack or a meal is also unacceptable practices.

TOUCH POLICY

It is important that the touches used by caregivers are appropriate, caring, and respectful to the child. Touch, just as tone of voice and language used, is an effective way support and facilitate the message a caregiver 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 caregivers with an understanding of the use of appropriate touch with children.

Appropriate touch supports the emotional well-being of a child. They are touches which are a natural part of a caring relationship between a caregiver and a child. Appropriate touches demonstrate *mutual caring and feelings* between the caregiver and child.

Reassuring Touches support a child's feelings, encourages them in their action, and/or provides guidance.

Nap time Touches are intended to assist a child in relaxing and encouraging sleep. Naptime touches are to help a child feel comfortable and cared for during rest periods. Some children do not wish to be touched and this must be respected. Other children enjoy and appreciate the comfort in naptime touches. Touches should be limited to the head and upper back. Touches on diapered and underpants areas are considered inappropriate because of the area of the touch and the misunderstanding that can occur.

Lap Sitting is natural in a childcare setting. Babies, toddlers, preschoolers and school age children find comfort and security when sitting on the lap of their caregiver. Lap sitting must be mutual. Caregivers can offer a lap to sit on but must not coerce a child or encourage a child who has indicated he or she does not accept the offer of sitting on the caregivers lap.

Hugs are an important way to show affection. Hugs that are requested or offered by the child are appropriate. They should be gentle and respectful allowing the child to indicate that comfort has been reached. Hugs solicited by an adult are to support the child emotionally usually during times of distress. Caregivers can offer a hug but must not coerce a child or encourage a child who has indicated that he or she does not accept the offer of a hug.

Kisses are often shared by children to caregivers. Kisses are a socially acceptable way to show affection. Kisses offered by children are acceptable but must be directed to the caregivers check or forehead. Child should never be encouraged to kiss a peer or caregiver. These actions should only be child generated and unsolicited. Kisses may be used to reassure a child to calm or show emotional support.

Appropriate restraint for children who are endangering themselves and/or others requires careful action by the caregiver. Often restraint is employed when a child is "out of control" and is unresponsive to guidance and positive discipline techniques. *Appropriate touches must be used with an appropriate tone of voice and supportive, respectful language.*

Inappropriate touches not permitted under any circumstance. Touches of coercion, which exploit children because of the lack of children's knowledge, touches where adult gratification is gained, where laws regarding sexual contact between child and adult are violated, and touches that attempt to change a child's behavior with adult physical force are considered inappropriate and a clear violation of the Touch Policy.

CHILD NEGLECT AND ABUSE PREVENTION & REPORTING

- Children exhibiting suspicious bruises, abrasions, burns and other physical marks will be reported to the Family Advocacy Office or to the Department of Social Services. All child development staff members are mandated reporters.
- Child development programs will offer prevention of child abuse classes throughout the year for staff and parents.
- 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, 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 day care homes.

DoD Hotline: 1-800-336-4592

SLEEPING ARRANGEMENTS

To reduce the risk of SIDS, infants up to 12 months of age will be placed for sleep in a supine position (wholly on the back) by CDP personnel.

Any deviation from placing infants to sleep on their backs requires a physician signed sleep position medical exception. The exception shall be reviewed and approved by the Child and Youth Programs Medical Advisor. The Flight Chief shall coordinate concurrence from the Air Force Personnel Center Directorate of Services Installation Support Division Child and Youth Specialists or MAJCOM Specialist. A sleep position exception notice is posted in the Infant's crib. The full exception is maintained in the infant's file.

Infants with gastro-esophageal reflux should be placed for sleep in the supine position (wholly on their back). Elevating the head of the infant's crib while the infant is sleeping is not permitted. It is ineffective in reducing gastro-esophageal reflux and might result in the infant sliding to the foot of the crib into a position that might compromise respiration.

Once an infant can roll from supine (back) to prone (front) and prone to supine, the infant can be allowed to remain in the sleep position that he or she assumes. Infants must be asleep before assuming whatever position they choose.

Sitting devices, such as car safety seats, strollers/Bye-Bye Buggies, swings, infant carriers, bouncy seats, and infant slings, are not used for routine sleep. If an infant falls asleep in any of these devices, he/she is immediately placed in an approved sleeping device. Infants younger than 4 months of age are particularly at risk in sitting devices because they might assume positions that can create risks of suffocation or airway obstruction.

SLEEP ENVIRONMENT

Cribs used in CDCs and FCC homes will conform to the safety standards of the US CPSC and the American Society for Testing and Materials (ASTM). All cribs used in CDP must comply with the new federal safety standards, which include no drop side cribs; crib slats less than 2 3/8" apart; the top of the crib mattress more than 20" from the top of the crib rail; and crib mattresses which are firm and tight-fitting.

Cribs with missing hardware are not used. CDP personnel should not attempt to fix broken components of a crib. Many deaths are associated with cribs that are broken or have missing parts, including those that have been presumably fixed.

Only mattresses designed for the specific product should be used. Mattresses should be firm and maintain their shape when the fitted sheet designated for that model is used. There should not be any gaps between the mattress and the side of the crib or corners of the crib, bassinet, portable crib, or play yard.

Soft materials or objects such as stuffed animals, pillows, quilts, blankets, comforters or sheepskins, even if covered by a sheet, should not be placed under or near a sleeping infant.

Sleep clothing, such as sleepers, and wearable blankets (without hoods), may be used as alternatives to blankets.

Thin, single layer receiving blankets (approved by the AF) may be used in the play area; however, the infant must be on his/her back and be awake during this play time. Blankets may not be used during tummy time. Once an infant is able to roll independently, blankets will no longer be used in the play area.

Bumper pads or similar products which attach to crib slats or sides are not permitted.

Hanging crib toys (mobiles, crib gyms) should be out of an infant's reach. Any hanging crib toy must be removed when an infant first begins to push up on his or her hands and knees or when the baby is 5 months old, whichever occurs first. These toys can strangle an infant. NOTE: Mobiles are not used on fire evacuation cribs.

Infants sleep in an area free of hazards, such as dangling cords, electric wires, and window-covering cords, because they might present a strangulation risk.

To avoid overheating in general, infants should be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in the environment. CDP personnel should evaluate the infant for signs of overheating, such as sweating or the infant's chest feeling hot to the touch.

Infants who use pacifiers will be offered their pacifier when they are placed to sleep; however, it is not reinserted once the infant falls asleep. Due to the risk of strangulation, pacifiers/bibs should not be hung around sleeping infant's neck or attached to their clothing. Objects such as stuffed toys, which might present a suffocation or choking risk, should not be attached to pacifiers.

In the CDC, a copy of the AF Infant Safe Sleep Practices Poster is posted in each Infant sleeping area.

Commercial devices marketed to reduce the risk of SIDS are not permitted. These devices include wedges, positioners, special mattresses, and special sleep surfaces. A request to use a device requires documentation from the infant's health care provider which has been reviewed and approved by the CYP Medical Advisor.

Home cardio-respiratory monitors are not used as a strategy to reduce the risk of SIDS, unless directed by a medical professional and approved by the CYP Medical Advisor. There is no evidence that use of such devices decreases the incidence of SIDS.

At no time, will infants (6 weeks-12 months) be placed on cots. Older infants (over 6 months) may be placed on a firm sleeping mat (approved for infants) if a crib is not available.

Only one infant will be placed to sleep in each crib. Siblings, including multiples, will be placed in separate cribs.

SUPERVISION: CDP personnel, trained in safe sleep practices and approved to care for infants, will be present in each room at all times when infants are present. Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up.

CDP personnel will remain alert and actively supervise sleeping infants.

Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional Plagiocephaly (flattening of the skull). Tummy time helps build strength in an infant's head/neck and builds upper body muscles. Tummy time should take place when the infant is awake and alert and CDP personnel are within arm's reach of the infant. Infants should be placed on a solid surface; blankets will not be used during tummy time.

COMMUNICATING WITH PARENTS:

- a. Upon enrollment to a CDP, the Infant Safe Sleep Instructional Guide will be reviewed with parents. A copy of the policy will be provided along with the parent handbook. Parents are encouraged to follow and utilize the same measures when the infant is at home.

- b. Infants will be immunized in accordance with recommendations of the AAP and Centers for Disease Control and Prevention. Recent evidence suggests that immunization might have a protective effect against SIDS. Any deviation from the immunizations requirement requires a waiver from HQ AF/A1SOC Child and Youth Programs.

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 members. Staff members monitor children's arrivals and departures from the Center and perform constant checks to ensure children are accounted for at all times. The Air Force (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, the 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 or local force to issue an Amber Alert and the parents

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 AF Form 1182 (School Leader computer) located at the front desk to ensure all children are accounted for. Counts will be conducted hourly 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.

LOST ARTICLES

Child Development programs cannot assume responsibility for lost toys, book bags, or clothing. 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. A lost and found area is available for lost articles.

SHOE COVERS

All patrons are encouraged upon entering the facility to use the walk off mats to wipe their feet before entering the facility. In each lobby there is a shoe cover station that will allow patrons who would like to cover their shoes with the shoe covers may do so.

When entering our infant rooms all staff, families & visitors are required to wear shoe covers when entering the classroom. For your convenience outside of each classroom is a shoe cover storage system labeled with your name on it. Extra shoe covers are available outside of each classroom for those requiring a new or extra pair.

When entering our pretoddler rooms although not required, we highly encourage families to wear shoe covers before entering the classroom. For those wishing to wear the shoe cover a shoe cover storage unit with your name on it is available outside of each pretoddler classroom. Extra shoe covers are available outside of each classroom for those requiring a new or extra pair.

CLOTHING

- A change of clothes including shirt, pants, underwear and socks labeled with the child's name needs to remain at school for painting or wetting accidents.
- Label all children's clothing. Indelible water marker or permanent marker is suggested.
- Dress children for daily outside play as well as art activities. Even though washable paint and smocks are used for painting, sometimes paint will remain on clothes. Please keep this in mind when dressing your child.
- Ensure that children wear non-slip shoes. 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 are taken during the school year based on availability of transportation sources, approval of the Training & Curriculum Specialist(s), and field trips that align with the Study's in the preschool classrooms. Notification will be posted prior to any field trip regarding date, time, destination and cost. Parents need to sign a permission slip each time their child attends a scheduled field trip. Parents are strongly encouraged to volunteer and assist staff during field trips.

CELEBRATING CULTURAL DIVERSITY

The Child Development Programs at Wright Patterson 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 will 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 do so by focusing on a common theme for each celebration and "wrapping the package in holiday dressing" in order to give the gift of learning to our children.

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. Help 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 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 and communicate to staff and Program 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 a **Consolidated Parent Advisory Board** (PAB) comprised of parents and staff from all of the programs, to include the Child Development Center's, School-Age Program and the Family Child Care Program. This board meets quarterly to develop the overall "family involvement" calendar; to plan community or enrichment activities; to address parent suggestions, ideas, and concerns, and to assist families and program staff in negotiating differences, if necessary.

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 and complete the ASQ questionnaires at enrollment and on a regular basis afterwards. The content of conferences is kept confidential and specific to individual needs.

5. Open house, parent workshops, and parent involvement activities are additional opportunities for families to visit the center, to meet other families, and to become involved with the program.

Wright Patterson 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 BOARD

Did you know that as a parent with a child enrolled in any of the Child Development Centers(CDC) you are a member of the Consolidated Parent Advisory Board automatically?

The Consolidated Parent Advisory Board is made up of parents who wish to participate in assuring that their children receive the highest quality care. Parents have the opportunity to work hand in hand with caregivers and the administration of the Child Development Center's, helping to provide valuable input into the decision making process.

CONCLUSION

The Wright Patterson 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.

Child Care Center Phone Numbers

New Horizons (937) 904-1444

Wright Care (937) 904-8055

Wright Field South (937) 255-6463

Wright Field North (937) 255-6254

