

PARENT HANDBOOK

CHILD DEVELOPMENT CENTER



MARINE CORPS COMMUNITY SERVICES
MCAS CHERRY POINT
FAMILY CARE PROGRAMS
CHILD YOUTH PROGRAMS
CHILD DEVELOPMENT CENTERS
CHERRY POINT, NORTH CAROLINA

Revised February 2023
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Dear Parent(s):

MCAS Cherry Point Child Development Centers want to take this opportunity to welcome you to our family of dedicated childcare professionals. We appreciate the trust you have in our staff and look forward to providing a full spectrum of childcare, child development, and recreation services. The purpose of this handbook is to acquaint you with our policies and procedures for the Child Development Center in which you have enrolled your child. Once enrolled, the Center Director or designee will provide detailed orientation, information, and a tour. Our staff are prepared and happy to answer any questions you might have at any time.

It's important to note that while this handbook summarizes expectations, it is not inclusive. We are happy to provide education on any of our protocols and procedures, should you need additional clarification. Please, read through this Parent Handbook carefully and rely on the content to support an understanding of our practices as you join our partnership for children. We suggest that you keep your handbook in a convenient location for reference.

We appreciate parent participation and feedback as we continuously strive for excellence. Please consider participating in our Parent Advisory Board (PAB) quarterly program. Our programs are designed to meet the childcare needs of the military community and are always interested in your suggestions for improving or expanding our services. Our "open door" policy creates an atmosphere that invites you to visit a member of your center's management team at any time to discuss suggestions and concerns, or to simply say, "Hello!"

Again, welcome to the Children and Youth Program at MCAS Cherry Point! We trust that your family's experiences with our programs will be positive and rewarding.

Sincerely,
CDC Management

CHILD DEVELOPMENT PROGRAMS (CDP) MISSION STATEMENT

The Children and Youth Program (CYP) Child Development Centers (CDC) assist MCAS Cherry Point active duty and DoD personnel by providing a full spectrum of affordable, high quality child development and recreation for children age 6 weeks to 12 years of age. We offer full time care, parent education, special event and emergency care services. We understand the importance of balancing the competing demands of family life with mission accomplishment. Our talented team is trained to address the developmental, unique and special needs for intellectual, cognitive, physical, emotional and social growth of every enrolled child. Due to unforeseeable circumstances, such as a global pandemic, care offered and hours of operation may be adjusted as needed.

PHILOSOPHY

The Cherry Point Children and Youth Program is guided by a belief in a child-centered curriculum. We are committed to both high quality child development and recreational activities which respond to individual and group needs, provide evidence-based interactive experiences, and promote positive developmental and guidance strategies with a focus on success. Our programs strive to improve the economic viability of the family unit, unite with families and community, and provide exceptional care in a learning environment that is inclusive, safe and fun. Our unique programs excel by maintaining both Marine Corps and National standards of operation and practices, to include participation in a rigorous inspection resulting in accreditation through the National Association of Education of Young Children (NAEYC.) We believe that the early years of development are the greatest opportunity to teach and shape a child by affording them an opportunity to become effective citizens, capable workers, and loving parents of the next generation.

PROGRAM STATEMENT

CHILDREN SIX WEEKS THROUGH 5 YEARS OF AGE

Children's learning occurs through experiences and interactions with the world around them, meaning the early years are truly learning years. Every moment is an opportunity to learn, practice social skills, and gain knowledge while creating a foundation for all later learning in life. Curriculum goals and plans are based on regular, documented observations and assessments of each child's level of development, strengths and interests while respecting the diversity of each child's culture and family values. Our Child Development Centers use the Early Learning Matters (ELM) curriculum as the basis for lesson planning. Lesson plans are posted in each child's classroom and are readily available on-site for parents to see.

Our program is center-based, child-initiated and caregiver supported, with an emphasis on active participation through individual and small group learning experiences. Classrooms support full inclusion for all children including environmental accommodations, materials, and equipment to support and maximize learning opportunities for all. Multicultural and non-sexist materials and experiences are available for enrolled children.

It has long been known that children's learning is the most meaningful when their play is self-directed. Child Development Center (CDC) Direct Care Staff offer activity centers/ learning areas that allow children the opportunity to explore, create, imagine and experience their environment. Direct Care Staff are readily available to facilitate learning and provide nurturing encouragement to each child. Each activity is designed with a goal that promotes further development and prepares your child for the next level of learning.

CHILD DEVELOPMENT PROGRAM POINTS OF CONTACT

Family Care Branch Manager	466-4584
Children & Youth Program Administrator	466-6181
Child Development Center Director Bldg. 4298	466-3781
Child Development Center Director Bldg. 4629	466-5856
Child Development Center Director Bldg. 4859	466-2883
Child Development Center Asst. Director Bldg. 4298	466-7874
Child Development Center Asst. Director Bldg. 4629	466-6886 / 466-6430
Child Development Center Asst. Director Bldg. 4859	466-2917
Child Development Center 4298 Front Desk	466-3782/3783
Child Development Center 4629 Front Desk	466-3105
Child Development Center 4859 Front Desk	466-4176/3732
Resource and Referral	466-3595/5079/5605
USDA Food Program Manager	466-2621
Training and Curriculum Specialists	Can be reached by calling the front desk at your child's building

ADMISSIONS

Eligibility:

Enrollment is determined by the status of the sponsor. Eligible patrons (sponsors) are military personnel, DoD personnel paid from APF and NAF, active duty Coast Guard, reservists on active duty or during inactive duty training, and DoD contractors who are performing mission related duty on the installation. Retirees may be eligible when a waiting list does not exist, and space is available. We will evaluate the ability to enroll or maintain in care children with special needs on an individual basis through the Inclusion Action Team (IAT) process.

Central Registration:

Central Registration is the first step in enrolling your child in care. This is managed by creating an account and requesting care at www.militarychildcare.com (MCC) website. Following your request in MCC, you will receive an offer for care, which you will need to accept. Registration can then be completed in the Resource and Referral (R&R) office located at CDC 4859 on Jones Road. Registration, eligibility determination and fee verification must be renewed annually by all patrons.

R&R will assist you in completing the process and at the time of registration, you are required to provide or complete the following:

- Completed registration packet
- Current health screening (*submitted prior to child beginning care*)
- Current immunization
- Proof of annual flu vaccination (*between July 1 – Dec 31, 6 months & up*)
- Signed payment policy
- USDA and Parents Statement
- Family Care Plan which can be used from the Basic Individual Record (BIR)
- Current LES/Pay stubs needed to complete DD-Form 2652
- Two local emergency contacts (able to reach the center in 1 hour)
- Other necessary information as requested.

Forms may be found on the mccscherrypoint.com website. Parents are responsible for keeping all registration information current.

Resource and Referral:

Resource and Referral (R&R) assists with child care enrollment for the CDC and SAC programs, information and referral for the local area.

Resource and Referral is responsible for the placement and management of children into the Children and Youth Program aboard MCAS Cherry Point. They manage all requests for care through the MCC (MilitaryChildCare.com) website and the Priority Policy.

Short Term Alternative Child Care (STACC) includes: Care provided after hours outside the regular CDC operating hours and should be coordinated through the Resource and Referral Manager. Provision of STACC during CDC hours of operation is contingent upon availability of staff.

R&R may provide information regarding off-base childcare availability.

For further information on these programs, contact a Resource and Referral Specialist at 466-3595/ 5079/5605. For your convenience, R&R is located in CDC 4859 on Jones Road.

Full Day Care:

Full time care is available for children ages six weeks through five years of age who are not currently enrolled in kindergarten.

Wait List:

Once the center reaches capacity enrollment for any age group, we will maintain a wait list on MilitaryChildCare.Com. Vacancies are filled from the wait list by age group based on the Priority of Access and MCO 1710.30. This wait list is generated by the Military Child Care website (MilitaryChildCare.com). Placement is by registration date and DoD Priority Placement Guidelines, which are available through your R&R office. In all cases, priority shall be given to families seeking full time childcare in the following order:

1A	CDC STAFF
1B1	COMBAT RELATED WOUNDED WARRIOR
1B2	AD SINGLE/DUAL MILITARY/CG
1B3	GR ACTIVE DUTY OR INACTIVE DUTY TRAINING
1B4	AD W/FULLTIME WORKING SPOUSE
1B5	GR W/FULLTIME WORKING SPOUSE
1C1	AD W/PARTTIME WORKING SPOUSE
1C12	AD W/SPOUSE SEEKING EMPLOYMENT
1C2	GR W/PARTTIME WORKING SPOUSE
1C22	GR W/SPOUSE SEEKING EMPLOYMENT
1D1	AD W/FULLTIME STUDENT SPOUSE
1D2	GR W/FULLTIME STUDENT SPOUSE
2A	DOD/CG CIV SINGLE/DUAL
2B	DOD/CG CIV W/FULLTIME WORKING SPOUSE
3A	AD W/NON-WORKING SPOUSE
3B	DOD/CG CIV W/SPOUSE SEEKING EMPLOYMENT
3C	DOD/CG CIV W/FULLTIME STUDENT SPOUSE
3D	GOLD STAR SPOUSE (COMBAT RELATED)
3E	DOD CONTRACTOR SINGLE/DUAL
3E2	DOD CONTRACTOR W/FULLTIME WORKING SPOUSE

3E3	DOD CONTRACTOR W/SPOUSE SEEKING EMPLOYMENT
3E4	DOD CONTRACTOR W/FULLTIME STUDENT SPOUSE
3F	DOD/CG CIV W/PARTTIME WORKING SPOUSE
3F2	DOD/CG CIV W/NON-WORKING SPOUSE
3F3	DOD CONTRACTOR W/PARTTIME WORKING SPOUSE
3F4	DOD CONTRACTOR W/NON-WORKING SPOUSE
3F5	DEACTIVATED GUARD/RESERVE
3F6	OTHER FEDERAL EMPLOYEE
3F7	MILITARY RETIREES

Annual Renewal:

Annually, you are required to update your registration and fee verification. Failure to provide updated records, and complete the annual fee verification on-time may impact continued enrollment or your current fee category.

Exclusion:

We reserve the right to cancel enrollment of a child from the center when a parent does not adhere to center policies, including the failure to pay user fees. Furthermore, if the individual needs of a child within group care cannot be reasonably met within operational abilities; we reserve the right to withdraw your child. When a situation is identified which could lead to withdrawal, parents will be included in the plan to overcome the problem. Should withdrawal become necessary, our Resource and Referral Technician will be available to render assistance in locating alternative care choices.

Late Pick-ups:

Patrons who pick up their children late are charged a late fee of \$10.00 for each 15 minutes (or portion thereof). All late fees are payable at the time of the next business day pickup of the patron's child. **If you know you will be late, you may call the CDC and advise them of your circumstances and estimated time of arrival.** The CDC Director will assess emergency situations on a case-by-case basis. A pattern of continued late pick up can result in denial of services and/or disenrollment. Failure to call or pick up your child, combined with failure to respond to calls from our center may result in a call to PMO and/ or child welfare services.

Withdrawal Notification:

A two-week written notice must be submitted prior to leaving the program. Sponsors who fail to disclose intent to withdraw the child from the program are responsible for any bills appearing on their account and will likely be billed for the next pay cycle. Notification of dis-enrollment may be done at the front desk of your childcare facility. Please include child's name, facility, and anticipated last day of attendance. Withdraw forms are located at the front desk of your center or from Resource and Referral office.

FINANCIAL POLICIES

Fee Determination:

The Military Child Care Act, Public Law 101-189 mandates fourteen (14) income levels to determine DoD childcare fees. As mandated by DoD regulations, fees are based upon total family income using the service member's most recent Leave and Earnings Statement (LES) and/or pay stubs for use in computing total family income. Pay stubs, and/or the most recent copy of the spouse's W-2 or LES will be used to verify income for nonmilitary personnel. All fees are payable in advance and are due on the 1st and 15th of each month as outlined in our payment policy. Our Fee Policy and a current fee scale is available through the Resource and Referral Office.

The Department of Defense (DoD) mandates an annual across the board fee change which requires an annual Total Family Income verification. There are no exceptions and failure to do so will result in fee placement in the highest category.

Patrons are encouraged to use the auto pay system to avoid having childcare denied. Any patron whose account shows a pattern of past due payments will be required to set up an auto pay account in order for the child to remain in care. Patrons can set up an auto pay account at any childcare location .

Should you have a change in your total family income, you are expected to bring verification of the change to Resource and Referral. Fee changes will be effective for the fee period after documentation is provided and the Verification of Income is signed by the sponsor and spouse. Changes in income that result in higher or lower childcare fees are not retroactive. Patrons are requested to keep receipts for payments of childcare services. Should you need assistance with your account, please call the Center Director in your child's building.

New Enrollment: Fees must be paid in advance of childcare received. Fees are due on the 1st and 15th each month. Fees will be pro-rated as needed for enrollment or disenrollment in the middle of the pay period. Services utilized at the Child Development Center can be changed only once during the calendar year; for example, from full-time care to hourly when offered.

Discounts: Families will receive a 20% sibling discount for every child after the first one. There are no discounts or credits for vacation/leave or any other extended time away from the center. Annually there will be a holiday credit offered for those who are going to be out of care during the week of Christmas and/or New Year's based on installation schedules as it permits. Sign up for this holiday care session is required.

Payment due date: All continued care program payments will be due on the 1st and 15th of each month. If the 1st or 15th falls on a weekend or a federal holiday, payment will be due on the following business day. Payment by phone is available for parents on leave or unable to visit the centers on payment due dates. If fees are not paid by the 3rd business day after the due date your child will be denied care until fees are current.

Late Payment fees: Payments not received on or before the due date will be assessed a \$5.00 late fee per day, until paid.

Denial of services: Delinquent accounts will be denied services beginning on the 3rd business day after the due date, until payment is made, or until an extension is approved by management. Delinquent accounts will be sent to MCCS Accounting for collection and may result in garnishment of wages.

Extensions:

See the Center Director to request an extension. Any extensions granted will include late fee charges for each day the payment is delayed. Extensions will not exceed the days within that pay period (approximately 2 weeks). Repeated requests for extensions may result in denial of the request and/or termination of services.

Disenrollment due to non-payment:

Delinquent accounts without approved extensions, will be submitted for disenrollment on the 4th business day that falls after the due date. Any accounts with outstanding balances will be forwarded to MCCS accounting for collection.

Late pick-up fees:

Failure to pick up your child by the closing time of the program in which your child is enrolled will result in a late charge of \$10.00 per child for every 15 minutes (or any portion thereof) until the child's escort arrives. Failure to pay late fees or continued late pick-ups may result in a loss of childcare privileges. Payment is due next business day.

Lost CYMS key fob/card (for swipe-in and out): There is a \$5.00 charge to replace lost or damaged CYMS access cards or key fobs and can be purchased at Resource and Referral. Each family will be issued 2 per family at the time of registration.

Closures:

Child & Youth Program facilities are closed on all federal holidays, the day after Thanksgiving, Christmas Eve and during base closures for weather or emergencies. Fees are **not** pro-rated for closures, these are already figured into the fees. In the event of a closure, children will need to be picked up no later than one (1) hour from notification via blackboard connect. You may update your information for notification by blackboard connect at the center front desk.

SERVICES and SUPPORT

Special Care:

Care is often provided for special events such as the Marine Corps Ball or pre-deployment events which are advertised through different MCCS venues. For information please call Resource and Referral at 466-3595/5079/5605. Registration is always required.

Holiday Care:

Holiday care is regular care full time care provided during the two week period of Christmas and New Year's Day unless altered at the direction of the station commander. Open dates for holiday care will be announced each year and requires advanced registration which is accepted during an open window period in November prior to the Thanksgiving holiday. Announcements are posted in each building in multiple locations, and through our Black Board Connect notification system. **NO late registrations will be accepted.** It is your responsibility to register during the designated window. Holiday care may not be available to new patrons who register after 1 December and registration is based on staff availability.

Oversight:

The Children and Youth Program is governed by Marine Corps Order 1710.30, Air Station Order 1745.1E, local sanitation, safety, and fire regulations, as well as food service guidelines provided by the USDA sponsored Child and Adult Care Food Program. Monthly/Quarterly inspections are conducted by Preventive Medicine Unit from the Naval Clinic Cherry Point, Joint Safety Department, and Cherry Point Fire Department. We prepare and respond to annual Comprehensive, Multidisciplinary, and Marine Corps Headquarters Inspections to maintain a constant state of compliance. Center are also accredited by the National Association of Education for Young Children (NAEYC).

Open Door Policy:

CYP maintains an open door policy. Family members of children enrolled in a program are encouraged to visit, observe, and participate in any program in which their child is enrolled. Please see the front desk staff at your Center for more information.

Communication:

Communication and an open dialogue is at the core of your child's success and well-being. We have a responsibility to communicate with you regarding your child's experiences at the center, and you as the parent, have a responsibility to communicate changes or challenges that your child may be experiencing. Our caregivers are interested in working with you to understand your child's individual needs. There are a variety of ways that we will communicate with you, including daily verbal and written communications, monthly newsletters, parent bulletin board, Blackboard Connect (BBC) messaging, and parent/caregiver conferences. Communication between parents, caregivers, and staff is vital to the well-being of your child. Please ensure contact information is current and accurate to ensure all BBC messages are received.

Children with Special Needs:

CYP's inclusion policy for children with special needs is in accordance with Department of Defense Directive (DoDD) 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense, which implements Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. CYP embraces inclusion as an attitude and philosophy and welcomes and supports the involvement of any child and strives to provide reasonable and respectful accommodations to promote individual success.

Inclusion Policy

1. No child who meets basic age and eligibility requirements may, solely based on disability or identified need, be excluded from USMC CYP.

USMC CYP are dedicated to supporting the inclusion of children with disabilities. Disability is multidimensional. It is an interaction between health, environmental, and personal factors that affects a child's participation in developmentally appropriate activities. Some children with disabilities will need accommodations to participate in CYP and other will not. It all depends on the interaction between the factors and how it impacts their participation and connections to others.

The process of planning accommodations to meet a child's needs may be initiated by either the parent or the program at any point during the child's participation in CYP.

Parents may identify a need upon enrollment through the Health Assessment (NAVMC1750/4) or after the child has been enrolled for some time. With younger children, who may enroll as infants or toddlers, it is common for a child to receive a diagnosis at a later point in their time at the Child Development Center (CDC).

Programs may identify needs that are affecting the child's participation in the program or relationships with Direct Care Professionals (DCPs) or peers. Typically, the needs identified by the program will be behavioral, developmental, learning, sensory, or social-emotional in nature. Children with and without a diagnosed disabilities/conditions may have identified needs.

Inclusion Support System

Support System: USMC CYP's Inclusion Support System includes the child's family, Accommodations Collaboration Team (ACT), Inclusion Action Team (IAT), and Kids Included Together (KIT).

1. Family: Successful inclusion is family-centered and requires a family-CYP partnership. A child's family is the CYP's greatest resource for supporting that child.
2. Accommodations Collaboration Team (ACT): The ACT is a program level team that reviews the needs of individual children and youth and plans accommodations, resources, and support.
 - a. CYP Directors are responsible for assembling ACTs for their programs
 - b. ACT members must include at minimum:
 - i. Director/Assistant Director
 - ii. Training and Curriculum Specialist
 - iii. Nurse or designee (as needed for medical needs)
 - iv. Behavior Specialist or designee (as needed for behavioral or social-emotional needs)
 - c. Frequency of ACT meetings will be determined by the cases at the program level. Many cases will simply require ACT member notification of the needs and accommodations. Other cases will require an ACT meeting to outline accommodations, identify resources, and plan how to provide support to the DCPs. If a case requires an ACT meeting, that meeting must occur within 14 days of when the need is identified.
3. Inclusion Action Team (IAT): The IAT is a multidisciplinary team that provides case consultation and support at the installation level in cases where the program needs assistance determining how to reasonably accommodate a child's needs within operational procedures and with available resources.
 - a. The Children and Youth Administrator (CYPA) is responsible for assembling the IAT for the installation.
 - b. The required IAT members include the ACT, CYPA or designee, and the child's parent.
 - c. Additional IAT members may include other representatives who have relevant information about the child's case and the perspective needed to assist the team in planning accommodations.
 - d. Since the IAT is reserved for cases that require consultation for reasonable accommodations and/or additional resources, the required frequency of IAT meetings will depend on the needs of the program.
 - e. Programs shall proceed with the enrollment process for cases that are pending IAT review and schedule an IAT meeting as soon as possible and prior to the child's start date.
4. Kids Included Together (KIT): KIT is a contracted partner in supporting inclusive practices within USMC CYP. KIT provides disability inclusion and behavior support training in-person and online, as well as program-level and child specific coaching and consultation through the KIT Inclusion Support Center.

Getting Involved:

We believe that involving parents in center activities is important for both you and your child. When parents are involved in the center, it strengthens the continuity between a child's experiences at home and at the center. There are a variety of ways you can become involved in the center:

- **Parent Orientation and Tours:** Prospective or registered patrons may visit any CYP with an appointment and when escorted by center personnel. Escorts are necessary to ensure protection of the children enrolled in the programs. All families who accept a space in our child development programs are encouraged to call their center directly to schedule an appointment to meet with their child's Direct Care Staff to help ensure a positive start.
- **Parent Advisory Board:** We have an advisory board made up of parent representatives from enrolled patrons who meet and provide recommendations to program staff and the Command for improving services and program operations. The PAB Coordinator is a volunteer active-duty parent who has a child or children enrolled in the program. All parents of enrolled children (active duty or civilian) are welcomed and encouraged to attend. This board also coordinates the parent participation program and helps with special events scheduled at the center. Meetings are held quarterly. PAB meetings may be altered based on installation guidance.
- **Parent Participation Program:** Parents are encouraged to participate in our program in a variety of ways. Upon enrollment into the program, parents are expected to visit the center for an orientation and tour of the facility and programs. Other opportunities include, but are not limited to, conferences, visitation, being a parent volunteer, special events and projects, and daily communication with your child's caregiver. We also strive to involve parents by offering them the opportunity to broaden their knowledge of child development and parenting skills through resources such as lending library, in-service training, parent seminars, and other community activities. Participation may be altered due to installation guidelines.

Confidentiality:

Confidentiality and privacy are important and governed by mandates. The information you share with us is used in a professional manner as a means to meet your child's needs. If information is to be kept private or confidential, and doing so will not pose harm or threat to patrons, children, or staff, we will maintain an appropriate level of confidentiality.

Customer Service:

We strive to provide *World Class Customer Service* to you and your child. There may be instances that cause you to have a question or concern, or even a complaint. We respectfully request that you bring helpful comments, complaints, or even suggestions for improvement to the attention of your child's CDC Assistant Director/Director to ensure expeditious resolution. If resolution is not met to your satisfaction in a timely manner, please obtain a copy of the CYP Chain of Command and proceed to the next person in line. We welcome patron input and also encourage the use of I.C.E. (Interactive Customer Evaluation) for positive feedback and those issues that are unresolved at the local level upon initially going through the CDC Chain of Command. Visit the MCCS Cherry Point website (<https://cherrypoint.usmc-mccs.org>) for more information.

PROCEDURE FOR HANDLING CONCERNING OR UNSAFE BEHAVIOR

BEHAVIOR SUPPORT: WHAT TO EXPECT

Marine Corps Child & Youth Programs use a support pyramid model for concerning and unsafe behaviors. We know that children use their behavior to communicate. When we see concerning or unsafe behavior, it is a clue that the child needs our help. We use a pyramid model to make sure we have everything in place to support every child and youth's success.



Level	What it means
Intensive Supports	Individualized supports for your child
Targeted supports	Ways to strengthen communication & coping skills
Environmental supports	Changes to the space, materials, routine, schedule, & expectations
Foundational supports	Close, trusting relationships

We work as a team and use tools to help us stay on track and build supports using the pyramid. Our team includes the Program Assistants (Teachers) or Family Child Care Provider, Director/Assistant Director, Training and Curriculum Specialist, and the Behavior Specialist.

There are six Marine Corps behavior support tools. Sometimes we only need to use one or two tools and other times we will need to use all six. When your child needs behavior support, we meet every few weeks to see how well the things we are trying are working.

At times we may ask for your support with outside resources that may be helpful, such as early intervention, your local school district, or military resources, such as Military Family Life Consultants (MFLCs).

We will ask for your input on things that may help your child feel safe, connect with peers, participate in the routine, and understand expectations. We will ask for your ideas and support on the things that help at home or in other settings (like school or soccer). We may also ask for your ideas on how we can be consistent between your home and our environment.

We will always keep you up to date on what we are trying and how it is working. We will ask for your input as we go because you know your child best. If your child needs a Behavior Support Plan (BSP), we will invite you to join us to develop the plan. With your input, and your child's input if they are old enough, we will write the BSP together to put everything in place and be consistent.

If you have questions about the process, you can contact:

Name: **Donna Young**

Title: **Family Care Behavior Specialist**

Email: **donna.m.young@usmc-mccs.org**

Phone: **(252) 466-8107**

Our direct care staff and support staff, to include Training and Curriculum Specialist, CDC Directors and Assistant Directors, and Behavior Specialist are trained to implement the behavior support process, based on the pyramid model described, to address concerning or unsafe behaviors displayed children while in care at the CDC.

Behavior that is concerning affects participation and relationships with peers and adults and is determined to exceed what is typically expected for the child's age and development based on the frequency, duration, and intensity of the behavior displayed. Behavior that is considered unsafe puts the child or others at risk for IMMEDIATE harm.

Any behavior deemed unsafe (immediate harm will occur to the child or other children or adults) may require removal from the activity room setting until the matter can be reviewed by management if de-escalation is not possible.

Exclusions/suspensions are temporary and may occur when necessary for the safety of the child, safety of other children, and/or the safety of caregivers when de-escalation strategies are no successful and/or time is needed to train direct care staff to support a child. Exclusions/suspensions are determined on an individual basis by the Center Director/Assistant Director and in collaboration with the Children and Youth Program Administrator and discussed directly with the parents.

There are two limitations to CYP's responsibilities to provide reasonable accommodations under the law. One such limitation is when an individual's participation poses an actual health or safety risk to themselves or others. For a child's participation to pose an actual health or safety risk there must be an established, significant risk that substantial harm could occur to the child or others in the CYP environment. The risk cannot be based on assumptions or stereotypes. Risks must be based on objective evidence. There must also be documentation that the risk could not be minimized by reasonable accommodations to policies, practices, or procedures. In cases that involve established, significant risk, the CYP Director will call the KIT Inclusion Support Center for recommendations and refer the child's case to the IAT. The CYP Director will use the Considerations for Risks and Fundamental Alterations (MFY-14) to gather documentation to include the nature, duration, and severity of the risk, the probability that the potential injury will occur in the CYP environment, and whether reasonable accommodations will minimize the risk. In cases where the IAT determines that care cannot be provided because the child's participation poses a direct health or safety risk that cannot be minimized a request for disenrollment shall be initiated. The Installation Commander has final decision/determination. If it is determined the program cannot minimize the risk or provide the requested accommodations, the Commander notifies the parents and program in writing, detailing the documentation of the actual health or safety risk, denial of requested accommodation(s), previous considerations, efforts to accommodate, and any alternatives that may be available.

OPERATIONAL POLICIES

Hours of Operation:

Hours may be adjusted based on installation guidance.

- Full Day Program Monday through Friday 0600 to 1800.

*This means that no patrons should enter the facility prior to 0600 and should have vacated the facility by 1800. Patrons need to plan enough time to retrieve their children and depart by 1800.

Holidays:

The Child Development Center is closed in observation of all Federal Holidays, the Friday after Thanksgiving, Christmas Eve, and other special holiday closings in effect based on military designated leave periods. A list of closure dates will be furnished in August of each year prior to the start of the school year.

Arrival and Departure:

Your child's safety is our priority. For your child's safety, we require that the adults escorting children to the center complete the sign-in procedure as outlined below. Parents or authorized guardians must accompany children into their rooms. For your child's protection, only patrons authorized by the sponsor and listed on the Registration Card may take a child from the center. Authorized individuals must be at least 16 years of age. Based on installation guidance temperatures of adults and children may be necessary.

Child accountability:

We take the safety and accountability of your children very seriously. Parents will receive key FOBS for the convenience of signing your children in and out of care. You are required to swipe the child's card (key FOB) **as soon as you walk in with your child or return to retrieve your child. You may not advance to the classroom without this step.** Failure to do so will be brought to the Center Director for review. Multiple failures may result in dis-enrollment of your child.

Classroom drop off and pick up:

Parents must sign their child into the classroom and communicate any changes or concerns with the classroom staff as well as a daily phone number to be reached. At pick up, parents will be required to show their ID to the classroom staff. This step is an added layer of insurance that the child is leaving with the correct parent, guardian, or designated pick up person. Repeated failure to complete the check in/out process may result in dis-enrollment of your child.

Fire Lane and Unattended, Running Vehicles:

It is against ASO 5560.7A to park in the fire lane, and at no time should a vehicle be left with the engine running. ASO 5560.7A also prohibits children age 10 and under from being left unattended in a vehicle or 12 years if younger children are present in a vehicle. PMO will be notified if observed.

EMERGENCIES

Emergencies:

We take every precaution to prevent injury to your child, but in the event of an incident or medical emergency, we proceed as follows:

1. A staff member who is certified in CPR/First Aid/AED will administer emergency First Aid or CPR.
2. If the situation warrants, we will request emergency assistance by calling 911.
3. We notify you by telephone and provide a written incident report.
4. If you are not available, we notify the person you designated as your emergency contact who needs to be someone in the local area and not more than one (1) hour away.
5. If a parent or the emergency contact does not arrive before the emergency transport, if possible, a staff member accompanies the child to the hospital.

Additional information regarding medical response is outlined below in the section under Child Safety, Health and Wellness.

ATFP-SOP for Base Evacuation

In the event of **Base Evacuation**, during hours of operation the following action is to be taken in reference to the Child Development Centers, Buildings 4629, 4298 and 4859:

1. The Emergency Operations Center (EOC) communicated to the CDC that there is an installation evacuation. The EOC will tell the CDC personnel what area of the installation has been designated as the safe haven at the time of this communication.
2. The CDC employee receiving the EOC message immediately relays the message to the CDC Managers on duty.
3. The CDC Managers relay to all personnel to include caregivers that the CDC is in the emergency base evacuation process. A manager will be posted at the entrance of Building 4629, 4298, and 4859 until evacuation is complete. **ID checks will be performed.**
4. All caregivers and support staff are essential personnel and will remain on duty until instructed by a manager. **Caregivers and support personnel will immediately begin to prepare the children for evacuation.** Seasonal items such as coats/jackets should be put on the children. Diaper bags for infants should be packed and ready to go. Caregivers will take the sign-in roster and maintain that sheet throughout the process. An accurate count of the children is required at all times.
5. Bus transportation (eleven) and augmented staff (minimum 40) will arrive at the main parking lot of building 4298(two of which will go to building 4859's main parking lot). The doors between buildings 4298 and 4629 will be unlocked and monitored for quick entry and exit by children and staff.
6. **All caregivers, and support personnel will go to the designated safe haven.** The safe haven is established by the EOC. The CDC Managers will assemble all caregivers and children in one location at the safe haven and take attendance. The CDC Flag will be posted in an area that is visible for personnel and parents to see. This will mark the assembly spot at the safe haven for CDC personnel. The caregivers will have all parents sign out each child by signing the prepared attendance roster. A child not signed out by an authorized patron is still in the custody of the CDC. Each caregiver will turn in their classroom roster to the appropriate center manager after all of their assigned children have departed. The CDC Managers will ensure they have all the classroom attendance rosters before they depart the safe haven.
7. If there are still children under the care of the CDC when the "all clear" has been given by the EOC, the remaining children and staff will be transported back to the CDC.

Destructive Weather:

During extreme weather conditions, all facilities will remain open until directed by the Station Commander to close. During such conditions, **parents should maintain close contact** with the CDC in preparation for worsening of conditions and changes in operational status. **PARENTS MUST PROVIDE AN ACCURATE PHONE NUMBER WHERE THEY MAY BE REACHED. ONCE THE COMMANDER (OR HIS DESIGNEE) HAS DIRECTED CLOSURE, CHILDREN MUST BE PICKED UP IMMEDIATELY. All emergency contacts should be within one hour of the station. After an hour of an announced closure late fees will go into effect.** An automated message will be sent out to all patrons on the blackboard connect system. Parents may call the MCCA weather line automated information system at 466-6737 or the front desk of your child's center. For information on suspected or impending destructive weather, patrons are urged to listen to Channel 12 television.

Adverse Weather:

During times of increased heat conditions outside, our centers will follow the US Marine Corps CYP Flag Conditions Chart.

Green Flag: All outdoor activities allowed for all age groups.

Yellow Flag: Infants are not allowed outside, pre-toddlers allowed outside up to 15 minutes, toddlers and preschoolers allowed outside up to 20 minutes.

Red Flag: Infants and pre-toddlers are not allowed outside, toddlers and preschoolers allowed outside for up to 15 minutes.

Black Flag: Outdoor activities for all age groups are not allowed.

During times of cold weather conditions, CYP encourages participants to wear appropriate clothing and outer garments for outside play, such as hats, coats, gloves/mittens for protection and warmth. There will be no outside activity if the wind chill is below -15 degrees F or above 90 degrees F.

DRILLS: Fire, tornado, bomb threat, lockdown:

In an effort to be prepared for the unexpected, we participate in scheduled and unannounced drills to practice emergency preparedness.

- Fire drills are practiced monthly. If you are in the building when this is occurring, please exit the Center. In the event of a fire, everyone will be evacuated from the building as expeditiously as possible utilizing the posted evacuation plan and moving at least 75 feet from the building.
- Tornado drills are practiced at least twice a year with the children reporting to their designated safe zone and covering their heads with their hands and arms.
- In case of a bomb threat drill, the same evacuation procedure will apply. All children and adults will move at least 750 feet from the building.
- Lockdown drills are practiced monthly. If you are in the building during a lockdown drill you are to proceed to the nearest open room and follow the direction of the staff in that room. Parents are not to try and run your child to their room. The goal of this drill is to get out of sight as quickly as possible and remain quiet.
 - In case of an identified threat to children or personnel, the command of “lockdown” will be issued by the facility manager on duty via the intercom system or by voice.
 - All personnel in charge of children will immediately lock all doors to their activity room or area and only authorized emergency responders will be allowed access to the building.
 - Children will be gathered into space not in line of sight of a window or door. Staff are to keep children as quiet as possible and out of view of anyone outside the activity room.
 - Staff not in an activity room with children will seek concealment in a secure office, closet, restroom or the nearest activity room.
 - All rooms must remain secured until told otherwise by the on-scene commander or their representative.

CHILD SAFETY, HEALTH, and WELLNESS

Child Abuse or Neglect Identification and Reporting:

All staff members at the center are required by law and receive training to report any situation or condition where there is reasonable cause to suspect abuse or neglect of a child by anyone to include staff, parents, patrons, and visitors. This will include a report to the Family Advocacy Program (FAP) and Child Protective Services in the county where the child resides, as well as local authorities if required.

The center personnel will not notify parents when suspected child abuse is reported.

When Child abuse/neglect is alleged or suspected within a child development setting, it is a mandate to report the suspected/alleged child abuse immediately to the Family Advocacy Program (FAP) during normal operating hours and by use of their 24/7 on call number if after hours.

In the event that the alleged perpetrator is a CYP staff member, the employee will be promptly removed from the classroom during the review and/or investigation. The CDC Director will initiate personnel actions as appropriate based on the outcome of the review and/or investigation. The full and part-time employee will be assigned duties in which contact with children is not possible until the review and/or investigation is finalized. The flex/intermittent employee will be removed from the schedule until the review and/or investigation is finalized.

All staff members must satisfactorily complete a criminal history and background check. All CYP Personnel complete a Childcare-National Agency Check with Inquiries (CNACI) and are not allowed to be left alone with children until the check is fully adjudicated. All staff members receive annual training in abuse prevention, education, and reporting. **If you are concerned about the abuse or neglect of a child, please contact the DoD Child Abuse Hotline Number: 1-877-790-1197.**

CYP Nurses:

Nurses are on site but do not perform their assigned duties as one might observe in traditional direct care. The CYP Nurses are highly qualified, but administrative in their role. The nurses are deployed as support billets and not required to have constant presence in each center, nor will they respond to routine requests that direct care staff have been trained to address (e.g. temperature checks). Nurses will respond to emergencies, and calls of an urgent nature if available, however, the primary emergency response will begin with the direct care staff. Nurses will also assist in the preparation of Health Support Plans and participate in Inclusion Action Team meetings, and take a leading role in appropriate training, proper documentation of required health records and immunizations, and provide consultation relative to children identified with special needs.

Our staff are trained to respond to concerns or call 911 if there is an imminent concern. It is incumbent on the parents to notify the child's caregiver of any injury or illness that your child is currently experiencing. CDC staff will observe each child upon arrival and have a dialogue with parents about the child's wellness and watch throughout the day for obvious signs of illness. Children who appear to be ill or show visible signs of illness which prevent him/her from participating in daily activities will be denied care for that day.

Ill/injured children who require care beyond the capabilities of CDC staff or compromise the health and safety of other children in the CDC, will be denied care. In the event a child becomes ill/ injured at the center, the parents will be notified to pick up the child immediately (*within 1 hour*). If parents are unable to be reached, the center staff will contact the child's emergency contacts for immediate pickup.

A child sent home because of illness may not return the next day unless he/she has a physician's statement indicating the child may return to the CDC and has been fever free for 24 hours without medication. **In the case of conjunctivitis, the child may not return until the eyes are clear with no discharge and be out at least 24 hours or return with a physician's note if less than 24 hours.**

Parents of all children exposed to a communicable disease will be notified.

Criteria for exclusion of services are as follows (but not limited to):

- Temperature of 100.4 degrees F

- Severe coughing, difficulty in breathing
- Yellowish skin or eyes
- Eyes that are irritated, swollen, or with discharge
- Impetigo (skin infection with honey – colored crust)
- Scabies (contagious human itch mite that produces intense itching of skin)
- Ringworm (contagious fungal skin infection)
- Thrush (contagious yeast infection causing white patches in mouth)
- Chickenpox
- Head lice or Nits that are closer than 3mm from the scalp
- Strep throat
- Conjunctivitis
- Persistent diarrhea (2 or more watery stools, that cannot be contained and are causing “accidents” within 24 hours) or any evidence of blood
- Vomiting (2 or more episodes within 8 hours) or 1 episode with associated fever
- Symptoms of contagious diseases such as the mumps or measles
- Nonparticipation in the program (unable to stay awake/ feeling sick and can’t participate)

Participants may be readmitted after treatment has begun and/or the contagious stage of the illness has passed and must have a signed physician’s note. Participants are readmitted after illness only when their presence no longer endangers the health of other participants.

Courtesy Temperature Checks:

Children and Youth Programs temperature checks are performed as a courtesy and on a case-by-case basis. These checks are administered by the direct care staff. A CYP nurse may be consulted if a temp reads 100.4 F or higher and only if the nurse is available. If a CYP team member is concerned about the wellness of a child, they will consult with management or the nurse when available, and to gain further directions regarding parent contact.

Medication Administration:

Non-emergent medication will be administered only within full day programs for enrolled children who are regularly scheduled. Emergent medication will be administered on an as needed basis. Medication will be administered only when prescribed by a physician and only when there is **no other reasonable alternative to the medical requirement for the child**. Written permission from the parent or guardian must be obtained before administering medication. Children will be on oral medication at least 24 hours before dosage is administered by the CDC personnel. Medication will be administered for no more than 30 days without a new parental signature updated medical form.

Administration of over-the-counter medication or “basic care” items will be limited to diaper ointment, sunscreen approved for use on children, lip balm, and topical creams and ointments. These items must be clearly labeled with the contents, child’s name and date. A release of liability form must be signed by the parent.

Medications are kept under strict control by retaining in a locked or secured container, cabinet, or refrigerator out of reach of participants. Access is limited to CYP Nurses, Management and trained and designated Professionals. CYP does not administer “as needed” medications unless the medications are part of accommodations made for a participant’s special need and included in an ISP.

Child Custody:

We respect legal decisions regarding issues of child custody. In fairness to parents and children, we require documentation of the rights of each parent in order to restrict visitations. In the event of an attempt by an unauthorized parent to remove a child by force, center staff will not endanger other children or staff to prevent the child from being taken. PMO will be notified immediately as well as a call to the sponsor on file.

Meals and Snacks:

Please be advised, that our buildings are NUT FREE AND SHELLFISH FREE. See the front desk for details.

CYP is required to participate in the Child and Adult Care Food Program (CACFP). A well-balanced breakfast, lunch, and afternoon snack are provided that has been approved by a dietician or CACFP professional. An income eligibility application must be completed annually for each child. Menus are prepared using CACFP guidelines. A monthly menu is posted on the Cherry Point website, in each room and is available at the front desk to each family throughout the month. Nutritious meals and snacks are an important part of your child’s day. We serve meals family style in order to create a pleasant, home like atmosphere.

- Infants are served on demand. Children in the infant rooms are fed on their own individual schedule. Per the HQMC Health Promotion Protocol, “CYP does not allow any foods or beverages brought from home without written orders from a health care provider. Jarred baby food will be provided by the center and parents may bring in formula or breastmilk for infants who are not yet eating table food. For medically supported baby food provided by the parent, only unopened non-glass baby food containers labeled with the child’s name and date can be accepted. Bottles provided daily by parents must be prepared, labeled (with first, last name, and date of birth) and dated at home with the date that the food is to be served.
- CDC policy and practice, set forth by health and sanitation guidelines, directs that all infant bottles must be heated in a bottle warmer located within each infant room.
- According to the manufacturer, Playtex Ventaire Bottles are not designed to be heated in a bottle warmer. When heated in this manner the rubber disc located on the bottom of the bottle becomes misshapen causing the bottle to leak. The health and well-being of all children at the CDC is paramount. Due to their design and manufacturer’s recommendations, Playtex Ventaire Bottles are prohibited from use at the CDC.
- Sanitation regulations require staff to discard leftover food and formula after one (1) hour of initial feeding. CDC will not store food, or milk/breast milk, etc. Parents of children above the age of 12 months who are unable to participate in family style dining must make prior arrangements with management.
- Pre-toddlers, Toddlers, and Preschoolers are served Breakfast at 8:00 a.m.; Lunch at 11:00 a.m.; and Afternoon snack at 2:30 p.m.
- Late arrivals - meals or snacks will not be held to accommodate late arrivals. If your child arrives 15 minutes or more past the scheduled mealtimes you should make arrangements for your child to have a meal outside of the center and they will not be served after a late arrival.

- Children eating table food must be at the center during meal service, as food may not be held for later consumption.
- **Food from home or fast food is not permitted in our facilities.**
- All food served at the center meets the standards set by the U.S Department of Agriculture.
- To comply with licensing standards for the children on special Medical diets, we must have the physicians order stating a medical need and a copy of the diet meal plan in the child’s records.
- Due to health and sanitation regulations, all foods, with the exception of infant’s bottles, must be unopened, commercially packaged, processed in a nut free facility, and labeled with the child’s first and last name, date of birth, date to be served, and current date. Whole fruits are also accepted.
- If your child has special dietary needs, an ACT meeting must be held, determining the plan of action required by the parent. Parents failing to comply with requirements could result in withdrawal of their child from the program.

Food Allergies:

Child Nutrition Regulation 7 CFR 226.20 (g) of the Child and Adult Care Food Program states, “Substitutions because of medical needs shall be made only when supported by a statement from a recognized medical authority which includes recommended alternate foods.” Parents are required to provide a physician’s statement of the child’s food allergy(ies) and recommended substitution(s) noting the portion and frequency of each substitution. Upon receipt of this information, the center will provide alternate foods for the child and meet with the USDA coordinator.

- All children with food allergies or tolerance concerns will go through the ACT process before being admitted for care.
- Each child with food allergies or tolerance concerns will have a monthly menu annotated and signed by the parent with the foods they can consume for each meal period.
- A new monthly menu will be submitted for each child with a designated allergy each month prior to the 1st in order to be admitted into care.

Risk Management: We make every effort to provide a safe and secure environment for children. The center has a central intercom system as well as a central fire alarm. Each activity room has exits leading directly out of the center. A fence surrounds the playgrounds. All areas accessible to children are monitored by a closed circuit TV recording system. Exterior doors, which do not open to a fenced area, are equipped with an alarm to alert staff of unauthorized entry or exit. All visitors are required to sign in and out of the facility and will be escorted by a staff member while on the premises and wear a visitor badge. Routine inspectors and or maintenance staff will wear identification and be identified to the staff but may or may not be escorted while performing their duties. All staff members will wear nametags at all times, and visitors will wear a visitor pass.

PROGRAM POLICIES

Staff/Child Ratios:

DoD directed staff to child ratios are maintained at all times in order to provide adequate supervision and ensure rapid evacuation of all children in the event of a fire or other emergency. The following staff/child ratios apply:

<u>Age</u>	<u>Staff/Children</u>
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6 Wks to 12 Mos	1:4
13 Mos to 24 Mos	1:5
25 Mos to 36 Mos	1:7
37 Mos to 5 Yrs	1:12

Discipline:

CDC staff members are interested in promoting self-control and appropriate social behavior in children. We use positive methods to encourage development of these behaviors. We do not believe in, nor do we practice corporal punishment or other frightening/humiliating disciplinary techniques. Positive methods are used to redirect children’s inappropriate behaviors.

At no time will a parent or guardian discipline a child by striking, shaking, or any other form of physical or verbal punishment while on the premises of the CDC, to include the playground, the parking lot, and the surrounding grounds. When child abuse/neglect is disclosed, suspected or has been observed by staff or parents, mandated reporting procedures will be followed.

Guidance Techniques:

The following techniques are examples used to guide children in developing self-discipline and self-control:

WE DO:

1. Praise, offer choices, and encourage the children.
2. Reason with and set limits for children.
3. Model appropriate behavior for children.
4. Modify the activity room environment in an attempt to prevent problems before they occur.
5. Listen to the children.
6. Provide children alternatives to inappropriate behavior.
7. Provide children with natural and logical consequences of their behaviors.
8. Treat children as people and respect their needs, desires, and feelings.
9. Ignore minor misbehaviors.
10. Explain things to children on their level.
11. Offer a safe place for children to regain self-control.

WE DO NOT:

1. Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse children.
3. Shame or punish children when toileting accidents occur.
4. Deny food or rest as punishment.
5. Relate discipline to eating, resting, or sleeping.
6. Leave children unattended.
7. Place children in locked rooms, closets, or boxes as punishment.
8. Allow discipline of children by children.
9. Criticize, make fun of, or otherwise belittle children’s parents, families, or ethnic groups.
10. Use cribs or high chairs for disciplinary purposes.

12. Stay consistent in our techniques while working with young children.

11. Bind or restrain movement of mouth or limb.

Touch:

Physical contact is important for a young child's development. Children's self-esteem grows when they are cared for in a loving manner. Hugs, holding hands, a pat on the back, a lap to sit on, and a reassuring back rub at nap time are all nurturing to young children. These expressions of affection are natural for adults who work with young children. Some obvious examples of inappropriate touch are: shoving, squeezing, head and/or arm twisting, fondling, pinching, corporal punishment, biting, etc.

Biting:

Children biting one another is the most common, most difficult situation in-group childcare, especially within the pre-toddler/toddler age group. Biting is a natural phenomenon that has little developmental significance. It is not something to blame on the children or parents (or caregivers). Children who bite at a young age are not on a path of becoming a discipline problem. It is a behavior of a child not yet able to participate fully in social situations. Children may bite for any number of reasons such as teething, impulsiveness, lack of self-control, limited speaking skills, excitement and over stimulation, or frustration.

Interventions:

- When a child begins biting behaviors, the caregiver will track behaviors immediately that lead to biting incidents and help the child avoid such situations.
- The name of a child who bites will not be released to other parents, as it serves no useful purpose.
- Parents of a child who was bit will receive an incident/accident report and the parents of the child who did the biting will be notified and a BTT will be filled out as part of the Behavior Support Process. In most instances, the biting will continue for a period of time and gradually lessen. Every effort will be made to help the biting child achieve socially acceptable behavior.
- If a child bites and breaks the skin and immediate bruising or blood is visible, they will be a mandatory pick up with a conference required to return to care.
- If a pattern of biting persists (usually 3 bites within a week) even without breaking the skin a conference will be required to develop a strategic plan to redirect these behaviors.
- In severe cases, it may be necessary to remove the biting child from the CDC for a period of time.
- Every effort will be made to assist the parent in finding a satisfactory childcare setting while away from the group setting.
- PUNISHMENT DOES NOT WORK TO CHANGE THE CHILD'S BEHAVIOR. BITING BACK IS PROHIBITED AND MAY CONFUSE THE CHILD OF WHAT IS ACCEPTABLE SOCIAL BEHAVIOR.

Infant Back-To-Sleep:

In accordance with the American Medical Academy for Pediatrics, the National Institute of Child Health and Human Development, and the National Association for the Education of Young Children, the Children and Youth Program at Cherry Point supports and adheres to the best practices to ensure infants are well cared for and safe. Research supports that the easiest practice to lower a baby's risk of Sudden Infant Death Syndrome

(SIDS) is to put the infant on his/her back to sleep. We support the Back to Sleep Program and will place all young infants on their backs to sleep. Patrons who fail to follow this practice, with the exception of medical documentation and IAT review, will result in termination of services or disenrollment. Soft materials/objects and hanging toys are not allowed in the crib.

Diapers and Toilet Learning:

Only disposable diapers and wipes are permitted in the CDC. Should cloth diapers be needed, a physician's certification is required stating the period of time for which such diapers are necessary, and you are required to discuss requirements with the center staff.

Parents are responsible for supplying diapers for infants accordingly. Parents are also required to write the child's initials on each diaper. Direct Care Staff will notify parents of the need for additional diapers on the Daily Bulletin Sheet.

Baby powder is known to cause lung irritation and will not be used.

Diapering and toileting are teachable moments that provide wonderful opportunities for one-on-one time with the children. We follow health and safety regulations and use Universal Safety Precautions when diapering or assisting the children with developing their toileting skills.

We **assist** parents with toilet training efforts and will not start toilet training in the CDC until both the child's parents and caregivers feel the child is developmentally ready and only after it has been initiated in the home. The child must be able to realize the sensation of need to eliminate and be able to communicate the need for toileting to the caregiver. Parents should provide several (at a minimum 5) complete changes of clothing labeled with child's name. Direct Care Staff will encourage the child to toilet at regular intervals but will not restrain the child on the toilet. Please discuss training techniques and plans of action with your child's caregiver so that your child can experience continuity in adult expectations in this important area. Children will need to be toilet trained before eligible to move up to a preschool room.

Universal Precautions/Hand Washing:

To ensure the most sanitary conditions for your child, Child Development personnel receive annual sanitation and bloodborne pathogen training. All CDC personnel use Universal Precautions approach when dealing with all human blood and certain body fluids. All CDC personnel and children will comply with prescribed procedures for hand washing which are posted above the sinks. To help eliminate the spread of germs, hand washing should take place as soon as you enter the activity room, whenever hands are contaminated with bodily fluids, before and after eating meals or snacks, after toileting or changing diapers, before water play, when returning from outdoor play, etc. When visiting your child's room, we ask that you help eliminate the spread of germs by washing your hands as well.

Clothing:

Dress your child in appropriate clothing that is comfortable for a variety of active and sometimes messy activities. Please provide a complete change of clothing appropriate for the season and remember to mark your child's name clearly on all articles of clothing. Please replace clothing articles if they are sent home soiled. Children in Pre-toddler, Toddler, and Preschool classrooms must have footwear with a firm sole and for your child's safety, close toed shoes are required and shoes without a back strap are not allowed. To promote self-help skills, we discourage you sending a child in clothing he/she would be unable to manage, such as snowsuit, belts or one-piece clothing. Precautions will be taken to safeguard clothing and/or personal belongings. However, we will not be responsible for lost or damaged articles.

Personal Belongings: Outside personal items are not allowed in the centers. There may be occasions when special circumstances allow for this however, that will need to be by the approval of the center staff. Please speak to your child’s Direct Care Staff regarding any special considerations.

Technology and Toys:

Children are not permitted to have wearable technology or any computer based device that is not medically necessary and approved by the IAT. This includes but is not limited to smart watches, hand-held computers, etc.

Toys are discouraged from being brought to the CDC unless the child’s caregiver has requested something to be brought to the school, or the child has a “special friend” toy or stuffed animal for rest time. This must be discussed first with your child’s caregiver.

Jewelry:

Please do not put jewelry on your young child; **children under the age of two will not be allowed to wear jewelry (includes screw-on earrings) at the CDC.** Station Safety advises that jewelry can injure the wearer and poses a choke hazard for that child and others who may find the pieces. Under advisement of the Joint Safety Office, hair ribbons, bows, rubber bands, barrettes, etc. are prohibited due to the associated choking hazard for children 6 weeks – 12 months of age.

Celebrating Holidays:

We view holidays as a special time to celebrate and an opportunity to teach children about different traditions and cultures. We will discuss different holidays in order to help the children understand and gain an appreciation of various traditions and cultures. If you have ideas, artifacts, etc., related to a specific holiday or cultural celebration, please let us know so these celebrations can be as enriching as possible. If you do not celebrate holidays, please discuss your wishes with your child’s caregiver.

Birthdays:

For children in each activity room who have a birthday during the given month, parents are welcome to bring in special napkins or decorations or share a special activity for the monthly birthday celebrations.

No outside food is allowed in the centers.

Parents are not permitted to issue invitations to private parties through the center in order to protect the self-esteem of all children.

Field Trips:

Our program of activities includes visits to special places within the community, for ages pre-toddler to pre-school. We take special precautions to ensure the safety of children on field trips. We will notify you in advance of planned field trips and will require your written permission. Parental participation as chaperones is encouraged and coordinated through your child’s caregiver. Ratios remain the same as in the activity rooms. State regulations require children less than 8 years of age to be in an approved car/booster seat. As transportation is not available to accommodate car seats, field trips for CDC will be limited to places the children can walk. Direct Care Staff plan for and invite special visitors to the activity rooms. Parents are encouraged to participate by assisting in planning or recommending particular persons or programs.

Outdoor Play:

Your child's experiences on the Center's playground are an important part of our program and his/her development. We view the playground as an extension of the activity room. It combines opportunities for exploration, creativity, and play. **Children are required to be outside each day.** Please send children dressed appropriately for outside play. **Due to staffing demands, we are unable to allow children to stay inside while their group is outside.** If your child is too ill to participate in the daily schedule of activities, which includes outdoor play, he/she should remain at home. Our centers do follow the US Marine Corps Flag Condition Chart that is outlined in the Adverse Weather Condition section. The staff and center directors will determine the appropriate amount of time allowed outside during periods of extreme or inclement weather conditions. Outdoor play keeps children physically healthy and mentally well. By playing outdoors, children will: clear nasal passages (which prevents colds); release pent-up energy; develop gross motor skills; discover different sounds and smells, etc.

Photographing, Videoing or Audio recording Children or Staff:

Parents will be notified in advance of any individual not associated with the MCAS Cherry Point Joint Public Affairs office and/or the center who wishes to photograph or video children or center activities. Should you choose not to have your child photographed at any time, please notify your child's CDC Director in writing or the Resource and Referral office to change your permissions.

Also, no patron has the authority to photograph, video or audio record any children or staff within the facility unless previously approved and noted for special occasions such as graduation ceremonies.

CCTV Review Requests:

CCTV surveillance systems provide parents a certain comfort level as it allows them to observe their children adjusting to childcare without interrupting or distracting from the child's daily routine and activities. Moreover, the digital storage of images (i.e., "video recordings") can protect staff from false allegations of child abuse or neglect, and can be used by management to observe behaviors of both staff and children for future training and development purposes.

Parents have primary responsibility for the health, safety, and well-being of their child(ren). In the spirit of providing "unrestricted access" to children, parents shall have access to their children while at the CDC, and are allowed to view their children interacting with other children and the staff by viewing their children through CCTV monitors. This is live real-time monitoring, not a video recorded account.

When CDC operations are memorialized in a video recording, the recordings become Government records, maintained by the Government for up to 30 days void of any technical difficulties, for the exclusive use of the Government. These video recordings are maintained for several reasons, including the training of CDC staff, monitoring the progress and development of children, deterring and preventing child abuse and neglect, and protecting the Governments interests in the event of a potential legal claim.

Consequently, parental requests to view all or a portion of a CCTV video recording of activities at the CDC, including requests for copies thereof, fall within the purview of SECNAVINST 5720.42F. Parents desiring to view or obtain a copy of a recording must submit a written request, and should call the MCAS Cherry Point FOIA Coordinator at 252-466-6871 for information regarding how to properly submit a FOIA request. The rules and procedures governing release of official Government records set forth in SECNAVINST 5720.42F will determine whether any particular request to view a recording, or obtain a copy thereof, will be granted.

Unless required for internal management purposes, CDC CCTV video recordings shall be maintained for no longer than 30 days. Under no circumstances will anyone outside of MCCS Cherry Point be permitted to view any portion of a CCTV video recording without first consulting MCCS Counsel. Under no circumstances will

CDC staff respond directly to a parent requesting to either view or obtain a copy of a CCTV video recording, except to direct the parent to the MCAS Cherry Point FOIA Coordinator.

CURRICULUM

Our curriculum encompasses Conscious Discipline, Baby Signs and Early Learning Matters (ELM) curriculum. Conscious Discipline is a comprehensive classroom management program focusing on social-emotional learning. It is based on current brain research, child development information, and developmentally appropriate practices. Baby Signs are natural gestures of common words used by children every day. This program is back by research showing that using sign language with pre-verbal infants can help develop their language and cognitive skills.

The Early Learning Matters (ELM) curriculum is a comprehensive, research informed program to support the optimal learning and development of children from birth to five years of age. This curriculum promotes skills linked to school readiness and life success with best practices available. These practices include developmentally appropriate teaching strategies and the proven mix of child-initiated and staff-guided learning experiences. ELM offers practical, easy to use resources designed to support a range of staff backgrounds and to support children's learning in families.

ELM is based on results of research on early childhood programs that enable young children to get off to a good start in school and life. The curriculum is also based on the developmentally appropriate practice position statement and program accreditation standards of the National Association for the Education of Young Children (NAEYC). The development of ELM included pilot testing in military child development centers and in-depth review of curriculum plans by prominent early childhood content experts and program leaders.

ELM was developed by Purdue University for the U.S. Department of Defense Child Development Program and civilian programs of early care and education. The curriculum is available free of charge at the Virtual Laboratory School (virtuallabschool.org). Information about ELM may be requested at: elmcriculum@purdue.edu or by contacting the Training and Curriculum Specialist for the Child Development Centers aboard MCAS, Cherry Point.

For more information about the curriculums used please feel free to talk to your child's Program Assistant or visit the website.

<https://consciousdiscipline.com/>

<https://www.babysignstoo.com/>

Foundation Skills embedded throughout ELM

Pre-School Ages Three to Five years old:

Language/Literacy

Mathematics

Self-Regulation

Social-Emotional
Social Studies
Creative Expression
Science
Physical/Health

Infants, Pre-Toddlers and Toddlers Ages Birth to Three years old:

Communication/Language
Cognitive
Self-Regulation
Social-Emotional
Physical/Health

This information is located on two forms; “Options for Learning” as well as “Readiness Starts Early” which are posted on Parent information boards outside each classroom and can be requested at any time.

ELM IN THE DAILY SCHEDULE

Infants:

Infant Participation Guidelines: No time limit, length of activity is determined by the infants’ engagement: lasts as long as infant(s) remain actively involved. “Carter, I see that you are going someplace else in our room. We will save a place for you if you want to come back.”

One on One Opportunities (OO): 1 infant invited by a Program Assistant to participate.

Informal Gatherings (IG): 2 infants are invited to participate and infant may come and go or watch from a distance during IG.

Daily routine/schedule: similar, predictable, while maintaining some flexibility.

Meals: Infants are bottle fed on demand and baby jarred food schedule collaborated with parents.

Diapering: Completed at a minimum every 2 hours, based on infants individual schedule; and, more often as needed whenever infant exhibits discomfort or diaper is soiled/wet.

Pre-Toddlers/Toddlers:

Child Participation Guidelines: No time limit, length of activity is determined by child engagement: lasts as long as child(ren) remain actively involved. “Carter, I see that you are going someplace else in our room. We will save a place for you if you want to come back.”

One on One Opportunities (OO): 1 child invited by a Program Assistant to participate.

Informal Gatherings (IG): 2-3 (Pre-Toddlers) 2-4 (Toddlers) children are invited to participate and children may come and go or watch from a distance during IG.

Daily routine/schedule: similar, predictable, while maintaining some flexibility

Diapering: Completed at a minimum every 2 hours, based on child's individual schedule; and, more often as needed whenever child exhibits discomfort or diaper is soiled/wet. Toilet Training (Toddlers): is collaborated with the parents based on child's individual needs.

Pre-School:

Two ELM block sessions are integrated into the normal daily routine of meals, rest, and outside play. This includes:

- 60 minutes of child-initiated play in centers.
- 15 minute morning session each of Language/ Literacy and Mathematics sessions
- 15 minute afternoon session that offers Self-Regulation, Social-Emotional, or Social Studies content.
- 15 minute afternoon session that offers Science, Creative Expression or Physical/Health content.

Developmental Assessments:

Each child is assigned a primary Program Assistant when he/she is enrolled in the CDC. The Program Assistant assesses growth using a list of developmentally sequenced behaviors on Snapshot form. Through this assessment cycle and knowledge of the children's interests and needs, the Program Assistant will develop planning forms that will promote individual growth and development. This assessment cycle includes focused observations and communication with families about their child's interests and individual goals.

Conferences:

Daily sharing of information during drop off and pick up are encouraged and helpful in assisting the staff in meeting your child's needs. Scheduled conferences offer the opportunity for staff and parents to take the time to plan, assess, and set goals for your child's development and growth. Conferences will be held twice a year (May and November) but may be scheduled at the request of the patrons or staff members at any time. If child is enrolled in a Toddler classroom there will be an additional sit down conference for toilet training.

Rest Periods:

Rest periods are scheduled for all children enrolled in full-day programs. While infants are allowed to establish their own sleeping patterns, children in the pre-toddler through preschool full-day programs will have a scheduled rest period. Children are not required to sleep but must rest quietly during this time. Each child is assigned a crib or cot. Crib sheets and sleep sacks are laundered daily and are provided by the center. Parents of Pre-toddler – Preschool children must provide a blanket, a fitted crib sheet and they can also provide a small pillow (optional) for your child's comfort, labeled with the child's name. Blankets and sheets will be taken home at the end of the week, laundered, and returned with your child weekly. Soiled blankets and sheets will be taken home at the end of the day to be returned the next business day.

EMERGENCY TELEPHONE NUMBERS

DoD Child Abuse Hotline	1-877-790-1197
Fire Department	911
Naval Clinic	466-0266
Military Police	466-3615
Family Advocacy	466-3264
Poison Control Center	1-800-222-1222