



FAMILY HANDBOOK

Developmental care for children six weeks through five years of age to assist active duty, reserve, civilian and contractors meet their military obligations.



96 FSS/FSFC
EGLIN CHILD
DEVELOPMENT
PROGRAMS



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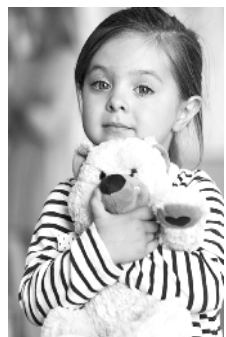
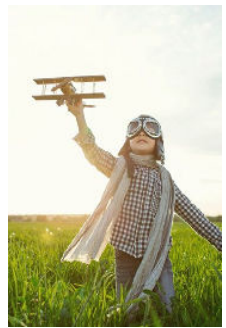
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Welcome

The Eglin AFB Child Development Program welcomes you and your family, and we look forward to serving your family. Our program offers developmental care for children from six weeks through five years of age to assist active duty, reserve, civilian and contractors to meet their military obligations. The CDCs are accredited by the National Association for the Education of Young Children (NAEYC).

A cooperative, caring partnership between parents and staff members is our constant goal. We always encourage close communication and invite you to visit and enjoy our facilities and programs; families are welcome to visit their child at any time. We work to create a homelike atmosphere in which your child will be comfortable, happy and enjoy many learning experiences. We welcome your suggestions on ways to improve our service to you and your family.

The practices of Air Force Child Development Programs are based on current knowledge of child development and early childhood education. We support the development of the whole child. 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. Children are valued as individuals, as well as part of a group. Likewise, our program respects and supports the ideals, cultures and values of families when nurturing children. We advocate for children, families, and the early childhood professionals within our community.

Air Force Child & Youth Program (CYP) Mission Statement

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 from birth through 18 years of age.

Hours of Operation

The centers are open Monday through Friday from 0700 to 1700 hours and are closed on all federal holidays. Fees are not prorated for federal holidays.

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

Accreditation

The Eglin AFB Child Development Programs are certified through the Department of Defense Child Development Services and are accredited by the National Association for the Education of Young Children. Certification and accreditation are earned by high quality childcare centers that provide a safe environment as well as developmentally appropriate curriculum. The centers experience a minimum of five inspections each year to ensure the health and safety of our children. The results of these inspections are available for your review at the front desk of each child development center.

Privacy and Confidentiality

Your right to privacy and confidentiality are of the utmost importance. All financial information, personal information and child assessment information is covered under our confidentiality policy. The only people with access to your financial information are desk clerks, administrators, the flight chief, and anyone else whom you specify. Your personal information and child's assessment information are only available to your child's classrooms teachers, training staff, administrators, specialists called in for a consult and anyone else whom you specify. If you have any questions about information covered, how the information is protected or who is allowed access to it, please contact a CDC Director.

Tobacco, Drug and Alcohol-Free Policy

According to Air Force policies, the Child Development Center is a tobacco, drug, and alcohol-free facility. Tobacco use is prohibited in the building and in any areas in proximity of the center.

Enrollment

All parents who enroll their children in the center will be provided an orientation and tour of the facility. The parent and child will be given an opportunity to visit their new

classroom, meet the staff, and become familiar with the program. To facilitate your child's enrollment, families must complete their online account via Child and Youth Programs Business Management System (CYP-BMS) and bring a copy of their most recent LES/pay stub, and the child's immunization record to orientation.

Fees

Rates are based on total family annual income and proof of income is required before fees can be calculated. All childcare fees will be invoiced and processed through CYP-BMS. Fees not paid on time will incur a late fee of \$5 per day per family. Delinquency of two payments may result in disenrollment.

Hourly Care

Hourly care is available on a space-available basis 0700-1700 hours daily with reservations up to thirty days in advance via CYP-BMS. Hourly care is provided at \$8 per hour. Due to the importance of rest to young children, we cannot accept drop-offs for care between 1100-1400 hours (11 am - 2 pm). Please provide a change of clothes, labeled bottles of formula or human milk, diapers, wipes and shoes (recommend close toed).

Kinderspot

Families wishing to sublet their CDC space by do so using the free Kinderspot app. By advertising the week(s) you will not be using your spot, others needing temporary care may 'rent' your space. This will provide credit on your account that will be used to pay your next bill. Please talk to one of the programs administrative assistants for more details.

Health/Exclusion Policy

Young children have a high susceptibility to communicable diseases and infections. To keep the children as healthy as possible, the center gives the following guidance: When at the center, children are expected to participate in both indoor and outdoor activities. The child should remain at home if s/he is not well enough to participate both indoors and outdoors. The CDC follows exclusionary protocol listed in *Managing Infectious Diseases in Childcare and Schools*.

All families are highly encouraged to have an alternate childcare plan for days your child is ill and unable to attend the center. Please inform us if your child is ill with a contagious disease. Families whose children have been exposed to a contagious illness while at the

center will be notified by classroom staff.

Families will be notified if their child sustains an injury while at the center. In every instance, an accident report is completed, placed in the child's folder and made available for review when the child is picked up at the CDC. Additionally, a courtesy call to the parent or guardian will be made if the injury is serious in nature.

Special Accommodations

The Child Development Centers support inclusion and participation of children with disabilities; as well as children with special learning, medical and developmental needs. The program and families work closely with the medical advisor and the Inclusion Action Team (IAT) for placement in the most appropriate, inclusive setting.

If a child is identified with a potential special need once enrolled in the program, families will be required to seek professional evaluation and provide relevant information to the program within 45 days. If the parents refuse to engage additional services to support their child's development, termination from our program may be necessary.

Medications

- Medication will be administered in accordance with AFI 34-144, which requires only prescription medications may be given.
- Medication will be administered at 1000 and/or 1400 hours (10 AM and 2 PM); AF Form 1055 must be filled out completely and initialed and dated by the parent each day medication is to be given to a child. Medication will be kept in a secure location at the front desk.
- No over-the-counter medication, including Tylenol, will be given without a doctor's permission. On an annual basis, parental permission to apply diaper ointment/salves, sunscreen (approved by medical advisor and purchased by the program), lip balms, and over the counter hand lotions is obtained.
- Medication can be accepted on an "as needed" basis but must have daily written approval from the parents/guardian as well as a doctor's approval.
- All medications must have the following information on the prescription label:
- name of physician, date filled, prescription number, child's name, dosage amount, frequency, and ending date (ex: use for ten days or until completed). Prescriptions must be current within ten days of the date filled and have an expiration date.
- The first dose of a new medicine must be given by the child's family who remain with the child for twenty minutes in case of allergic reaction.
- Staff who administer medication are trained annually by a health professional on the correct procedures for administering medications.

Supervision of Children/Transportation

Children are under adult supervision at all times. The following chart represents the minimum number of adults working with your child at the center. All children are within sight and sound of an adult at all times. All staff at the CDC have completed background checks prior to working alone with children. Please be aware that if a staff member is wearing a red smock the center is awaiting completion of their background check.

All children enrolled and participating in activities at Child Development facilities are subject to closed circuit video monitoring and recording.

Staff to child ratios have been established for each age group to ensure individual needs are met:

Infants	6wks-12 mths	1:4
Pre-toddlers	1-2 years	1:5
Toddlers	2-3 years	1:7
Pre-school	3-5 years	1:12

When preschool children go on field trips away from the center, the ratio is one staff per eight children. We also ask that parental volunteers go on the trip to provide additional supervision. Parents may be asked to accompany their child on a field trip if their child requires additional supervision to ensure safety or the child may remain at the center.

Transportation of children for field trips will be in accordance with AFI 34-144.5.6 with inspected vehicles, vetted drivers, appropriate supervision, and child car seats appropriate for each child; a CDC Director will be happy to provide additional details regarding the safe transportation of young children by the center. In the unlikely event that a child is left behind or is unaccounted for, simultaneous action will be taken to immediately notify law enforcement, the family and management while a search is conducted in the vicinity of the last known area until law enforcement arrives and directs the actions of center staff.

Transitioning Children

Children attaining a higher age category will be involved in a transition phase to the new age group. Children will be considered for transition 1 month prior to their birthday. Children enrolled in the CDC and preparing for kindergarten will be involved in a transition program to acclimate them to the fall School Age program. Contact the CDC/School Age Director for additional information. CDC will assist in facilitating the transition of all kindergarten aged children to the School Age Center when the space is available during the summer months prior to starting kindergarten. Parents do not need to request School Age care at MCC.com for this transition.

Child Abuse/Neglect Reporting

All program staff members are trained annually and are mandated reporters of any suspected child abuse or neglect. The program director notifies Family Advocacy Office (FAO) who will then determine what, if any action needs to be taken. Any staff may report to FAO, the DoD Child Abuse Hotline and/or the Florida Child Abuse Hotline. All suspected physical abuse and neglect will be reported to the appropriate agencies on base. If a staff member is “alleged” to have acted inappropriately, that person will be removed from the building and from being with children, until the investigation is completed, and action will be taken as appropriate. Florida Hot Line: 1-800-96-ABUSE
DoD Hot Line: 1-877-790-1197

Communication with Families

Continuous and open communication with parents on an on-going basis is a goal for our CDC staff. We utilize several different methods to effectively communicate with families. Some examples include daily sheets, formal and informal conferences, surveys, handouts for special events, newsletters, and special event calendars. We will notify parents via phone/email of emergency closures when their children are located at the CDC. The primary method of communicating emergency closures when children are not in the facility will be emails via CYP-BMS.

Negotiating Differences Between Families and Program

When differences arise between families and program staff, every attempt is made to reach a mutually satisfactory resolution. The family, teachers, and program management will meet to determine if a resolution can be reached that follows the center’s philosophy, goals, and program policies. If a solution cannot be reached, the program’s Flight Chief will meet with the family to help resolve the issue.

Family and Cultural Values

We strive to implement our curriculum in a way that is respectful to family’s cultural and individual differences to encourage celebration of diversity and promote understanding. We also ask for information about other languages spoken at home, other than English, so we can help your child continue to develop his/her home language and English at the same time.

Parent Advisory Committee

Parents are an integral part of the Child Development Program and the Parent Advisory

Committee serves in an advisory function, providing recommendations for improving services, partnering with the center to offer additional opportunities for family participation and recognizing exemplary staff. Information about inspections, new requirements, child development and other topics are covered at the monthly meetings. All parents are encouraged to participate. Please see the front desk at either center for information on the group and its next scheduled meeting.

Meals

Wholesome, well-balanced meals are provided according to the USDA Childcare Food Program at no additional charge. A cycle menu designed to meet USDA nutritional requirements is posted on the bulletin board in the lobby. Parents are asked not to bring food from home. Some children have life threatening food allergies, so it is vital that we monitor all food and drinks in the building. Please help us protect the health of all children. The exception to not bringing food is infant formula or breast milk, which must be contained in plastic bottles labeled with first and last name, date, contents, and time prepared.

Please inform us if your child is on a medically necessary special diet or is allergic to any foods. Allergies must be noted by a physician on an Exposure Response Plan and will be available to need-to-know staff in the child's classroom.

Mealtimes are as follows:

- Breakfast: 0800-0830 hours (8-8:30 AM)
- Lunch 1130-1200 hours (11:30 AM-12 PM)
- Snack 1400-1430 hours (2:30-3 PM)

If your child is under one or has special feeding needs, you will receive verbal and written information on your child's daily eating habits.

Infant Feeding

Breast feeding is a choice that is supported by our program. Expressed milk is to be provided in ready-to-feed sanitary containers labeled with the infant's name and the date it was expressed. Breast milk cannot be stored in the refrigerator longer than 48 hours and no more than 24 hours if the milk was previously frozen. Mothers are welcome to come to the program to breast feed their infants at any time.

Infants on formula have the choice between Good Start and Good Start Soy provided by the program, or a family is welcome to provide their own formula. Only plastic bottles may be brought into the center with the child. Please bring enough clean bottles for



each day.

Formula and baby food are included in program fees. Our program does not offer cow's milk to children younger than twelve months. The staff in the infant room will work individually with families as their child begins to be introduced to new foods.

Protective Foot Coverings

Any adult entering the infant room is asked to cover his/her feet with disposable covers provided at the infant classroom door. This limits the number of germs and dirt that might otherwise be tracked on the floor where the infants crawl and play.

Sleeping and SIDS Prevention

The staff in the infant rooms has been carefully trained to help reduce the risk of Sudden Infant Death Syndrome (SIDS). All infants, unless otherwise ordered by a physician and approved by AFSVA/SVPY, are placed on their backs to sleep. They may be allowed to assume any comfortable sleep position when they can easily turn themselves over from the back position. Infants who can turn over by themselves will have a sign placed on their crib indicating they have mastered this skill. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in the cribs for the child's safety. Children's heads are to remain uncovered while sleeping.

Diapers and Wipes

Disposable diapers are the preferred choice at the center. Families wishing to use cloth diapers will need to coordinate with the CDC, their child's physician, and the center's medical advisor. Wipe containers should be labeled with the child's name. Caregivers will check diapers regularly when children are awake.

Rest Time

Rest periods and naps are important for your child's growth and development, all rooms for children one year and older have a rest time of 1200-1400 hours (12-2 PM) daily. Children do not have to sleep. It is important that they rest quietly and respect the needs of the other children to sleep. Rest time in the infant classrooms is based on each baby's individual need.

Staff Qualifications

The key to maintaining excellence in the child and youth programs is staffing these

programs with well-trained personnel. These professionals are dedicated to the wellbeing of your child. They must pass a physical, receive food handler certification, and undergo an Installation Records Check through Security Forces and a National Agency Check. All staff are required to have the Tier 1 background completed before being allowed to work with children. They must participate in a briefing that includes safety and emergency procedures, sanitation and health practices, and positive guidance techniques. Child abuse identification, prevention and reporting procedure training is completed during orientation and is mandatory annual training each year while employed in Child and Youth Programs. The new employee is then assigned to work with an experienced caregiver in each age group.

When the background checks are returned, the new caregiver may be given responsibility for a group of children. Once assigned to an age group staff are scheduled to meet the need/ratio of the children in that age group (0700-1700).

Staff training at CDC programs is an on-going process. The Air Force has developed 15 comprehensive and developmentally appropriate modules for CDC staff to enhance the caregivers' skills and ensure competency with specific ages. The 15 primary titles of the Virtual Lab School (VLS) modules include:

Safe Environments	Healthy Environments	Learning Environments
Physical Development	Cognitive Development	Creative Expression
Self & Cultural	Social Emotional	Promoting Social Development
Understanding	Development	Professionalism
Positive Guidance	Family Engagement	Child Abuse Identification &
Communication &	Child Abuse Prevention	Reporting
Language Development		

Some CDC staff members have also achieved the Child Development Associate (CDA) credential. Additionally, the staff participates in training each month that is focused on child growth and development, classroom management, curriculum planning, or professional and personal development. The Director, Training and Curriculum Specialist, outside resource personnel, or staff members who have a particular area of expertise conduct these training sessions. The staff is also trained in First Aid and CPR (CDC are required to have pediatric first aid).

Assessment of Children's Progress

Our center is proud to offer a variety of assessments to track children's progress and to help guide our teachers to plan activities that better meet the developmental needs of our children. One of the assessments is called the Ages and Stages Questionnaire or ASQ.

This assessment is administered when each child is initially enrolled in our program. The family completes this short questionnaire by answering some simple questions about their child's progress in different domains of child development. The results are then scored by the classroom teacher and results are shared either during a formal or informal conference. The ASQ is offered again at various intervals during the year, depending on your child's age, to continue tracking your child's developmental progress.

Clothing

Please send your child in comfortable play clothes. The children are involved in active play and messy activities and even with an apron, paint may get on clothing. We want children to feel free to participate in all activities. Your child should wear simple, washable clothes, which he/she can manage and encourage self-help skills. At least three complete changes of clothing are needed for all children with toilet-learners potentially needing additional sets.

Shoes should be worn that are safe for active play. Please bring your child to school with comfortable, well-fitting shoes. We recommend closed toed shoes.

Guidance/Discipline Policy

All personnel practice a positive approach to discipline that will aid children in developing self-control. The goal is for children to learn to regulate their own behavior and follow rules and limits, not because they are afraid of being punished, but because a caring and trusting relationship has been nurtured and developed. No form of guidance such as spanking, withholding food, frightening, verbal abuse, humiliating, or binding is tolerated in the CDC.

Infants and Toddlers Appropriate Guidance Techniques:

1. Redirect attention to a safe object or area of the room.
2. Remove objects that pose a threat or problem.
3. Offer a diversion.
4. Separate/ move infants who would hurt themselves or each other.
5. Use facial expressions and tone of voice to convey messages.
6. Give children a chance to work it out if no one will be hurt.
7. Resist overusing "NO." This should be used for dangerous situations that require immediate responses.
8. Monitor infants at all times. Anticipate dangerous situations.
9. Explain what children can do in a positive manner.
10. Give hugs and nurture. Let children know that it is not necessary to misbehave to get attention.

11. Praise appropriate behavior.
12. Maintain a positive attitude toward the child. Keep a sense of humor.
13. Help the child gain control by holding and talking quietly to the child.

Preschoolers Appropriate Guidance Techniques:

1. Encourage children to develop problem-solving skills.
2. Anticipate problems and plan ahead.
3. Talk with the children to help them understand how their actions cause a problem.
4. Immediately stop dangerous behavior.
5. Observe when children are restless and change the activity to allow energy to be redirected in a positive manner.
6. Redirect activities toward acceptable behavior. Make frequent checks on the child to make sure that he or she follows through.
7. Praise appropriate behavior.
8. Maintain a positive attitude toward the child. Keep a sense of humor.
9. Explain desired behavior in a positive manner.
10. Involve the children in setting rules and limits.
11. Offer choices. Provide several acceptable alternatives.
12. Help the child gain control by holding and talking quietly to the child, using restraint as a last resort to ensure safety of the child and others.

A child's behavior that interferes with his development and success at play, is harmful to himself or others or puts him at risk for social problems will require a Behavior Support Plan, created with his family, Classroom Staff, Management, Trainers, and other specialists.

Termination of Enrollment

The Child Development Program is designed to be a positive experience for children. Occasionally, the program may not be appropriate for a child's continued enrollment. Termination may result if the program does not meet the needs of the child; or the expectations of the parent; or if the child displays repeatedly disruptive or inappropriate behavior. The Child Development Center staff will make every effort to assist the child and parents in determining the causes of the disruptive or inappropriate behavior. A parent may terminate their child's enrollment by providing the CDC with a written, two-week notice.

Eco-Healthy Practices

The CDC promotes eco-healthy practices which are incorporated into our daily routines, curriculum, and health practices. Examples are, but not limited to our choice of furnishings, materials, supplies and procedures that eliminate or reduce people's exposure

to environmental health hazards. Additionally, we participate in monthly water testing, purchase non-toxic toys and art supplies, and use eco-friendly detergents.

Vehicle Safety

Children under the age of 9 are not to be left alone in vehicles on Eglin. For the safety of all, we request that vehicles are not left running in the parking lot.

Emergency Plans

Plans are available for review at the front desk. See a supervisor for assistance.

Visitors, Building Access, and Security

Entrance to the CDC is through the main front entrance only. Authorized individuals must use their issued proximity card to gain entrance to the building. All other visitors must be escorted into the building by a staff member and sign in with the front desk. Visitors must remain with a staff escort while inside the building.

Concussion Policy

Concussion is a type of traumatic brain injury or TBI caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

1. Have the youth cease the activity.
2. Immediately notify parents that their child/ren sustained a head injury.
3. Staff members that witnessed the accident will complete an incident report and have the parents sign it upon arrival.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body— may have a concussion or other serious brain injury.

SIGNS OBSERVED BY PARENTS OR COACHES

Appears dazed or stunned

Forgetting an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent

Moves clumsily

Answers questions slowly

Loses consciousness (even briefly)

Shows mood, behavior, or personality changes

Can't recall events prior to or after a hit or fall

SYMPTOMS REPORTED BY CHILDREN AND TEENS

Headache or "pressure" in head

Nausea or vomiting

Balance problems or dizziness, or double or blurry vision

Bothered by light or noise

Feeling sluggish, hazy, foggy, or groggy

Confusion, concentration or memory problems

Just not "feeling right," or "feeling down"

WHAT SHOULD I DO IF MY CHILD HAS POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child from playing.
2. Keep your child out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer. Do not try to judge the severity of the injury yourself.

TO LEARN MORE GO TO: cdc.gov/HEADSUP

Key Personnel

Flight Chief, Child & Youth	850-882-3337
CDC II Director	850-883-7425
CDC III Director	850-882-2873

School Age Coordinator	850-882-8291
Youth Center Director	850-882-8212
Family Childcare Coordinator	850-882-2994


Community Resources

Families are encouraged to use the following links to locate support agencies and contacts in the local area. If a family prefers printed copies of these contacts, please see a center director or assistant director.

Eglin Helping Agencies

Military Family Readiness (850-882-9060)

Alcohol & Drug Abuse Prevention & Treatment (850-883-9352)



Area Defense Counsel (850-882-4185)
Chapel (850-882-2111)
Child Development (850-883-7425/5519)
Civilian Health Promotion Service (850-883-8024)
Drug Demand Reduction (850-883-9460)
Equal Opportunity (850-882-4285)
Family Advocacy (850-883-8616)
Family Child Care (850-882-2994)
Health Promotion (850-883-8020)
Inspector General (850-882-5966)
Legal Office (850-882-4612)
Mental Health (850-883-8373)
Military One Source (800-342-9647)
School Aged (850-882-8291)
School Liaison officer (850-882-4319)
Sexual Assault Prevention & Response (850-882-7272)
Special Needs Identification Coordination Process (850-882-4342)
Victims' Counsel (850-884-4509)
Youth (850-882-8212)
Integrated Prevention and Resilience Office (850-924-2630)