PARENT HANDBOOK

DONNA HEAD
CHILD DEVELOPMENT CENTER
AT THE UNITED STATES AIR FORCE ACADEMY

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INTRODUCTION

Welcome to the USAFA Child Development Centers! Our goal is to provide quality care for your children and to provide quality customer service to our parents. A daily schedule of activities is planned to meet the physical, social, affective, creative, cognitive and language needs of each child.

We have a dedicated and professional staff, and our supervisory and training staff hold degrees or credentials in early childhood education, child development, or a related area.

If you have any questions about our policies or programs, or the room leader in your room, management staff will be glad to assist you. If you have specific questions regarding our program or your child, please speak with the assistant director or director. We look forward to caring for your child and working with you.

MISSION STATEMENT

(NAEYC 10.A.01)

The mission of the Child Development Program is to 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 program and services for eligible children and youth birth through 18 years of age.

PROGRAM PHILOSOPHY

(NAEYC 10.A.01, 3.B.01, 3.B.02, 3.B.03)

The practices of Air Force child Development Programs are based on current knowledge of child development and early childhood education. We are responsible for supporting the development of the whole child, meaning all areas of development are considered inter-related and equally important. Our program acknowledges that children learn through active, hands-on involvement with their environment, peers, and caring adults. We respect each child's unique interests, experiences, abilities and needs, thus allowing us to be responsive to and appropriate for each child. Children are valued as individuals, as well as part of a group. Likewise, our program respects and supports the ideals, cultures, and values of families in their task of nurturing children. We advocate for children, families, and the early childhood professionals within our programs.

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

MULTI-CULTURAL PHILOSOPHY PROFESSIONAL ETHICS

(NAEYC 6.A.01)

Our program is committed to multicultural awareness. This means we share a commitment to human rights, dignity of the individual and social justice. We strive to create a program that truly reflects the lives of our children, families, staff and community. By recognizing the impact culture plays on families, we will make every effort to provide culturally responsive child care by affirming human differences and the right of people to make choices about their own lifestyle. We seek to recognize, appreciate and respect the uniqueness of each child.

STAFF QUALIFICATIONS & TRAINING

(NAEYC 6.A.03, 6.A.07, 6.A.08, 6.A.09, 6.A.10, 6.A.12, 8.C.02)

Staff members are trained in Cardiopulmonary Resuscitation (CPR) and First Aid. They are also required to have a ServSafe Certification, and health and background checks. All staff members working with children complete fifteen AF modules in the areas of child development, safety, child abuse prevention, child guidance and nutrition. Many of our care-giving staff hold degrees or credentials in early childhood education, child development, or a related area. Our staff receives at least 24 annual training hours to ensure their knowledge in the early childhood field is current. Administrative clerks and food service staff are also required to accomplish annual training.

STAFF/CHILD RATIOS

(NAEYC 10.B.12)

AF staff/child ratios are maintained as follows:

6 weeks-12 months 1:4
12-24 months 1:5
2-3 years old 1:7
3-5 years 1:12

CHILD CARE PRIORITY

Children of active duty military and DoD civilians assigned to USAFA, to include active duty members of units that have a support agreement with the 10th Mission Support Group, are prioritize as follows:

- Priority 1A - Combat Related Wounded Warrior Parent.
- Priority 1B Single C&P Direct Care Employee w/ Working Spouse or C&Y Direct Care Employee w/ Working Spouse
- Priority 1C Single/Dual Active Duty, Single/Dual Active duty Guard/Reserve on Orders and Single/Dual Guard/Reserve on Orders.
- Priority 1D Active Duty with Working Spouse, Active Duty Guard/Reserve on Orders w/ Working Spouse and Mobilized Guard/Reserve on Orders w/ Working Spouse.
- Priority 1E Single/Dual DoD Civilian
- Priority 1F DoD Civilian w/Working Spouse
- Priority 1G Surviving Spouse Combat Related - Working
- Priority 2 C&Y Direct Care Employee w/ Spouse Seeking Employment, Active Duty w/ Spouse Seeking Employment, Active Duty Guard/Reserve on Orders w/ Spouse Seeking Employment, Mobilized Guard/Reserve on Orders w/ Spouse Seeking Employment, DoD Civilian w/ Spouse Seeking Employment and Surviving Spouse Combat Related - Seeking Employment.
- Priority 3 Priority 2 C&Y Direct Care Employee w/ Student Spouse, Active Duty w/ Student Spouse, Active Duty Guard/Reserve on Orders w/ Student Spouse, Mobilized Guard/Reserve on Orders w/ Student Spouse, DoD Civilian w/ Student Spouse and Surviving Spouse Combat Related - Student.
- Priority 4 (Space Available) C&Y Direct Care Employee w/

Non-Working Spouse, Active Duty w/ Non-Working Spouse, Active Duty Guard/Reserve on Orders w/ Non-Working Spouse, Mobilized Guard/Reserve on Orders w/ Non-Working Spouse, DoD Civilian w/ Non-Working Spouse, Surviving Spouse Combat Related - Non-Working, Single/Dual DoD Contractor, DoD Contractor w/ Working Spouse, DoD Contractor with Spouse Seeking Employment, DoD Contractor w/ Student Spouse, DoD Contractor w/ Non-Working Spouse, Single/Dual Other FED Employee, Other FED Employee w/ Working Spouse, Other FED Employee w/ Spouse Seeking Employment, other FED Employee w/ Student Spouse, Other FED Employee w/ Non-Working Spouse, Inactive Guard/Reserve and Military Retiree.

SPECIAL NEEDS & INCLUSION

(NAEYC 7.C.05)

It is the policy and goal of Air Force CYP to make reasonable accommodations which support inclusion and participation of children/youth with and without disabilities. CYP programs must be designed to reasonably accommodate and be inclusive of children/youth (entering or already enrolled in the program), including those with identified disabilities as wells as special learning, medical and developmental needs. CYPs must follow the most recent AF CYP Inclusion Act Team Instructional Guide.

FEES & CHARGES

There are four types of payment plans: weekly, bi-weekly, bi-monthly, and monthly. Once a plan is chosen, it must remain in place for the full contract year. Payments will be accepted from 0630 to 1730 daily.

a. Weekly Plan: Payments are due on Monday of each week. Payments not received within two duty days will be assessed a $25 late fee.

b. Bi-Monthly Plan: Payments are due the 1st and the 15th of each month. Payments not received within two duty days after the 1st and 15th will be assessed a $25 late fee.

If fees are not paid in full on date indicated above, a **$25 late fee per child will be charged** and your child(ren) will not be accepted for care until payment is made. If your payment is not brought up-to-date within the week, you will automatically relinquish your contract privileges. If your child is not in attendance due to illness during the payment dates, payment must be made the first day the child is back in order to prevent a late fee charge. Payments for childcare must be made prior to vacation periods or your space will be relinquished.

If your child is at the center beyond the close of business, you will be charged $5 for the first five minutes and $3 for every minute thereafter. Every attempt will be made to contact you and/or an emergency contact using the numbers provided on your AF Form 1181, emergency contact cards, and on the AF Form 1930's in the classroom. At one hour past the close of business, proper authorities will be notified. *The child may be removed from the center and placed with Family Advocacy.*

HOURLY CARE

The Child Development Center and CDC Annex offer hourly care. Hourly care is designed for children 6 months to five years of age. Enrollment paperwork must be completed and certified in advance of making an hourly reservation. Reservations can be made 30 days in advance, when space is available; however, most are done on a day by day basis. If a space is available and paperwork is completed, you may reserve the slot in advance for hourly care between the hours of 0700 and 1700. Call 333-6779 to make reservations. The hourly charge is $3.50 per hour.

CDC ANNEX

The USAFA CDC offers a part day enrichment program for toilet trained three to five year old children either two days (T/TH) or three days (M/W/F) per week depending on number of children enrolled and the need of the whole program. This allows parents time to attend school, work a part-time job, or just have time for themselves. The program offers the same developmentally appropriate curriculum as our full day program. Call 333-6779 to make reservations.

ADMISSIONS

1. To register a child, the sponsor must bring a current immunization record and current leave/earning statement and/or pay slip for every adult member of the household. Failure to submit proof of income will result in payment of the highest category.
2. A local emergency contact person other than you and/or spouse is required, along with your work and home telephone numbers. This ensures that should your child become ill, or need to be removed from the center for any reason, an alternate person is available to pick up your child.

3. It is essential that AF Form 1181 be kept current and updated for the safety of your child.
4. Children are signed in at the front desk each day by a parent or other authorized person. All information on the AF 1182 (sign-in/sign-out form) must be correct each day. Parents must escort their children to the proper rooms and sign the child over to the caregiver on AF Form 1930. A contact number is required on the AF Form 1930, if it is different than those currently listed on the AF Form 1181. The same procedure occurs when picking up a child. These procedures are necessary to ensure all children are accounted for at all times.
5. If a person other than the parent signs a child out, his/her name must be on the AF Form 1181, as a person authorized to pick up the child. Siblings picking up children must be at least 14 years old. For the child's safety, a picture ID is required of all persons picking up a child/ren until the desk staff get to knowwho is picking up the child/ren.

6. A medical physical is required within six weeks of turning in paperwork for care.

7. Parents cannot bring children who are ill into our program. The Manager on Duty (MOD) has the authority to deny admission to any child who appears ill. If your child becomes ill while in the program, you or your emergency contact must pick up your child within **one hour** of notification to limit exposure to other children and staff.

8. All criteria must be met before children are enrolled for care.

PARENT PARTICIPATION

(NAEYC 1.A.01, 4.E.03, 7.A.11, 7.B.01, 7.B.05, 7.B.06, 10.B.08)

We welcome your involvement as a parent in our program. Our parents have the opportunity to be involved in many different ways. We encourage participation on the Parent Advisory Board, volunteering to help in the rooms and attendance at our special functions, or stopping by occasionally for breakfast or lunch with your child(ren).

Our Parent Board meets at least quarterly. Meetings are open to all parents and offer an opportunity for families to become acquainted and take part in our program activities. The minutes of these meetings are posted on the Parent Bulletin Board in the lobby.

If you are interested in volunteering to help in our rooms, please contact the room leader in your child's room. Parent volunteers are a valuable asset and enable us to offer children additional activities. Activities may include opportunities to explore/experience the areas of family customs and traditions, music, art, science, cooking, self-selection, blocks, manipulatives and story time. We appreciate parents' help in the various rooms.

HOLIDAY/BIRTHDAY CELEBRATIONS

A family survey is given out to parents at the time of enrollment regarding family customs and traditions. Parents and staff are encouraged to share what they celebrate in their family. Birthday celebrations can be used in the curriculum by children participating in the making of the special, nutritional snack with a two-week "advance notice." No outside items are allowed.

CHILDREN'S BELONGINGS

Upon their arrival in the program, each child is given a cubbie for personal belongings. Items and belongings should be labeled with the child's name. Toys and items of value should remain at home. We cannot assume responsibility for items brought from home.

The staff encourages parents to have at least one extra set of appropriate clothing in the program at all times. This will ensure that the child will be appropriately clothed at all times.

EMERGENCY EVACUATIONS

If the center must evacuate the facility due to an emergency, parents can pick up their children at the following locations: Donna Head CDC children at the Airmen & Family Readiness Center or the CDC Annex depending on the type of emergency. CDC Annex children will be picked up at the Fitness Center.

COMMUNICATION WITH FAMILIES

(NAEYC 7.A.04, 7.A.06, 7.A. 08, 7.A.09, 7.A.10, 7.B.05, 7.B.06, 7.C.01, 7.C.02)

Our program allows for personal communication with families on a daily basis at drop-off and pick-up times. Please optimize this time as appropriate. If you need to further discuss a topic with your child's teacher and are unable to do so at the beginning or end of the day, please make arrangements to schedule a meeting. We also communicate with families via email and phone calls. We welcome your feedack and want to maintain open lines of communication with you.

Parent conferences are conducted semi-annually and as requested by parents or staff. Conferences allow staff and parents to discuss the social, emotional, physical and cognitive development of individual children in our programs. Observations are used to help us plan appropriate developmental activities for each child and share information with parents at conference time. Parent newsletters include a variety of information on child development and activities to do with children. Newsletters are distributed monthly.

CURRICULUM GOALS

(NAEYC 2.A.01, 2.A.02, 2.A.03, 2.A.10)

The program curriculum is based on Developmentally Appropriate Practices (DAP). DAP refers to integrating early childhood development knowledge and techniques into our care practices. Making thoughtful and appropriate decisions about childhood practices requires using the research and data about how children develop and learn best at various ages and stages.

Developmentally appropriate programs promote children's active exploration of their environment. Children manipulate real objects and learn through hands-on, direct experiences. We know through research that young children learn best through "hands on" play oriented activities. Therefore, we create an environment rich with materials that encourage children to experiment, explore and pursue their interests while interacting and communicating with other children and adults.

Our curriculum offers children opportunities to make choices, provides freedom to explore the environment, values and ideas, and encourages problem solving and appropriate risk taking. The staff plan and implement activities to enhance physical, social/emotional, cognitive, language and creative development. Teaching staff observe children, their activity choices and interactions with others throughout the day. The information gathered during observations is used in future planning to meet the individual needs and interests of children.

We regard caring for children as a partnership with parents and families and invite families to participate in our program. A Training and Curriculum Specialist is available in each facility to answer any specific questions you may have regarding our curriculum.

Emotional Development is awareness of one's self. Knowing yourself is the first step in making you known to others, developing confidence and a positive self-esteem. We enhance this in our classrooms by having mirrors available for children to explore the way they look and how clothing and props can change their appearance. We call children by their name and help them identify and express their feelings. We also encourage children's awareness of how their actions can affect others. We provide activities that children can be successful completing, as well as, those that challenge them to do more. We encourage children to make decisions by offering them acceptable choices, redirecting inappropriate behavior and talking to them about why some things are not allowed. We allow children to do as much for themselves as they can during meals, toileting and clean up as this helps to develop self-confidence.

Social Development is the ability to join into a group and develop relationships with others. We facilitate social development by recognizing children's feelings and helping them to recognize the feelings of others. We provide books, dolls, puzzles and art materials that encourage children to recognize and explore differences in appearance and abilities of others. We encourage children to listen to and respect reasonable requests from others, both children and adults.

Creative Development is the ability to produce a variety of thoughts, words and actions. It expands curiosity and encourages children to come up with new solutions to problems. We provide children with a large selection of open-ended materials and art supplies. Open-ended materials have no right or wrong usage, but can be used differently each time. We also ask open-ended questions such as "Tell me about..." and "How else could you..." We invite children to test their ideas and reflect on what worked and what did not.

Physical Development is the development of large and small muscles. We promote large muscle development by providing opportunities in the classroom to dance and exercise and outdoors by providing climbing and riding equipment. We provide time for free play outdoors, as well as, organized activities. Small muscle development is promoted by a variety of materials in the classroom and outdoors. Manipulatives, games, play dough, paint and writing tools all aid the development of children's small muscles.

Language Development includes speaking, reading and writing. Speech is enhanced in our classrooms by talking to children during routine tasks and expanding their thoughts and vocabulary during individual, small group and, for older children, large group activities. Staff in the classroom name objects, repeat young children's attempts at speech, use correct terms for materials and ask children open-ended questions. We encourage reading by labeling shelves with written words and pictures. We read a variety of age appropriate books to children. Our libraries in the classroom are stocked with appropriate books that are rotated often. We offer flannel board stories and allow children to manipulate the figures and tell the story. Allowing children the opportunity to color with large crayons, markers and chalk develops writing skills. As small muscles develop, large scribbles get smaller and begin to resemble letters. Children then start to link these together and write.

Cognitive Development is the mental processes in which children acquire and manipulate knowledge. Children acquire knowledge through experiencing and manipulating a variety of real,

concrete materials. We offer a wide variety of materials in each of our classrooms. Children are offered materials based on their needs and interests. Special activities may be based on a special interest of an individual child and shared with all children in the activity room.

GENERAL INFORMATION

1. Please remember to label all clothing with your child(ren)'s name. Our staff will make every effort to help the children learn responsibility for their belongings; however, the center **WILL NOT** be responsible for lost items. Please do not allow children to bring toys from home. Appropriate toys for each age group are provided in the center. Children may wish to bring a security item, which we will allow; however please mark the item for easy identification.
2. If your child is comforted in a particular way or if we need to do anything to make his/her stay a more pleasant one, please share this with the caregiver.
3. If your child has not been in group care, plays rough or is a biter, please inform the caregiver so we can ensure a smooth transition.
4. Toilet training is started with parent cooperation in our two-year-old rooms when the child is developmentally ready. Special needs children will be assisted with toilet training on an individual basis.
5. A complete change of clothing is required for spills or toileting accidents. Soiled clothing will be placed in a plastic bag to be sent home.
6. Children are required to be dressed appropriately to play outside in 15° F - 95° F weather.
7. Children are signed in at the front desk each day by a parent or other authorized person using the touch screen system at the front desk. A PIN number is required to sign your child in/out. PINS are assigned randomly by the front desk per family. Parents must escort their children to the proper rooms and sign the child over to the caregiver on AF Form 1930. The same procedure occurs when picking up a child. These procedures are necessary to ensure all children are accounted for at all times.

GUIDANCE POLICY

(NAEYC 1.B.09, 10.B.08)

The program will strive to model the proper way for children to interact with other children and adults. Physical punishment in any form is not used.

Each center uses positive guidance techniques and redirection. The purpose of this is to help children learn acceptable behavior and develop self-control. When redirecting or guiding a child's behavior, the age, intellectual development, temperament and past experiences will be considered. The staff will make every effort to be consistent in explaining and maintaining rules and limits appropriate for the age of the child in a manner the child can understand.

Persistent behavior problems will be discussed with the parent(s). We will solicit your help in working on a solution for your child. Before a suspension is required, every effort will be made by the staff to help your child. When unacceptable behavior occurs on a continuing basis, the parent(s) will be kept informed of occurrences verbally and in writing. When a child demonstrates persistent misbehavior, the child will be removed from the program. We have the responsibility for providing a safe/healthy environment for all children and staff members.

CHILD ABUSE PREVENTION

(NAEYC 6.A.03, 6.A.04, 10.D.03, 10.E.02)

In accordance with 34-700 Child Development Center Operating Procedures, our responsibilities for reporting child abuse are addressed. The Department of Defense hot line phone number for reporting suspected child abuse is 1-877-790-1197. There are hot line posters located in the lobby and offices. All staff are mandatory reporters.

TOILET TRAINING PHILOSOPHY

At our program we look at potty training as a skill your child will learn gradually. At first children in our program need lots of help and gradually they are able to do more and more themselves. This is our goal: your child will be able to handle toileting all by herself. This means that your child will be actively participating in potty training; we won't be doing everything for her. This is usually a pretty good fit for toddlers because they want to be independent and want to do more and more for themselves. We want children to be successful at potty training; so we pay attention to making sure she is ready and that all of us are ready to support her.

POINTS TO CONSIDER PRIOR TO POTTY TRAINING:

- Are the child's diapers dry for at least two hours at a time?
- Does the child know—and let you know—when he is wet or has a bowel movement?
- Does the child tell you or indicate that she is uncomfortable in wet or soiled clothing?
- Can the child sit upright for 5 minutes?
- Can the child undress enough to sit on the potty? Can child pull pants down and up with little to no assistance?
- Is the child able to get himself to the potty?
- Does the child follow simple directions?
- Does the child answer simple yes-and-no questions?
- Does the child imitate others-parents, caregivers, or other children?

HEALTH

(NAEYC 5.A.01, 5.A.04, 5.A.07, 10.B.08, 10.D.01)

Our goal is to provide a safe and healthy environment for all children. Frequent hand washing is emphasized for staff and children. The Center for Disease Control procedures for diapering are followed. Public Health personnel perform unannounced inspections of each facility.

Hand washing is required when entering classrooms, before and after meals, diapering and toileting.

COMMUNICABLE DISEASES & EXCLUSION FROM CARE INFORMATION

The rules and guidelines are established to protect all children in the Child Development Center (CDC) settings. It is important for parents and children that the guidelines for safe return to the CDC be followed.

The following is a list of some of the most common childhood infections/diseases you will encounter in the CDC, a brief summary of the condition, how the child may appear and the guidelines for their safe return to care with other children.

CHICKENPOX (VARICELLA) - The classic appearance of the chickenpox rash/lesion is a reddened base of skin with a small clear blister over this red area. The lesion develops into a small to large white pimple with a reddened base usually within 24 to 48 hours.

They appear in crops usually first noticed around the face, neck, and scalp or on the trunk. They spread in area and number over several days. The child may or may not have a fever. The lesions are usually very itchy and the parents should be cautioned about preventing the child from scratching the lesions. The child should never be given aspirin or products containing aspirin, as it is associated with Reye Syndrome. The parents should give Tylenol or products containing acetaminophen.

Once the child has begun to break out in lesions, he/she may not return to the CDC until the 7th day or until all lesions are crusted over. A note is not required from a medical provider as long as all the lesions are dry, free of drainage and are not reddened or pustular (white drainage). The child must have resumed normal activity, have a good appetite and be free of fever for 24 hours prior to return.

PINK EYE (CONJUNCTIVITIS) - The infected eye will usually appear reddened especially in the normal white area, the sclera. Sometimes the eye will be painful and the child may complain that he/she has something in their eye. There may be thickened colorful (white to yellow to green) mucous drainage from the eye. If one eye becomes infected, it is very common for the other eye to also become infected in a day or two. Parents should take the child to a medical center for treatment. This type of infection is very contagious and can easily be passed to siblings at home.

Infected children must be removed from CDC until the eye(s) is/are not draining, the sclera is white and the child is free of fever for 24 hours. This usually requires three to four days of treatment. If the child's eye has not improved by the 3rd day of treatment, he/she should go back to the medical center for another exam to rule out a resistant infection.

DIARRHEA/VOMITING - The child may experience an increased number of stools compared to his/her normal pattern, with increased stool water and/or decreased form that cannot be contained by the child's diaper or use of toilet. The child may not return to care for 24 hours and must be free of symptoms. For example: If the child is sent home on a Monday, then he/she cannot return until Wednesday at the earliest. There must have been no vomiting or diarrhea for 24 hours prior to return to care.

NOTE: Some medications, especially certain antibiotics, may cause diarrhea stools. Parents will still need to pick up their child if diarrhea occurs.

FEVER - Fever is defined as follows: 100.5° F.

If the infant or child has fever at home or found to have a

temperature at the CDC, the child may not return to care until he/she is free of fever for 24 hours.

STREP THROAT (GROUP A BETA HEMOLYTIC STREPTOCOCCAL PHARYNGITIS) - Children with strep throat usually complain of sore throat, have a mild to high fever, headache and sometimes stomachache. Strep throat can only be diagnosed with a throat culture. Some children are treated for possible strep throat with antibiotics without a culture. Children diagnosed with strep throat (or presumed strep) may not return to CDC until they have taken an entire 24-hour course of treatment; usually this is three or four doses of antibiotic (Penicillin, Amoxicillin or other). The child must have completed this full 24-hour treatment and be free of fever for 24 hours before returning to the CDC.

Please encourage/remind parents of the importance of completing the full 10-day course of treatment for strep throat as strep throat can cause serious secondary problems if not completely treated initially.

NOTE: Scarlet fever is caused by the same type of bacteria and may cause a mild to more severe illness, which causes the child to be more ill with high fever, a coating or exudate on the pharynx and the possibility of greater secondary sequelae. The infected child will have a bright red throat, red tonsils and the roof of the mouth (palate) will be bright red. There may be a white coating on the throat and tongue. A rash of elevated red points will appear on the upper trunk and spread over the body. The rash feels rough like sandpaper when you rub your hand over it.

HAND-FOOT-and-MOUTH DISEASE (COXSACKIE VIRUS INFECTIONS) - This infection is characterized with distinct lesions on the hands and feet as well as with small flat red lesions in the mouth that develop into blisters and then ulcers. These lesions can appear on the tongue as well as other structures in the mouth. The lesions on the soles of the feet and the palms of the hands will appear as red flat lesions that may develop into gray-white blistered lesions. These lesions will often have a reddened base or red ring around them. The first symptoms are usually those of a mild to low grade fever, sore throat, abdominal pain and generalized malaise. These symptoms may occur for three days prior to the initial eruption of the lesions of the hands, feet or the mouth.

The virus causing this infection is very contagious and household contacts will often become infected if they have not been previously exposed. Control of infection may be difficult as the infected person can shed the virus through his respiratory tract for several days before showing any signs of illness. Children should

not return to the CDC until they are free of fever for 24 hours and free of any diarrhea symptoms for 24 hours and have returned to normal eating patterns. The virus is shed in the stool, so good hand washing after diaper changes is very important in preventing cross contamination.

HEAD LICE - Lice occur wherever there are humans. These troublesome creatures are distressing, but can be treated. They pierce the skin or scalp to suck the human blood they live off causing the itching that may lead to their discovery. They may be acquired by direct contact with another person or by contact with infested clothing, furniture or borrowing a friend's comb or hairbrush. Direct contact with the headset of an infected person can also transmit the infection. The adult louse may be seen on a person's scalp. Most often the nits (larvae) are found on the hair shaft when a parent inspects the scalp and hair of the child scratching his/her scalp and complaining of itching. The nits are typically found close to the scalp about ¼ to ½ inches above the scalp. The nits are small (0.5cm) oval and whitish in color.

The infected child and all family members need to be treated with special shampoo, such as RID or NIX or KWELL, as prescribed by the medical provider. This should be repeated for all family members seven to 14 days after initial treatment as ordered by the provider. The nits should be removed from the shaft of the hair with a fine toothed comb. Harmless treated flits can remain on the hair shaft for several weeks after treatment which often confuses parents and school nurses. Removal is the best reassurance although a second treatment should alleviate all concerns. It is necessary to conduct a thorough house cleaning by vacuuming all potentially infested surfaces of furniture, bedding, floors and rugs. Bedding, clothing, headgear should be machine washed in hot water and dried in a hot dryer. Items that cannot be washed and dried can be professionally dry-cleaned or placed in a sealed plastic bag in a warm place for two weeks.

Children who have received the initial treatment can return to the CDC after the first treatment. All nits should be removed to avoid confusion as to treatment success.

IMPETIGO - Impetigo appears as a series of moist sores with a yellowish hue or color like dried honey. It commonly occurs initially on the face or around the nasal openings. It can spread very quickly to cover a larger area. The child must be on antibiotic treatment long enough to have dried the lesions. There must be no new lesions in the past 24 hours prior to returning to the CDC. Depending on the severity of the infection, this will usually require three to five days of antibiotic treatment.

EAR INFECTION (OTITIS MEDIA) - The child who is under treatment for an ear infection can return to the CDC as soon as he/she is started on antibiotics. There is no reason to keep a child out of care unless the child has a fever. The child must be free of fever for 24 hours prior to return to the CDC.

PIN WORMS - These are tiny white worms which have hatched in the lower colon of an individual who passes them to other people through poor hand washing. The worms are passed on when an infected person scratches his anal/rectal area and traps the larvae of the worm beneath his/her fingernails. Then, the infected person touches food or objects thus passing on the larvae and the infection to the next person.

The larvae can be carried on the fingernails, bedding or house dust. That is why complete and thorough house cleaning is necessary in the treatment of the household member where the pinworm has been discovered. Children or adults with the pinworm infection complain of intense rectal itching during the night. The adult female worm laying the eggs in that area causes this.

If a child or any family member is diagnosed as having pinworms, the entire family must be treated concurrently with medication. There are exceptions to the treatment of pregnant women. They must speak with their appropriate health care provider. The entire house of the exposed family members must be cleaned and vacuumed thoroughly, including washing of all bed linens, bedclothes and towels, etc. that may have been in contact with the infected person. The entire family will require a second treatment of the medication at about five to seven days after the first medication treatment. The entire house cleaning procedure should be repeated at this same time of treatment.

RING WORM (TINEA CORPORIS) - This appears as a circular elevated ring or lesion which may have some slightly dry or scaly skin on the border of the circular ring. It may appear anywhere on the body, but is commonly found on arms, legs, shoulders, or any area that has had potential contact with the fungus on infected persons or pets. The fungus can also be passed with contact to any area that has a collection of hairs infected with the fungus, i.e. carpet or rugs. Some tinea fungi are in the soil/dirt.

The lesion must be under treatment before the infected child can

return to the CDC. The lesion should be loosely covered for the first few days of treatment to prevent spread to other children through direct contact with the lesion. Coverage with loose clothing is fine.

RASHES AND VIRUSES - There are many viral infections that cause mild to very noticeable rashes in children as well as adults. Most of these are harmless rashes. Any child with a rash accompanied by fever, malaise (not feeling well) or eye drainage requires appropriate medical evaluation prior to return to the CDC. A diaper rash needs evaluation if the rash has open sores and is spreading as it may become infected with bacteria. If in doubt, refer the child to medical care.

DIAPER RASHES - The best prevention is frequent changing of wet or offending diapers. If time allows, leave the bottom area open to air during changes. Parents should be reminded of this for home prevention and treatment as well.

Never apply baby powder to the diaper area as infants can breathe in the talc which is a respiratory irritant. Most CDCs use diaper wipes. If the skin is open and or irritated, rinse the diaper wipe under warm running water prior to applying the wipe to the child's skin.

If your child should become ill while in the program, you or your emergency contact will be notified to pick up your child. Children must be picked up as soon as possible, but NO LONGER THAN ONE HOUR AFTER NOTIFICATION.

MEDICATION ADMINISTRATION

(NAEYC 5.A.11, 10.B.08, 10.D.19)

The CDC will only administer medications prescribed by a doctor. Medications will be administered to children in regular weekly care only. Parents will administer the first dosage of any medication. Asthma inhalers, oral and topical medications will be administered.

A designated staff person will administer oral medication at 10 a.m. and/or 2 p.m. Please bring medication in the original container with the child's name. The medication must have a current doctor's prescription. **Permission form (AF Form 1055) must be completed in entirety, signed and initialed daily for the medication to be administered**.

Sunscreen provided by the center will be applied to children 30 minutes before going outside. If a parent would like to provide another brand of sunblock they will need to supply a doctor's note with the child's name on it, what brand of sunblock is to be used, why another brand is being requested over what the CDC provides SPF,

and application. Once the letter is received it is forwarded to our medical advisor. Once we receive the approval we can administer. The sunscreen cannot be a spray or aerosol.

Our staff may apply specified diaper ointment for an existing rash.

Please do not send any medication inside your child's personal belongings.

INJURIES

(NAEYC 5.A.06, 10.B.08, 10.D.01)

Minor accidents (cuts, bumps and bruises, etc.) will be reported to parents on an AF Form 1187 Accident Report when the child is picked up from care. We will use the information provided on the AF Form 1930, if different from that information provided on the AF Form 1181, to contact parents. You will be notified if a bite breaks the skin, if an injury occurs to the head area, if the child continues to indicate pain after pain would normally have diminished, or if you have requested notification for any injury to your child. If the injury requires emergency medical attention, an ambulance will be called and the child will be transported to Memorial North Hospital. Every effort will be made to reach the parents once the ambulance has been called.

REST PERIODS

In our program, rest is a necessary part of a child's day. At the time rest periods are scheduled, children are provided cots for rest. It is important for the room atmosphere to be restful. We play quiet music during this time, and for children who do not wish to sleep, we provide books, puzzles or some other quiet activity.

CLOTHING & OUTDOOR PLAY

Please ensure your child is dressed appropriately for the various activities in which he/she will participate daily. Remember, play is the work of childhood.

At the CDC, your child has opportunities to play with many different types of equipment and to explore and experience different kinds of exciting tools and materials. At times, he/she mixes his/her own paints, construction activities and plays with sand and water. Be aware stains may occur on clothing.

Please dress your child so he/she feels free to jump, climb and roll in the grass and is able to unfasten his/her garments.

For your child's safety, please ensure all walking children wear

shoes that cover their toes and have a strap across the heel. All clothing items must be marked with your child's name. Children attending our program must be able to participate in all activities.

Outdoor play is a daily part of our schedule. It is our policy that children who are well enough to come to the program are well enough to go outdoors. If children are dressed properly, weather conditions should not pose any health risk. Please supply appropriate clothing allowing for the extreme weather found in Colorado. In winter, children should have mittens, boots, shoes, hats and coats. In the summer, they should have cool tops, shorts and closed-toe shoes. Children will go outside if the temperature, or wind chill, is above 15^0 F and below 95^0 F., but will remain indoors during inclement weather (rain, lightening, dangerous high winds etc.)

TRANSITIONS BETWEEN CLASSROOMS

(NAEYC 10.B.14)

Children are promoted to the next room by age and developmental readiness. We try to promote children as close as possible to the appropriate date. However, we must also work within the guidelines on the number of spaces that are available in a room. This may mean that your child has to transition a little earlier or later than expected.

You will be notified in writing of the transition date, classroom and the teacher. When these notices are given to the receiving room caregiver, your child will start to transition to their new room. We encourage you to stop by the new room and meet the new caregiver. We strive to make the transitions as comfortable as possible for both you and your child.

FIRE DRILLS

Fire drills are conducted monthly so all staff members and children are familiar with evacuation procedures. Children are taken from their activity rooms to the designated fire evacuation area. Fire evacuation maps are posted in each activity room.

Parents will be unable to drop off or pick up a child from care during a fire drill. All children are accounted for in evacuations.

SNOW DAYS

In case of early closing, parents must pick up their children within one hour of being released from duty. This helps us to release our employees before conditions become more hazardous.

TRANSPORTATION AND FIELD TRIPS

Children ages 6 weeks to 2 years are not transported in a vehicle for field trips. Children ages 3 and above may participate in walking field trips on USAFA. We consider time away from the premises to be of a more high risk nature and thus increase staff: child ratio accordingly. Children will wear identifying apparel so they are easily recognized and accounted for. Staff will check prior to leaving the facility, at various intervals in the trip, and upon arrival to the destination, to verify 100% accountability of all children by conducting a name-to face roll call and total head count. Depending on the destination, various risk factors will be evaluated with an action plan to react in case of emergency. Our program plans for extracurricular activities in a manner that involves special visitors coming to us as opposed to children being transported off the installation.

ALCOHOL, DRUGS AND TOBACCO PRODUCTS

At not time may alcohol or drugs be consumed by USAFA staff while responsible for a group of children. Regardless of state law, the use of marijuana is prohibited for our staff members. Tobacco products may be used in designated areas never within sight of enrolled children.

SAFETY INSTRUCTIONS

Please do not leave your vehicle running while unattended. Refer to the USAFA Supervision Grid for authorized guidance for the age children may be left unattended in car. The grid is available in our lobby area.

PROGRAM ORIENTATION

(NAEYC 10.B.08)

Parents are provided information on the program orientation prior to the chid's enrollment. A formal orientation is offered monthly. Attendance is encouraged but not mandatory. If parents prefer a one-on-one orientation, this may be arranged. The orientation includes information on program philosophy, curriculum goals and objectives, guidance and discipline, ongoing communication procedures, support of special needs children, health and safety precautions and requirements, techniques used by the program to negotiate difficulties and differences that arise in interactions between families and program staff, payment, meals and snacks, sleeping arrangements, confidentiality of child and family information, etc.

ELEMENTARY SCHOOL TRANSITION

(NAEYC 7.C.06, 7.C.07)

Our curriculum encourages and supports your child's transition into the formal school environment. As your child nears kindergarten age, program personnel will provide information on local school districts. Local school information is available at the Airman & Family Readiness Center. The Academy and surrounding area is in the Academy School District 20.

ASSESSMENTS

(NAEYC 7.B.03, 7.B.04, 7.C.03)

Children are assessed regularly through formal and informal observations. With the information obtained, teaching staff and parents develop goals for their child's successful development. Program staff encourage and support families to make the primary decisions about services that their children need and they encourage families to obtain needed resources.

The *Ages and Stages Questionnaires* tool is used in our program.

FOOD PROGRAM

(NAEYC 5.B.01, 5.B.02, 10.B.08)

The Child Development Centers participate in the USDA Childcare Food Program. All parents whose children are attending our program are required to complete a USDA Income Eligibility Form yearly upon enrollment in our program. The center serves breakfast, lunch, a 2 p.m. snack and a 5:30 p.m. snack. Cycle menus are approved by the AFA nutritionist and are posted on the parent board in the hallway.

Due to our participation in the USDA Food Program, **we do not allow any outside food to be brought into the center**. Meals provided in the center are in compliance with the USDA Food Program to ensure adequate nutrition for the children.

RESOURCES & REFERRALS

(NAEYC 7.C.03, 8.A.01)

Programs maintain a current list of child and family support services available in the community (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention-special education screening and assessment services, National Association Child Care Resources Agency and basic needs such as housing and child care subsidies). Resources are available in the Family Child Care office and in the parent information areas of each Child Development Center.

SECURITY PROCEDURES

(NAEYC 10.B.08)

Facility and program access is strictly monitored and controlled as a child abuse preventive measure. Access is limited to parents, children and staff. Others needing access (i.e. civil engineers) are required to sign in. Adults, other than parents, picking up children are required to provide photo identification, which will be compared with names listed on the AF 1181.

Visitors (other than enrolled parents who are authorized to be at the program) must check in at the program office immediately upon entering the facility. Visitors are also asked to sign-in on the forms provided.

SIGN IN/SIGN OUT POLICY

(NAEYC 10.D.06)

For the safety and well being of children we maintain strict accountability standards. It is imperative parents follow established sign in/sign out procedures. Under no circumstances will outsiders be permitted in the facility without being escorted or signed in.

CLOSED CIRCUIT VIDEO MONITORING

All children enrolled in our facility are subject to closed circuit video monitoring and recording. All patrons will be required to sign a General Talent Release stating awareness of this possibility thus releasing and discharging the United States government from any cause of action arising from participation.

COMMUNITY RESOURCES

Early Intervention Colorado: www.eicolorado.org
Air Force Aid: 333-6393
Airman & Family Readiness: 222-3444
Alcohol and drug Abuse Prevention: 333-5177
American Red Cross: 1-877-272-7337
Child Abuse Reporting: 444-5700
Chaplains Service: 333-3300
Domestic Violence Crisis Line: 633-3819
El Paso County Disaster Assistance Center: 444-8301
Employee Assistance Program:333-4364
Family Advocacy Program: 333-5270
Health and Wellness Center: 333-3733
Integrated Delivery System:333-5270
Mental Health Clinic: 333-5177
Military Life Consultant: 333-1721
Military One Source: 1-800-342-9647
National Association of Child Care Resource & Referral Agencies: 703-341-4100 www.naccrra.org
National Domestic Violence Hotline: 1-800-799-SAFE
New Parent Support Program: 333-5270
Pikes Peak Legal Services: 471-0380
Pikes Peak Mental Health: 635-7000
Pikes Peak Respite Services: 659-6344 www.pikespeakrespite.com
Sexual Assault Coordinator (SARC): 333-7272
USAFA Security Forces: 333-2000

NOTES

KEY PERSONNEL

DONNA HEAD CHILD DEVELOPMENT CENTER

Building 6250
Telephone: (719) 333-6779
DSN: 333-6779
Fax: (719) 333-6463
DSN Fax: 333-6463
Director: Tammy Case
Assistant Director: Tabitha Mendez
Training & Curriculum Specialist: Erlinda Aragon-Cutting

CDC ANNEX

Building 5150
Telephone: (719) 333-4733
DSN: 333-4733
Fax: (719) 333-3242
DSN Fax: 333-3242
Assistant Director & Family Child Care Coordinator: Victoria Wimbish
Training & Curriculum Specialist: Karen Ende

AIRMAN & FAMILY SERVICES FLIGHT CHIEF

Mary Willis
Building 5136
Telephone: (719) 333-7781
DSN: 333-7781

HOURS OF OPERATION

Monday through Friday 0630-1800
**Closed all Federal Holidays
and any additional days approved by base leadership**