

Child Development Center Parent Handbook



Finley CDC
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DMAFB, AZ 85707
Phone: (520) 228-6463
DSN: 228-6463
355 FSS/FSFC

DM CDC
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Welcome to the Davis-Monthan AFB Child Development Centers. We are nationally accredited through the National Association for the Education of Young Children (NAEYC). Thank you for entrusting your child to our care. This handbook is designed to provide you with an overview of the processes and procedures of the Child Development Centers (CDC).

The Child Development Program stands behind our commitment to provide the best developmental experiences for your child. Our curriculum is designed to meet the cognitive, creative, language, social, affective and physical needs of each individual child. We are proud of what we have to offer you and your child. As always, your ideas for changes and improvements are welcome. Your support and active participation in our program help us to provide high quality care for young children. Once again, thank you for the opportunity to be involved in your child's development.

If you have any questions about our program, processes or procedures, please do not hesitate to notify program management. If, at any time, you prefer the assistance of a translator please notify the Center Director.

Key Personnel

Finley CDC	228 -6463	DMCDC	228-3336
CDC Director	228-6653	CDC Director	228-4933
CDC Assistant Director	228-6652/6395	CDC Assistant Director	228-0832
Training & Curriculum Specialist	228-6802/6797	Training & Curriculum Specialist	228-0826
Supervisory Education Technician	228-6463	Supervisory Education Technician	228-3336
Family Members Program Flight Chief	228-3847		

Mission

The program's mission is to assist DoD military and civilian personnel in balancing the competing demands of the accomplishment of the DoD mission and family life by managing and delivering a system of quality, available, and affordable programs and services for eligible children and youth birth through 18 years of age.

Philosophy

Our philosophical approach is grounded on current research and knowledge of early childhood education. The program is committed to welcome children and families, and to partner with and support them in their parenting role. Children are valued as individuals, as well as part of a group. Likewise, our program respects and supports the ideals, cultures and values of families in their task of nurturing children. We advocate for children, families and early childhood professionals within our programs.

Closed Circuit TV

Your child may be subject to closed circuit video monitoring and recording as part of their participation/enrollment in Child & Youth 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
- *Support sound health, safety and nutritional practices
- *Advance creative expression, representation and appreciation for the arts
- *Develop initiative and decision-making skills

Outcomes

A. Children

- Children will experience growth and learning in their social, emotional, physical, language and cognitive development
 - Children will develop a positive sense of self as valued members of the community; will progressively gain social competence and display pro-social behaviors
 - Children will gain competence in problem solving strategies, will gain understanding of concepts and relationships, and will develop logical, representational and symbolic thinking skills; children will also learn to take initiative and make relevant decisions.
 - Children will gain competence in their home language to include ability to communicate through language, to discriminate the sounds of language, to ask/answer questions, to gain understanding of print and concepts, and to make sense of print.
 - Children will display a progressively higher level of competence in their gross and fine motor skills, hand-eye coordination, mobility and balance.

B. Family

- Families will feel supported and nurtured in their child rearing efforts
 - Families will experience greater support in dealing with the challenges of life in a military community.
 - Families experiencing lengthy separations due to deployments will be supported via formal or informal parent/staff support groups and networks with other community agencies.

Hours of Operation

The centers offer quality developmental care to children ages six weeks to 5 years of age. Operating hours are Monday through Friday 6:30 a.m. to 5:30 p.m. We are closed on all federal holidays. Curricula are planned for each individual age group. The following programs are

available: full-time, limited hourly care and drop-in care.

The Extended Duty Care Program is available through the Family Child Care Office for those families that may need child care beyond our regular business hours. Call 228-2201 for additional information.

Exercises

During base wide exercises extended hours of care may be provided at the direction of base leadership.

Services

Full-Time Care

The full day program offers childcare Monday through Friday for full time working parents. Full day programs open daily at 6:30 a.m. and close at 5:30 p.m. Children must be picked up before the designated closing time. There is a 5 minute grace period after which a late fee of \$2.00 per minute will be assessed for each child left at the program after closing time (5:30 p.m.).

Hourly Care

Hourly care is offered during normal business hours Monday through Friday on a space available basis at a rate of \$5.00 per hour. Reservations may be made for hourly care by calling the Finley CDC Front Desk at 228-6465, DM CDC Front Desk at 228-3336. All registration paperwork must be completed before children arrive for hourly care.

Waiting List Information

The waiting list for full time care for children 6 weeks – 5 years of age is maintained on the Military Child Care Website. If parents have any questions, call the Finley CDC 228-6463 or the DM CDC 228-3336.

Eligibility

Eligibility is in accordance with AFI 34-144 and DoDI 6060.2 and is contingent on the status of the sponsor. Eligibility patrons include active duty military, DoD civilian employees either NAF or APF, Air National Guard or Air Force Reserve military personnel on active duty or inactive duty training status, military members who died from a combat-related incident, those acting in loco parentis for the dependent child of an otherwise eligible patron, eligible employees of DoD contractors, and others may be authorized on a space available basis.

Priority for full time care is given to combat related wounded warriors, CDC teaching staff, single/dual active duty military and mobilized/activated Guard/Reserve on orders, guard/reserves, Single or Dual DoD civilian employees, DoD civilian employees with working spouse that is not a DoD civilian, Surviving spouses of military members who died from a combat related incident, those acting in loco parentis on behalf of aforementioned eligible patrons will be placed in the appropriate priority based on the status of the child's sponsor. Priority 2, include all of the above with a non-working spouse actively seeking employment and must be verified every 90 days. Priority 3 includes all of priority 1 with a spouse or partner who is enrolled in an accredited post-secondary institution and must be verified every 90 days.

Placement of Children

Placement of children on the waiting list is based on the Military Child Care Website. This site has independent lists for both centers. Once a parent is contacted for a position, they will have 24 hours to accept or decline the slot for their child.

Children with Special Needs/IEPs

At time of request, parents are required to submit all information regarding any special needs their child may have to include Individual Education Plan (IEPs). In accordance with AFI 34-144, Child Development Programs are authorized to accept children with special needs when their individual needs can be reasonable met. Based on the need, an inclusion panel may meet to determine if the environment of the facility can meet the needs of the child. Inclusion board consists of the program's medical advisor, CDC Director, School Liaison Officer, Family Member Program Flight Chief and the Training and Curriculum Specialist. The CDC must be made aware of any problems or special needs your child may have (allergies, asthma, speech delays, physical limitations, etc.) prior to your child's admittance into the program. We are required to coordinate care with the base medical advisor to help us ensure that each child receives the specialized attention they may need. Our goal is to help you place your child in the most appropriate environment available. If we cannot accommodate at the CDC, we will provide you resources for alternate care.

Registration and Admission Procedures

Fee Levels & Charges

All fee levels and charges are consistent with USAF policy regarding Child Development Centers. Information on fee levels and charges are posted at the front desk. Payments can be made with Visa or MasterCard. Payments will be on an automatic withdrawal system; please inquire with the front desk staff for this service.

Prior to admission of a child, you must complete and sign all applicable portions of AF Form 1181, AIR FORCE YOUTH FLIGHT PROGRAM PATRON REGISTRATION, as well as complete all required forms as set forth by AF and/or other agencies. The CDC is responsible for validating immunization dates by reviewing and maintaining a copy of your child's shot record.

Admission may be denied if established immunization requirements have not been fulfilled. If you do not authorize emergency medical treatment, we cannot admit your child into the center. It is necessary for you to authorize another person to pick up your child; this is only in the event that you are unable to do so yourself. Names must be annotated on AF Form 1181. Children will not be released to anyone not listed on this form or to siblings less than 14 years of age.

Check-In/Out, Sign-In/Out

Daily check-in procedures require that parents check their child in/out at the front desk computers and also sign them in/out on AF FORM 1930, YOUTH FLIGHT DAILY ATTENDANCE RECORD, in the classroom. Signing/checking in is very important and used for accountability of all children present in the event of an emergency. Please give any changes in emergency numbers to the front desk personnel. Parents must accompany their child to and from their assigned rooms. This allows you to become better acquainted with your child's program assistant and to ensure your child is safely settled.

All clothing needs to be labeled with your child's first and last names. Many items look alike so this will help us in keeping your child's belongings organized. We request that you do not allow your child to bring money, food, gum, toys or books into the center unless the classroom is having a "Show & Share Day". Children must arrive clean and fully dressed. Closed-toed shoes are required for safety reasons.

Daily Supplies

Parents of infants/toddlers are required to provide a sufficient number of wipes and disposable diapers. Diapers are checked frequently, so please calculate the amount of time your child will be in the center and bring an adequate number of diapers. Label all bags, clothing, shoes, diapers, and other items brought to the center with your child's name. Many items look very similar and this would help us keep your child's belongings organized. Please dress your child in appropriate daytime clothing and footwear. The CDC includes outdoor activities in the children's daily schedule. Children who are able to walk must wear a sturdy pair of shoes. For your child's safety, do not dress them in flip flops or open toed shoes. Rubber-soled shoes are the safest for climbing and running. Extra changes of clothing are necessary in case of soiling or spills. All items are necessary to ensure your child is safe, comfortable and receives proper care.

Release of Children

Children will not be released to anyone other than those authorized by the parent and indicated on the registration paperwork. Parents may call, email or fax an authorization if another adult other than the one listed on the AF Form 1181 is to pick up their child. All newly designated persons will be asked to show picture identification. Children will not be released to any individual who appears to be incapacitated by drug or alcohol use (e.g. stumbling, smells of alcohol).

Withdrawals

A two-week written notice is required prior to withdrawing your child from our program. Withdrawal forms are located at the front desk. Failure to give notice will result in a two-week payment charge.

Termination/Suspension of Enrollment

If your child is unable to function in the CDC environment you may be asked to find alternate care after all possible solutions have been exhausted. Non-payment, or failure to comply with program policy may also lead to termination/suspension of enrollment.

Nutrition and Food Service

The CDC is certified to participate in the AZ CACFP/USDA food program. All meals and snacks are approved and served in accordance with established guidelines. All food served is purchased by the center from approved sources. Weekly menus are posted in the glass display case in the lobby/hallway.

Meal and Snack Schedule

Infants*
Pre-Toddlers (Finley only)

Pre-Toddlers (DM only)
Toddlers – Pre-School

Serving Times:

Breakfast 08:00 – 08:30

Lunch 11:00 – 11:30

PM Snack 14:00 – 14:30

Light Snack 17:00 – 17:15 (Finley only)

Serving Times:

Breakfast 08:30 – 09:00

Lunch 11:30 – 12:00

PM Snack 14:30 – 15:00

**Infants are fed on demand and do not have to adhere to the customary meal times.*

Any child in the center at meal or snack time will be served. If your child requires a special diet, a letter from a pediatrician is a requirement. It is imperative that you advise us of any food allergies that your child or children may have. All foods served must be purchased by the program and prepared by the CDC kitchen staff. The cost of meals and snacks are included in the fees. Parents who arrive at meal/snack time to pick up their child are invited to sit with their child until they have finished eating.

Foods from Home

Children are served nutritious meals and snacks. The CDC cannot allow food to be brought to the center from home. The only exception is human milk/infant formula when a parent has chosen (personal preference) to bring in a different formula from the ones offered by the CDC. In this case, the formula/human milk must be brought in plastic bottles ready to be served, and the bottles need to be labeled with the child's first and last name, date and time it was prepared, and contents.

Family Style Dining

Meal times are a pleasant, social learning experience for children and provide opportunities to promote healthy nutrition habits. CDC staff sit and eat with the children and engage them in conversation. Children are encouraged to serve themselves based on their developmental abilities. Each child is encouraged to try some of every item served; food is not used as a punishment or

reward. Children will be encouraged to participate with table setting and clean up after meal times, according to their developmental abilities. Parents are welcome to come eat with the children.

CDC Curriculum

Daily Activities and Classroom Schedules

Diverse activities provide for both the care and development for all children. The daily schedule provides a balance of activities that are aimed at developing your child's creative, cognitive, social, emotional, physical, language and affective skills.

Outdoor activities are an important part of your child's development. Weather permitting, the children spend time outside daily. If your child is too ill to play outdoors, it is recommended that you do not bring him/her to the center. All children are required to go outside during scheduled outdoor time. Appropriate clothing should be brought to the center to meet the needs of the changing weather.

Resting/Quiet Times

A rest period is provided for children following lunch. The CDC provides individual cots, sheets and blankets for the children. However, children may bring a "security" item such as a blanket or stuffed animal for rest time. A quiet area, soft music, stories and back patting contribute to relaxation. Children who choose not to sleep are provided opportunities for alternate quiet time activities. For health reasons cribs, cots, and mats are placed at least 18" apart and head to foot when in use, unless the cribs have closed ends.

Infants nap according to their individual schedule. All young infants have their own designated crib while the older infants use both individual cribs and mats for napping. With the exception of pacifiers, no additional items are added into the cribs in an effort to protect the infants from SIDS.

Toilet Learning

Learning to use the toilet is a complicated and developmental process, which involves the integration of the child's physical, neurological, social, and emotional processes. When a child shows significant signs of readiness, i.e. verbalization of discomfort, dryness for extended periods of time, child initiated willingness to use the toilet, etc. a cooperative effort will be made between parent and caregiver to assist in developing healthy toileting habits.

Clothing/Personal Belongings/Toys

Children should be dressed appropriately for the daily activities in which they will participate to include wearing clothing that is dry and layered for warmth in cold weather. Children often need additional changes of clothing in the event of food or drink spillage or a toileting accident. If your child does not have a change of clothing, we may have to ask you to leave work to bring us the necessary items in order to keep your child comfortable. The CDC has a limited supply of extra children's clothing. The CDC offers age appropriate learning materials/toys in accordance with safety and health regulations. Your child may bring a small comfort object for rest time, or

personal items on “Show and Share Days” (Show and Share for preschools rooms only). Classroom teachers will post the day/date of this activity. The CDC is not responsible for lost/damaged items but will try to keep all items safe. You will be asked to take any other toys/other possessions with you, before leaving your child at the center.

Child Assessment/Ages & Stages Questionnaire (ASQ)

Child assessment is an integral aspect of our program. Ongoing assessments are conducted on a regular basis and information is shared with parents during informal and formal parent-teacher conferences. The Ages & Stages Questionnaire (ASQ) is an additional screening tool provided to the parents upon enrollment and at regular intervals afterwards. It is used to evaluate children’s strengths, interests, progress and needs and assist the center staff in adapting and improving classroom curricula and practices. If the completed questionnaires indicate the need for a more in-depth child evaluation, families are provided a referral to appropriate professionals.

Parent/Teacher Conferences

The CDC regularly provides opportunities for Parent-Teacher communication. Formal conferences are offered twice a year to all enrolled children. Conference time enables parents and teachers the opportunity to discuss their child’s recent assessments, current development and future goals.

CDC Policies

Children’s Records and Confidentiality

Please provide changes/updates and current duty and emergency phone numbers, release designee or any other pertinent information in a timely manner. Immunization records must be up-to-date at all times. Information pertaining to all children and their families enrolled in the center is confidential and safeguarded in accordance with AFI 33.332, Privacy Act Program. Staff and volunteers are trained annually on the importance of keeping all information about children, families and other staff confidential.

Health Practices

Exclusion & Readmission

For the health and safety of your child and the other children in the center, please keep your child home if he/she shows signs of obvious illness or contagious condition.

The CDC staff is instructed to observe for signs and symptoms of illness at all times, specifically prior to each child’s daily admission to the center. Children with fever, an unexplained rash, diarrhea, vomiting, open bleeding sores, inability to participate in CDC activities or require a constant one-on-one care will not be admitted into the program. Parents are requested to notify

the CDC if their child contracts a communicable disease. Parents of children who have been exposed to a confirmed communicable condition will be notified.

Parents or emergency designee will be called if a child becomes ill or develops the above symptoms while in our care. Within one hour of notification, parents must pick up their child and receive information on readmission.

Following an illness, children may be readmitted only when their presence will not compromise the health of the other children. A child may return when they are asymptomatic for 24 hours, after completion of the contagious stage of illness, or if a written medical readmission document is provided to the center.

Medication Administration Procedures

Trained employees may only administer medicine to children enrolled in the full day care program. Medication is administered at specific times only: 10 a.m. or 2 p.m. Because of the possibility of reactions, parents must administer the first dosage and wait twenty minutes before the child may be signed in. All medications need to be in their original container. The medication prescription label must have: child's name, physician's name, beginning and ending dates, dosage frequency, expiration date and name of medication.

a. **AF Form 1055:** AF Form 1055, *Youth Flight Medication Permission Form*, must be completed before any medication may be administered to the child. Medications will be administered only under daily written direction of parents, and with approval from a medical professional. Every medication must be labeled with the child's first and last name and approved by a medical authority for use in the CDC. Only current medications for children are maintained on site, and are kept at the front desk. Medication should be administered at home by parents/guardians, if possible. CDC personnel will administer medication as follows:

- Once if medication is to be administered three times a day at either 10:00 or 14:00
- Twice if medication is to be administered four times a day at 10:00 and 14:00
- If medication is to be administered one or two times a day, medication will not be administered in the CDC (except for time sensitive medications). The first dose of medication must be administered by the parent/guardian. If the parent/guardian administers the first dose at the CDC, they must wait for 20 minutes before leaving the center. Parents must initial AF Form 1055 annually to authorize administration of emergency as-needed medication in accordance with the child's action/exposure plan in the event of an emergency. Parents are notified if administration of medication was required and initial the AF Form 1055 subsequently. Over-the-counter medications, including aspirin or aspirin-like products, antihistamines, decongestants, and cough syrup will not be given without directions from a medical authority.

b. **Diaper Rash Ointment:** The CDC requires parental permission so that staff may apply diaper ointment for treatment purposes only. Parent permission must be given annually. Parents need to ensure that their child's first and last name is clearly marked on the tube/box and that the expiration date is monitored and ointment replaced when needed. The ointment will be sent home when the child no longer needs it or a year has elapsed.

c. Sunscreen, Insect Repellent, Lip Balms, Hand Sanitizer and Over-the-Counter Lotions: Before CDC staff can apply these, the CDC require parental permission initially, and annually thereafter. Sunscreen, insect repellent and hand sanitizers must be approved by the CYP Medical Advisor and are purchased by the program. Hand sanitizer must only be used when soap and water is not available and shall only be used for children 2 years of age and older.

d. Asthma/Allergy Emergency Medication: Emergency “as needed” medications for asthma or allergies are accepted and used on an emergency basis. A current and complete action plan outlined by the prescribing health provider is required. Parents initial monthly to authorize administration of emergency asthma medication and annually authorizing the use of an Epi-Pen. Parents are contacted if it is necessary to administer the medication

e. Allergies: Please inform the center of any allergies your child may have by indicating such information on pertinent block of AF Form 1181. Food allergies must be verified by medical personnel and suitable food substitutes must be indicated.

Smoke Free Environment

In accordance with the Smoke-Free Arizona Act (Proposition 201) the center maintains a smoke free environment. Smoking is prohibited inside the facility, on the playgrounds, or within 20 feet of openings into the interior of the building. Smoking is not permitted at any time in the presence of children.

Alcohol – Drugs Policy

Smoking, consuming alcohol, using tobacco products (including e-cigarettes) and/or using illegal/illicit drugs (including marijuana) are strictly prohibited in the sight or presence of children participating in any CYP program or sponsored activity; this includes outdoor CYP activity areas.

Hand washing, Sanitation, Standard Precautions

Good hand washing is the first line of defense against the spread of many illnesses. Proper hand washing is required by all staff, volunteers, and children to reduce the risk of transmission of infectious diseases to themselves and others. Staff and those children who are developmentally able to learn health practices are instructed in, and monitored on proper hand washing procedures. Children will wash their hands independently or with staff assistance to ensure the task is completed successfully.

Cleaning and sanitizing the classroom environments is one of the most important steps in reducing the spread of infectious diseases among children and staff in child care settings. Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the child care setting. However, some items and surfaces require an additional step after cleaning to reduce germs to a level that is unlikely to transmit disease. The center trains program staff on the guidelines and task frequency that must be adhered to in order to reduce the spread of infectious diseases and maintain a healthy, clean environment.

The Standard Universal Precautions/Exposure Control Plan utilized by the CDC is designed to limit occupational exposure to blood and other bodily fluids in child development facilities and identify appropriate barriers and measures to minimize the potential for exposure/contact and to reduce the spread of infectious materials.

SIDS

Providing infants with a safe place to grow and learn is very important. The safe sleep practices in our infant rooms are in accordance with the AF Sudden Infant Death Syndrome (SIDS) Prevention Policy, the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission. To reduce the risks of SIDS, the CDC does not swaddle infants. The infant is always placed on his/her back, and no other items besides a pacifier will be allowed in the crib/on the mat. The infant may wear a wearable blanket/sleep sack for comfort.

Infant/Toddler Feeding

Good nutrition is essential to the growth and development that occurs during an infant's first year. Providing infants with the right foods promotes good health and gives them the opportunity to enjoy new tastes and textures as they establish good eating habits.

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

Oral Health

Tooth brushing is included as part of the CDC program beginning with children 2 years of age. Toothbrushes are labeled with children's names, and stored separately. Toothbrushes will only be used by the child to whom it belongs. Please supply the CDC with a toothbrush, and if you wish with toothpaste; toothpaste is not required, as the primary objective is to remove food and plaque.

Healthy Environments for Infants

In order to provide the healthiest environment possible for our infants, all adults are required to use shoe covers before entering the classrooms. Shoe covers are provided by the CDC and are located next to the entrance door to each infant classroom.

Classroom Pets

Prior to an animal being accepted into the program the Base Veterinarian must complete a health evaluation to ensure the animal is fully immunized and is suitable for contact with children. Teaching staff supervise interactions between the children and animals and guide children to interact appropriately.

Child Abuse and Neglect Reporting

The CDC and parents who use the program have a partnership in protecting children. CDC personnel have a legal and ethical responsibility to protect children from harm. They are mandated reporters of suspicions of child abuse or neglect. If a child is in immediate danger, CDC personnel will call Security Forces, or 911. CDC personnel will immediately report to the program manager (or supervisor on duty) all incidents which endanger the health of a child. CDC personnel will gather basic facts in order to file a report. **All information pertaining to a case of alleged abuse or neglect shall be confidential and, as such, will be shared only on a “need to know” basis for whom this information is absolutely necessary.** Immediately upon notification of an allegation, individuals will be removed from having access to children pending outcome of all investigations stemming from reports that involve FAP. Staff are trained annually on child abuse/neglect identification procedures and reporting procedures. The current DoD Child Abuse and Safety Hotline Poster with hotline telephone numbers is located in the lobby.

Child Guidance

The goals of the guidance/touch policy are to assist children in developing self-control and engaging in socially acceptable behaviors. Adults will model, coach, and encourage techniques of discipline that are fair, consistent, and respectful of children and their needs. Simple and understandable rules will be established (with input from children when possible) so that expectations and limitations are clearly defined.

Child Development Program staff and volunteers will use only positive guidance techniques, including logical or natural consequences applied in problem situations, redirection, anticipation and elimination of potential issues, and encouragement of appropriate behaviors.

1. Acceptable guidance techniques include:

- Reinforcement of positive behavior, using encouragement and words of praise.
- Anticipation of problem-triggering situations; keeping expectations to child’s level; soliciting cooperation; involving children in rule setting.
- Calling attention to appropriate behaviors; using expressions such as “thank you” and “please”.
- Involving children in discussions on how to handle inappropriate behavior; providing several alternatives to undesirable behavior; guiding children in problem solving; applying natural/logical consequences.
- Affording each child a chance to regroup, regain control in a quiet area of the activity room.
- Temporary removal from stressful situations.
- Limiting the child’s participating in some activities, for a short period of time.

2. Unacceptable guidance techniques include:

- Physical punishment such as spanking, slapping, hitting, biting, shaking, pinching, etc.
- Verbal abuse, screaming, threatening, or making derogatory remarks about child/family.

- Staff will not tease, humiliate, insult, frighten, or bully children.
- Discussing children's behavior in front of the child, other children, other staff and other parents.
- Restrictions or confinement by physical means.
- Withholding of meals/snacks; punishing children for toileting accidents or lapses.

When behavior problems arise, program staff will look at the routines, the environment, and the individual needs of the child to help them correct the behavior. Examples of inappropriate children's behaviors that may require adult intervention:

- Causing physical harm to other children/adults by hitting, biting, kicking, throwing toys/equipment.
- Use of inappropriate language/verbal abuse, spitting, degrading comments directed at adults.
- Repeated refusal to comply with center/room rules and/or failure to listen to staff.
- Children's behavior that is potentially harmful to themselves or others.

Should a child repeatedly behave in a way that is detrimental to himself/herself, other children, or adults, the staff will inform the director/designee immediately. Parents may be contacted to discuss the problem; a parent/director conference may be required. Severe incidents may require immediate removal/suspension of a child.

If necessary due to repeated instances of inappropriate behaviors, Director, Assistant Director Training & Curriculum Specialist and staff will meet with parents to develop a behavior support/management plan.

Appropriate Touch

Appropriate touching creates a positive emotional response in the child and is necessary for children's development/growth. Examples of appropriate touches are:

- A reassuring pat on the shoulder
- A welcome hug on arrival
- A back rub at nap time to relax the child
- Holding hands during activities; help and/or support during physical activities
- Lap sitting to comfort a child

The children will always have the option to refuse touches; children's preference about physical proximity must be respected at all times.

Inappropriate touching elicits a negative response and is strictly prohibited. This type of touching usually involves exploitation of the children. Examples of inappropriate touch include:

- Prolonged tickling, fondling, forced kissing and molestation.
- Diapering and toileting of children will be done in full view of other staff
- Staff will not touch a child for personal gratification

- The program assistants and technicians are trained in proper diapering/toileting procedures during the orientation process.

Supervision of Children – Parking/Unattended Children in Cars

Parking spaces are available in the front of the center for your convenience. Vehicles left unattended while running, or unattended and running with children in them pose an extreme danger. According to Tucson City Ordinance Number 105801, 9-23-08, it is unlawful to leave children under the age of 10 unattended in vehicles. To ensure the safest environment for everyone involved, parents must always take all children out of their vehicles and turn off the vehicle before entering the facility.

Transitioning to a New Age Group

Transitions provide opportunities for children to learn and grow. Teaching staff will identify children that are ready to transition to the next age group and notify management and Training & Curriculum Specialists of projected transitions two months in advance. Date of space availability is determine and parents and the staff in the new classroom will be notified 2-4 weeks in advance of the actual transitioning date. Parents are invited to tour the new classroom and meet the new staff. It is our goal to make each transition a success by working in partnership with each family.

Transportation of Children/Field Trips

A field trip is any excursion away from the boundaries of the program that require planning over and above the daily routine. Field trips offer children opportunities to see various aspects of their community firsthand. Parents will be notified in advance and provided specific information about the upcoming field trip. All children who are transported must have a signed parental permission form on file. The center will ensure that vehicle operators meet the required qualifications, the vehicle is maintained properly, has a current registration and has developmentally appropriate safety restraints for use.

Incident/Accident Procedures

Minor Accidents

All injuries occurring at the CDC are documented on AF FORM 1187, YOUTH FLIGHT ACCIDENT REPORT and parents are notified in a timely manner by telephone and requested to sign the form when picking up the child.

Situations Requiring Medical Treatment

If an accident or serious illness occurs which requires emergency medical treatment a child will be transported by ambulance to a local hospital off base. There are no emergency services on base. The child's emergency medical authorization information will be given to the hospital staff

and a CDC staff member will remain with the child until the parents arrive. The front desk staff will immediately try to contact the parents at first notification of the emergency.

Emergency Response Plans

The CDC's response for most emergencies generally involves either sheltering in or evacuation of the building. An exception to this is providing emergency medical care. The CDC conducts monthly fire evacuation drills as required by AFI 34-144, *Child Development Programs*. The times of the drills are varied to include nap time, early mornings and late afternoons. In the event of a natural emergency outside the CDC, the children and all other occupants of the building will shelter in designated program areas. If an emergency requires evacuation away from the CDC premises the program will coordinate transportation and continued care of the children until the children are picked up by an authorized individual.

Visitors/Building Access/Security

The CDC has only one main entrance which is used by staff, parents and all visitors. Center visitors on official business (CE, Contracting, Public Health, local business representatives, etc) are allowed in the classrooms with a CDC staff escort. The escort remains with all non-CDC personnel until their designated duty is completed. All other visitors on non-official business will be asked to remain in the lobby area. All doors that directly access the outside area (areas other than playgrounds) are alarmed.

Birthdays and Other Special Celebrations

Birthdays are always fun for the children, and parents are always welcome to contribute and participate in any special celebration held at the center. Due to health and food regulations, any food prepared outside of the CDC is not allowed. Party favors are not permitted. Though there are limits, there are many things you can do to participate in celebrations with your child at the CDC. We are always interested in new ways to include all family traditions and cultures into the classroom curriculum. Please share your ideas with your child's caregiver.

If you are interested in taking photos or making a videotape of special activities, please advise your child's caregiver in advance. Permission from each child's parents must be secured before photos and videotaping may be allowed.

Staff Qualifications

The Child Development Center staff are engaged in an ongoing training program. Prior to working with children, employees are required to complete the Air Force Orientation Training which covers topics such as child development, health and safety, creating a learning environment, working with parents, working as a team, and identifying, preventing and reporting child abuse. Program Assistants are also required to complete a CPR and First Aid course within the first six months of employment.

All program assistants are required to complete the Air Force Program Assistant Certification Training (PACT). PACT is comprised of 15 modules covering topics such as creativity, social development, guidance and discipline, child abuse identification and reporting, promoting self-esteem, etc. The PACT program is self-paced and takes 12-18, months to complete.

Family Involvement and Support Plan

The Child Development Center realizes the importance parents play in the education and development of their children, and strives to share this responsibility with families by respecting their ideas and concerns, encouraging involvement in the program and providing support in an effort to establish and maintain collaborative relationships with each child's family.

Family Involvement Opportunities

When parents are involved in the program, everyone benefits. Parents are encouraged to participate in the Parent Advisory Board and in special events, to be involved in decisions about their child's program and to assist in creative as well as routine duties. Parents can share a particular interest, skill or an aspect of their cultural heritage with the entire class.

Parent Advisory Board (PAB)

The Child Development Center has an active Parent Advisory Board comprised of parents and staff. This board meets quarterly to develop an overall program involvement calendar, plan community or enrichment activities and address parents' suggestions, ideas and concerns.

Parent Survey and Needs Assessment

At least annually the CDC will ask that you participate in a survey to help us evaluate the CDC program and assess the current community needs.

Complaint/Grievances/Chain of Command

At any time you have a concern regarding the care of your child please follow the following steps. Speak with your child's caregiver or room lead. If you do not feel your concerns have been addressed, please feel free to discuss with management. Most issues can be resolved at the lowest level, but if a reasonable agreement cannot be reached, please speak with our Child and Youth Program Flight Chief. We encourage your comments and suggestions, concerns, as well as your compliments. To enhance positive growth and development in your child, cooperation and team work from parents, caregivers and CDC management are needed.

Family Resources

There are times when a family may require specialized assistance to address personal or family situations. There are several on base and off base resources that can provide guidance and support.

On Base Resources

*Family Advocacy Office	228-2104
*Family Life Nurse	228-2104
*New Parent Support Program	228-2104
*Airman & Family Readiness Center	228-5690
*Child & Youth Behavioral Consultant	520/404-7656
*School Liaison Officer	228-6040
*Military Family Life Consultant	228-5690
*Exceptional Family Member Coordinator	228-5690
*Right Start	228-5690
*Give Parents A Break Program	228-5690
*Military One Source	1-800-342-9647 www.militaryonesource.com
*Hearts Apart	228-5690
*Base Chapel	228-5411
*Mental Health	228-4926

Off Base Resources:

*TRICARE Behavioral Health Care	1-888-874-9378
*AZ Department of Economic Security	584-8226
*Blake Foundation	795-4977 www.blakefoundation.easterseals.com
*Pima County Parenting Coalition	205-1781
*Child Find – AZ Early Intervention Program	DM AFB 325-6495 Ext. 109 1-888-439-5609 www.azdes.gov/azeip
*AZ Institute for Early Childhood Development – Birth to Five	1-877-705-5437 www.swhd.org
*Vail School District Community Services	879-2073 www.vail.k12.az.us
*Tucson Unified School District	225-6000 or 232-8314 www.tusd.k12.az.us
*Child and Family Resources, Inc	321-3391 www.childfamilyresources.org

- *Department of Defense Child Abuse and Safety Violation Hotline 1-877-790-1197**
- *AZ Child Abuse Reporting Hotline 1-888-767-2445**

For more information contact the Center Director, Assistant Director or the Training & Curriculum Specialists.

Phone Numbers:

Davis-Monthan CDC:	228-3336
Finley CDC:	228-6463
Family Child Care:	228-2201
School Age Center:	228-8484
Youth Center:	228-8844

Open Door Policy

Our program maintains an open door policy encouraging parents to communicate to staff and director any and all ideas, suggestions and concerns. Quality child care is the result of a strong partnership between the families and the program. We look forward to working with you to provide the best possible care for your child.