



Wright Patterson AFB

Child Development Center Parent Handbook

Welcome to Wright Patterson Air Force Base Child Development Programs. The purpose of this booklet is to inform you of policies and procedures as well as provide basic information. Policies and procedures are based on Air Force Instruction 34-248, Department of Defense Instruction 6060.2, Air Force Inspection Checklist and local operating instructions. These policies and procedures are available to parents at the front desk. You are always welcome to visit and share ideas and talents, ask questions, and express your concerns regarding any Child Development Program.

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

DOD CERTIFIED

Air Force Base Child Development Center is a Department of Defense certified Center. As a high quality childhood program we provide a safe and nurturing environment while promoting the physical, social, emotional, and intellectual development of young children.

MISSION, PHILOSOPHY, GOALS AND DESIRED OUTCOMES

Mission - The purpose of our programs is to assist commanders and families in balancing the competing demands of family life, the military mission, and to improve the economic viability of the family unit.

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

Curriculum Goals

- Foster positive identity and sense of emotional well-being
- Enhance social skills
- Encourage children to think, reason, question, and experiment
- Promote language and literacy development
- Build physical development and skills
- Support sound health, safety, and nutritional practices
- Advance creative expression, representation, and appreciation for the arts
- Appreciate and respect cultural diversity
- Develop initiative and decision-making skills

Desired Outcomes

- Children will experience growth and learning in their social, emotional, physical, language and cognitive development
- Children will develop a positive sense of self as valued members of the community; will progressively gain social competence and display pro-social behaviors by connecting with peers in ways that build self-worth and belonging.
- Children will gain competence in problem solving strategies, will gain understanding of concepts and relationships, and will develop logical, representational and symbolic thinking skills; children will also learn to take initiative and make relevant decisions.
- Children will gain competence in their home language to include ability to communicate through language, to discriminate the sounds of language, to ask/answer questions, to gain understanding of print and concepts, and to make sense of print.
- Children will display a progressively higher level of competence in their gross and fine motor skills, hand-eye coordination, mobility and balance.
- Children will develop creativity using art, drama, and movement to express and develop their uniqueness.
- Families will feel supported and nurtured in their child rearing efforts
 - Families will experience greater support in dealing with the challenges of life in a military community.
 - Families experiencing lengthy separations due to deployments will be supported via formal or informal parent/staff support groups and networks with other community agencies
 - Families will gain insight into their child's development through the collaborative teacher parent partnership through relevant, intentional, systematic observation and assessment.

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Child Development Center Wright Patterson AFB, OH 45433

HOURS OF OPERATION

Hours of operation: 0630-1745 hours: Monday through Friday, twelve months a year.

Child Development Programs are closed on weekends and federal holidays to include closings due to inclement weather and base closures granted by the Installation Commander. All parents are required to pick up children no later than 1-1/2 hours after base closure announcements. Note: No more than 10 hours of continuous care will be provided in child development programs without prior approval of the Support Group Commander. If a waiver is granted, fees will be charged based on family's income category.

PROGRAMS

Child Development Programs accept children 6 weeks through 5 years. Programs include:

- **Full Time Care:** Full-day childcare services for children six weeks to five years. Contracts for full-time care are offered to parents on a space available basis according to waiting list priorities. A contract reserves the child's space for a maximum of ten hours per day Monday through Friday.
- **Hourly Care:** Provided to children six weeks to five years of age to families who are in need of short-term and intermittent care for their children on a space available basis.
- **Family Child Care:** Family Child Care (FCC) provides an alternate setting for care in AF licensed homes. FCC Providers are licensed after extensive training and their homes inspected by Military Public Health, Fire and Safety. The Family Child Care Coordinator closely monitors FCC homes during monthly visits. The Family Child Care Office is located in Bldg. 6933 (255-5053Ext.5) and maintains a referral list of licensed providers.

ELIGIBILITY

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

- a) In facilities where waiting list exists, Air Force requires a policy to terminate, within a reasonable amount of time, the enrollment of children from families where the spouse is not longer employed or actively seeking employment. Families that are currently enrolled in our program will be required to verify their dual employment by submitting a copy of leave and earning statements or the equivalent. This information will be collected at the same time we verify total family income during the annual fee review. Additionally, it is parent responsibility to notify childcare personnel when an employment change occurs throughout the year. Failure to notify the program within 30 days of the change constitutes your family's two weeks notice to withdraw your child from the program. In order to ease this transition, families in which one parent is employed, and the other is not, will be given 90 days to seek and gain employment. At the completion of 90 days, enrollment will be terminated if employment has not been achieved. Employment must be on a full-time basis outside the home for a minimum of 20 hours per week, or a full time student (12 semester hours minimum).

FEES

- Fees are based on DoD guidelines according to the Military Child Care Act of 1989. These fees are updated annually.
- **PAYMENTS:** Contracts are payable weekly, or bi-monthly. If payment is made weekly, payments are due by the close of business on Monday. Parents paying monthly will be given a five-day grace period. **No credit will be extended.**
- **LATE PICK-UP FEES:** Families picking their child up after 5:45 p.m. are charged a late fee of \$1.00 per minute. There will be no grace period allowed. Parents or a person designated by the parents, as stated on AF Form 1181, may take a child from the Center.
- **DISCOUNTS:** There are no discounts for holidays, snow days or base closures.
- **CHECKS:** Post dated checks will not be accepted. Checks returned for insufficient funds must be paid in cash with a \$20.00 penalty fee. After two bad checks, all transactions must be paid in cash.
- **REFUNDS:** Refunds will be issued on a case-by-case basis only with the approval of the Program Director.
NOTE: Please retain your receipts for tax purposes.

REGISTRATION

- Child Development Programs is a non-profit organization and does not discriminate on the basis of color, creed, race, or sex.

- Families will be asked to provide evidence that they qualify for the Priority Enrollment category for which they are being enrolled.
- The child’s immunization record must be presented at the time of registration. No child will be eligible to use the facility without record of current immunizations.
- All parents/guardians must complete AF Form 1181, Youth Flight Patron Registration, DD Form 2652, USDA form, and program contract in a timely manner during annual registration. Failure to update these documents within the time frames established during annual registration may result in suspension of care. It is the responsibility of each parent to assure that information on the forms is kept current.
- Confidentiality of records will be maintained. *Registration documents are kept at the front desk area in locked cabinets. Children’s classroom portfolios are kept in locked closets in child’s classroom.*
- Children with special needs who require individual attention (including allergies) or an adjusted staff: child ratio must obtain a recommendation from the program’s medical advisor using the Child Care Action Plan for Children Identified with Special or Medical Needs Form. Enrollment will be reviewed on a case-by-case basis and coordinate with intervention specialists, Air Force Headquarters, and the like.

Children on IFSP or IEP

The focus of the program is to support the individual needs of all children by promoting positive social, emotional, cognitive, and physical growth and development. Ensuring continuity and support of the development of an individual child who receives intervention services (Early Development & Intervention Services-EDIS and/or local public or private schools) requires teamwork and cooperation among agencies, parents, and the child care program. The following are key aspects to the safe and successful inclusion of children with special needs in the CDC:

Individual Family Service Plan (IFSP) or Individual Education Plan (IEP) - The IFSP/IEP developed by the intervention agency must be provided or reviewed with the CDC. This ensures that pertinent information targeting a child’s growth and development is at hand for the child care program to meet the needs of the child while attending the program.

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

Enrichment Plan (EP) - The CDC will develop an Enrichment Plan (EP) using information and knowledge disclosed in team meetings and the IFSP/IEP. The care program’s EP ensures the child fully benefits from their experiences in the program.

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

Confidentiality – IFSP/IEP, team meetings, and other forms of communication and exchange of information will be kept confidential.

PARENT ORIENTATION

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

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

ADMISSION PROCEDURES

- Each child must be signed in and out of his/her individual rooms, and at the front desk.
- Parents must provide telephone numbers where they can be reached in case of an emergency at all times. If parents are unable to be reached by phone, the name and number of a release designee who is willing and able to pick up their child is required. Parents or designees are required to pick up their child within 1 (one) hour of illness, injury, or behavioral problem.

CHILD RELEASE

- Unless WRITTEN arrangements have been made with the front desk, only parents, guardians, or parent designee shown on AF Form 1181 Youth Flight Program Patron Registration have authority to have a child released to them.
- Children may not be released to siblings or other children under the age of 14.
- No parents may be denied access to their child including the right to pick up their child from Child Development Programs unless a copy of the custody agreement that relinquished such parental rights is on file at the Center.
- Children will not be released to parents, guardians, or designees who are under the influence of drugs or alcohol, at that time Security Police will be called.

SAFETY

Safety precautions are in place to maintain the facility and operate the program in a way that protects the safety of the children, staff and parents.

- Park in the designated parent parking area
- Do not leave motor vehicles running or leave unattended children in vehicles
- All families, visitors and center personnel must enter and exit through the main entrance. All other entries remain locked.
- All visitors are required to sign in and be escorted when in the building
- All medications must be turned in to the front desk
- Please do not send your child with food or items from home that could potentially create a safety hazard (coins, food, etc.)
- Dress your child appropriately for indoor and outdoor play
- Report any safety hazards to Program Director or to the supervisor on duty

HEALTH POLICIES

Ensuring children are healthy when in attendance is key to reducing the spread of illness and communicable diseases. Illness inclusion/exclusion policies must be sensitive in order to strike a balance between the needs of working parents. Precautions and actions must be taken to reduce and prevent illness exposure to groups of children. AF programs follow guidance on the inclusion and exclusion of children in the programs from [Caring for Our Children](#).

PREVENTIVE PRACTICES

- A. **Hand washing** - Hand washing is a simple health practice that significantly reduces the spread of germs and infectious disease. Parents are required to wash their child's hands when they enter the classroom each day.
- B. **Health Checks** - Teachers will visually check each arriving child for signs of illness. If a child has a fever of 100 degrees axillary/101 degrees oral or higher, appears unhealthy, or has symptoms of a communicable disease, she/he **may** be refused admission.
- C. **Notifying of Illness and Communicable Disease** – If your child has been exposed to a recurrent illness or a communicable disease, signs are posted to communicate the illness. *Parents are asked to call and report diagnosis of any illness.* Parental reports help support preventive measures.
- D. **Sanitation and Cleanliness** – The Center cleans and sanitizes items and areas used by children regularly to prevent the spread of disease.

INCLUSION AND EXCLUSION POLICY

A. Inclusion with mild illness/symptoms - Certain conditions **does not** require a child to be sent home. The program will focus on the needs and behavior of the ill child and the ability of staff in the program to meet those needs without compromising the care of other children in the group. Conditions that require this consideration are:

- When symptoms reflect the presence of slight illness associated with urine or feces but where no other signs of illness are present
- When a rash is present without fever (below 100 degrees axillary/101 degrees oral) or behavior changes
- When an infection associated with secretions is present, such as excessive saliva, nasal discharge, coughs due to cold, and the like, no fever is present (and has not been eliminated or reduced with fever-reducing medication), and the child is fully participating in group activities

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

B. Exclusion for illness - The presence of a communicable condition or diseases is the most common reason to exclude children from the program. There are three primary reasons for excluding children from attending the program:

- When an illness prevents the child from participating in any/all the activities in the program
- When she/he requires greater care than the child care staff can provide and compromises the health and safety of others in care
- When signs and/or symptoms associated or directly related to a communicable or contagious condition/disease are present

A list of signs and symptoms most common in a group care setting is located at the back of this booklet. The list, "Signs/Symptoms Associated with Communicable Disease and Conditions," identifies common sign and symptoms and describes the resulting action that will be taken by the program, action to be taken by the parent, and when a child may return to the program. This information and guidance has been paraphrased from [Caring for Our Children](#) and [Healthy Young Children](#).

C. Re-admittance to the Program - In most cases, children can return to the program when:

- The sign(s) and/or symptom(s) have been absent for at least 24 hours. Note: Fevers cannot be reduced or eliminated by fever reducing medication.
- Until the required treatment has been administered for a specified period of time, and/or with verification from a doctor that the illness is not contagious.

Again, the child should not return to the program if the symptoms/illness makes it impossible to provide comforting care to the ill child and compromises the health and safety of the other children assigned to the room/group.

CONCLUSION

Ensuring all children and staff are provided a healthy and safe environment is a basic requirement of a quality child care program. Communication between parents and the program is key to reducing exposure to communicable disease.

Although this policy and the list of “Signs/Symptoms Associated with Communicable Disease and Conditions” are meant to clarify the inclusion/exclusion of children, there may be incidents of disagreement. When disagreement occurs:

- The Program determines inclusion/exclusion based on the child’s ability to participate in the program or the teachers ability to care for the mildly ill child and other children in the classroom.
- The program’s medical advisor and/or public health office determine inclusion/exclusion based on whether the child has a communicable disease and if s/he poses a risk to the other children in the group.

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

MEDICAL OR DENTAL EMERGENCIES

Parents of a child requiring emergency health care will be notified immediately of the situation. If the parents are not available, the emergency contact number will be utilized. If necessary, 911 will be called to transport to the nearest emergency room. WPAFB Hospital has been named as the primary site for emergency care. If a child is transported to the emergency room, center staff will accompany the child and bring the child’s AF Form 1181 and special care action plans until parents arrive.

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

MEDICATION

- The program will only accept/administer medication including over-the-counter medication that is prescribed by a health care provider such as a doctor, physician’s assistant or nurse practitioner.
- Parent or guardian must complete AF Form 1055 giving written permission to administer medication prior to the acceptance/administration of any medication. **Parents must initial and date AF form 1055 each day medications are given.**
- All medications (prescription and over-the counter) must be in their original containers labeled with the child’s full name, the date, storage information, prescribing physician, dosage, and direction for administration.
- All medications must have a stop date. The stop date may be an actual date or a time period for which the medicine should be administered (i.e. “for 10 days.”) The expiration date of the medication may not be the same as the stop date.
- Medication will never be given after expiration date, or to an individual other than shown on the label.
- Because of the possibility of reactions, the Child Development Center will not administer the first dose of medication. Parents or guardian must administer the first dosage and wait twenty minutes before the child may be signed in. Parents must be made aware that adverse reactions can occur anytime during treatment.
- Only qualified Child Development staff, approved by the Center director and trained by base medical staff, will administer medications.
- Parents or guardian will be responsible for furnishing all supplies. All changes to prescription must be in writing and signed by a health care professional.
- Medication will be administered according to the following schedule:
 - Prescribed 3X day/administered once by authorized staff
 - Prescribed 4X day/administered twice by authorized staff

Parents will be requested to sign a permission form for staff to administer sunscreen, lip balm and hand lotions and diaper cream. All unused medication will be returned to the parent.

- **ALL MEDICATIONS MUST BE TAKEN HOME EACH EVENING.**

“AS NEEDED” MEDICATIONS

The Child Development Center will accept *emergency* “as needed” medications to be administered for asthma or allergies such as inhalers, nebulizers and Epi-pens.

- Parent or guardian must complete AF Form 1055 giving written permission to administer the “as needed” medication prior to the acceptance/administration.
- The medications must be prescribed by a health care professional, in their original containers labeled with the child’s full name, the date the medication was issued, storage information, prescribing physician, dosage, direction for administration and stop date. (The stop date cannot exceed 12 months.)
- All emergency “as needed” medications require a current and complete action plan outlined by the prescribing health care provider.

FOOD PROGRAM

- Nutritious meals and snacks are served daily. Child Development Programs are a participant in the USDA food program. A dietitian approves all menus.
- The menu is posted in the front lobby.

The meal schedule is as follows:

800-830– Breakfast
1100 –1130 Lunch
1400 – Snack
1700 – Snack

- For children with food allergies the program requires that families complete the *Child Care Action Plan for Children Identified with Special or Medical Needs*. The action plan must be signed by a medical professional and stamped with his/her place of practice. The Center will work with a dietitian to ensure dietary needs are met.
- For children under the age of 12 months parents will have the option of providing formula/breast milk for infants or have the Center supply the formula. (See Infant Welcome Packet for more details.)
- The Center will provide sipper cups for young children under the age of 2.
- Parents may not bring food into the Center, except sealed jars of baby food and unopened boxes of infant cereal.

**The U.S. Department of Agriculture prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. To file a complaint of discrimination call (937) 904-9550*

Ensuring Children’s Nutritional Well Being

The Wright Patterson Air Force Base Child Development Center supports breastfeeding by providing a comfortable place for nursing mothers. Infant classrooms are provided with a rocking chair for mothers to breastfeed their infant. Coordination of feedings occurs between mother and teacher.

COMMUNICATION STRATEGIES BETWEEN FAMILIES AND PROGRAM

Good communication between program staff and families is an essential part of establishing relationships based on mutual trust and respect. It is the goal of the program to ensure that on-going communication supports this partnership between program and families. The following methods are used:

- **The Center has an open door policy:** Families are encouraged to participate in their child’s classroom activities throughout the day. Program Directors are available to answer questions or concerns at any time.
- **Newsletters, Emails and Notes:** In order to keep families informed, the Center uses a variety of communication methods to ensure families are kept current on what is happening in the program.
- **Informal Conferences:** These daily exchanges between staff and families enable teachers to meet each child’s changing needs and identify interest.
- **Formal Conference:** These semi-annual meetings between families and staff provide the opportunity to share information about child’s progress and to establish future goals.
- **Parent Information Board:** A family information board is located at the front desk area and in each classroom.

The Child Development Center makes every attempt to communicate in each families preferred language. If a translator is required one will be provided.

NEGOTIATING DIFFICULTIES & DIFFERENCES BETWEEN FAMILIES AND PROGRAM

When difficulties and differences arise in interactions between families and program staff every attempt is made to find a mutual satisfactory resolution. The family, program staff and management meet together to determine if a resolution can be achieved that is in harmony with the Center’s philosophy, goals and program policies. If a mutual resolution is achieved, management will follow-up to ensure goals are met and all parties are satisfied. If a solution cannot be reached the program’s Flight Chief will meet with the family and the program’s management staff to resolve the issue.

ASSESSMENTS

The Child Development Center uses various methods to ensure that each child’s development is proceeding in a healthy, progressive way. Most of the information about children is gathered through classroom observations, formal (semi-annual conferences) and informal (daily interactions) conversations with families and through a process call “ASQ” –Ages and Stages Questionnaires.

Observations: This assessment is ongoing through out the year and directly correlates with the curriculum being taught in each classroom. The classroom teacher observes the children and then uses this information to plan activities that target specific skills and goals for each child. The observations are tracked on a form that is shared with families during conference. Families may request to review this form at any time.

ASQ: This assessment tool is a questionnaire complete by the family at specific time intervals and frequency that best capture developmental milestones. By utilizing these questionnaires, we can strengthen our partnership in tracking and supporting your child’s overall growth and development. Each family will be asked to answer questions about some things your child can and cannot do, and return the questionnaire to your classroom’s teachers. Families will be notified of the results of the ASQ by letter or during a conference if the time frame falls within your child’s scheduled conference time period. The questionnaire will be returned to you after “scoring”; results will be secured and filed in your child’s portfolio to maintain confidentiality of your child’s progress.

EMERGENCY PLANS

Severe Weather

In the event of a severe weather emergency, parents will be notified via telephone or email for pick-up procedures. We ask all families to check in with the program when snow is falling during the duty day to stay informed and be ready to contact individuals who are authorized to pick-up their children in the event they can not pick-up before the time of the early release closure. **Base Early Release:** The Child Development Center will close 90 minutes after the “staggered release” of base employees has been initiated.

Hazards and Environmental Risks

The protection, safety and well-being of children and adults are paramount to the Child Development Center. The proper base agency is notified when a hazard is suspected and appropriate safety measures are taken. If the facility/classroom is in danger due to a chemical spill, fire hazard or prolonged heat or cold conditions the following actions may be taken:

- Re-locate to another activity room
- Evacuate to another base facility. Parents will be contacted to inform them of the location of their child, or if time permits parents will be contacted to pick up their child immediately

ACCIDENT REPORTS

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

STAFFING

All programs within the Child Development Center are staffed with a professional child development management team, trained program assistants and technicians, and trained administrative and support personnel staff. Training includes CPR, First Aid, Prevention, Identification and Reporting of Child Abuse, Child Nutrition and Food Handling, Positive Guidance/Discipline techniques, and other early childhood development training. An ongoing staff-training program is implemented in all child development programs to ensure proper care and age appropriate activities is given to all children. All Child Development staff have up to date and approved background checks and references on file.

One of the most important tenants of our program is to ensure the safety of children. The foundation of safety is in the staff-to-child ratios. Air Force has established the following staff-to-child ratios:

	<u>Staff: Child Ratio</u>
6 wks - 12 months	1:4
12 - 24 months	1:5
24 - 36 months	1:7
3 - 6 years	1:12

Maintaining this safety standard requires the program to ensure that the appropriate number of staff is present in the classroom during the drop-off. We establish our staffing patterns to meet this requirement and monitor classrooms ratios frequently during the morning hours. Leaving staff and children “out of ratio” is not a practice our program can support.

Several factors can challenge our ability to “meet ratio” during the start of the day. For example, if weather is a factor, our staff may be late report to work. Illness of staff who works “opening shifts” can create an immediate staff shortage as well. Our program practice is to have staff advise the front desk when they are approaching maximum ratio so that a substitute staff member can be assigned to the classroom. There are times when a parent arrives to the classroom before the staff member has arrived. If this should occur, the parent will be asked to use this period to settle their child into the room and wait until the staff member arrives. In most cases this is only a few minutes. Once the staff member arrives, the parent can sign their child into the classroom on AF Form 1930.

GUIDANCE POLICY

Supporting Challenging Behavior

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

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

Positive Guidance and Discipline Policy

Positive guidance is the primary tool that caregivers use to support challenging behavior. The center does not use punishment--spanking, isolation, confinement, deprivation of food, and harsh consequences that include prohibiting a child for playing or engaging in any activities in the center--to address challenging behavior. Rather, the program ascribes to the use of positive guidance, an approach that is synonymous with discipline. Discipline comes from the word disciple, which means learner. Discipline should be a process of teaching which allows socialization to take place. The purpose of discipline is to instruct children in proper conduct and to help them develop inner controls so they can live according to the standards of behavior established by society.

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

It is important that positive guidance provide an experience conducive for a child to learn appropriate behavior. The most important measure taken at the program is *prevention* that is, understanding *why* challenging behaviors occur and using positive alternatives to handle them. There are different techniques that may be used depending on the situation and the age and development stage of the child. Please refer to the specific positive guidance/discipline techniques for age of your child (ren) provided in a separate hand-out. Recurrent rough play, persistent behavior that threatens the welfare of others, and habitual use of foul language will not be tolerated.

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

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

TOUCH POLICY

It is important that the touches used by caregivers are appropriate, caring, and respectful to the child. Touch, just as tone of voice and language used, is an effective way support and facilitate the message a caregiver wishes to send to a child. In addition, children must know that they are important individuals and have a right to say, “it’s not okay to touch me”. Defining inappropriate touch provides parents and caregivers with an understanding of the use of appropriate touch with children.

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

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

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

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

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

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

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

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

CHILD NEGLECT AND ABUSE PREVENTION & REPORTING

- Children exhibiting suspicious bruises, abrasions, burns and other physical marks will be reported to the Family Advocacy Office or to the Department of Social Services. All child development staff members are mandated reporters.
- Child development programs will offer prevention of child abuse classes throughout the year for staff and parents.
- Reasonable precautions will be taken to minimize the potential for child abuse to occur within the child development programs. This includes staff training, video monitoring of the classrooms, and visual access to the classrooms.
- Children will not be released to parents, guardians or designees who are under the influence of drugs or alcohol.
- The Child Development Center facility shall be limited to one entrance/exit that shall be monitored by staff members at all times. All visitors to the centers shall sign in/out and wear a visitor’s badge when entering/exiting the facility, and will be escorted while in the center.

DoD CHILD ABUSE/SAFETY HOTLINE

DoD has established a national hot line for individuals to report suspected child abuse or safety violations at military child development center or family day care homes.

DoD Hotline: 1-800-336-4592

SLEEPING ARRANGEMENTS

Infants (children under 12 months)

In order to ensure a safe sleep environment for all infants enrolled, infants are always placed in a supine (back) position for sleeping to lower the risk of Sudden Infant Death Syndrome (SIDS.)

- Soft surfaces and gas trapping objects such as pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items will not be placed under or with a sleeping infant
- If a blanket is used, it must be thin and is tucked in at the foot of the crib and reaches only as far as the infant’s chest. The infant’s head remains uncovered during sleep
- After being placed down for sleep on their backs, infants are allowed to assume any comfortable sleep position when they can easily turn themselves from the back position
- A certain amount of “tummy time” while the child is awake and observed helps muscle development and reduces the tendency for back positioning to flatten the back of the head. Infants who fall asleep during “tummy time” are gently rolled onto their backs
- If a child has an illness or disability that predisposes the child to airway obstruction in the back sleeping position, parents are required to provide a written statement from the child’s medical provider describing the requested sleep position and the medical reason for this position. This statement is retained in the child’s file/portfolio and reviewed periodically, to determine if there has been a change

Supervision of Sleeping Infants

- Teaching staff are aware of and positioned so they can hear and see any sleeping infant for whom they are responsible and check on sleeping infants by standing near and looking into the child’s crib at least three (3) times an hour
- The frequency of checks will reflect knowledge of any individual child’s characteristics (Example: A child diagnosed with reflux may need more frequent checks)

Toddlers and Preschool Children

- Most children benefit from periods of rest throughout the day. The program provides an afternoon rest/sleep period for children each day. Children are not required to sleep but must be respectful of others. Quiet activities will be provided for non-sleepers

LOST OR MISSING CHILDREN PROCEDURES

Accountability of the children is a primary responsibility of the staff members. Staff members monitor children’s arrivals and departures from the Center and perform constant checks to ensure children are accounted for at all times. The Air Force (AF) form 1930 “Youth Flight Daily Attendance Record” is kept in each room and as children arrive and depart it is the responsibility of the parent/guardian to “sign” in or out on this document every time they drop off or pick up their child. If a child is transferred to another room during the day a staff member will perform this function.

Staff members take all necessary precautions to ensure all children are accounted for and safe. Staff members monitor children’s arrivals and departures from the Center and perform constant checks to ensure children are accounted for at all times. If a child is lost or missing the following procedures will be followed:

If a child is noted to be missing from the site:

- An immediate search begins of all playgrounds, the parking lots, and all rooms to ensure the child has not hidden or been locked in anywhere within the boundary
- After a quick sweep of the facility and grounds, the Supervisor on Duty will contact the parents, security police or local forces to issue an Amber Alert

If a child is found to be missing on a field trip:

After a quick sweep of the area the Trip Supervisor will contact the security section at the location, security police or local force to issue an Amber Alert and the parents

Other prevention and accountability measures taken: At the 0900 hourly count, the front desk staff will check AF Form 1930 located in the classrooms against the AF Form 1182 (School Leader computer) located at the front desk to ensure all children are accounted for. Counts will be conducted hourly to verify attendance.

GENERAL INFORMATION

TOYS and FOOD

No food, personal toys, chewing gum, candies, cookies, coins, etc. will be in the child’s possession at the time of admission.

LOST ARTICLES

Child Development programs cannot assume responsibility for lost toys, book bags, or clothing. Please mark all containers and articles of clothing with your child’s name. Please do not allow children to wear jewelry or other high value items to the center. Also, please do not allow your child to bring money to the center. Small children may find and swallow it or other harmful circumstances may occur. A lost and found area is available for lost articles.

CLOTHING

- A change of clothes including shirt, pants, underwear and socks labeled with the child’s name need to remain at school for painting or wetting accidents

- Label all children’s clothing. Indelible water marker or permanent marker is suggested.
- Dress children for daily outside play as well as art activities. Even though washable paint and smocks are used for painting, sometimes paint will remain on clothes. Please keep this in mind when dressing your child
- Ensure that children wear non-slip shoes. Jellies, thongs, and water/rubber sandals are only worn during water play
- Children are taken out doors to play during winter months therefore, coats, hats, mittens, and snow pants are required each day

FIELD TRIPS

Developmental appropriate field trips are taken during the school year. Notification will be posted prior to any field trip regarding date, time, destination and cost. Parents need to sign a permission slip each time their child attends the scheduled field trips. Children are transported on government buses. Parents are strongly encouraged to volunteer and assist staff during field trips.

CELEBRATING CULTURAL DIVERSITY

The Child Development Programs at Wright Patterson Air Force base are committed to a policy of programming for children, which are both developmentally appropriate, and reflects the cultural diversity of the children who attend our facilities.

Holiday celebrations are grouped according to seasons and focus on our multi-ethnic population. We, therefore, encourage parent participation in the sharing of art, dress, music, food, and stories from their traditional family celebrations. Parents will become actively involved in the presentation of these activities within the classroom environment.

Our goal is that any holiday celebration, which is part of the programming for our children, be meaningful to them, fostering understanding and respect for one another. We strive to recognize our similarities and celebrate our differences. We do so by focusing on a common theme for each celebration and “wrapping the package in holiday dressing” in order to give the gift of learning to our children.

We are committed to provide a variety of opportunities, which will enhance our children’s understanding of who they are as people in the community of the world.

FAMILY INVOLVEMENT & SUPPORT PLAN

The Child Development Center subscribes to a family focused approach and submits that a family program offers the following benefits:

1. Acknowledges the families’ primary responsibility for the education of their children and supports their involvement in the entire process.
2. Acknowledges the child as part of a dynamic unit to better understand the individual circumstances and resources that affect the child/family unit.
3. Facilitates ongoing dialog between families and program staff so as to support individual children’s interests and to meet their needs.
4. Maintains a center program relevant to the needs of families, recognizing and acting on parental expectations in a culturally sensitive fashion.
5. Offers a variety of parent educational opportunities to enhance parenting skills and promote family resiliency.
6. Help families access and develop their community resources.

The following goals and objectives are inherent to the Family Involvement & Support plan:

1. Provide emotional support - Families with young children face greater stress and demands upon their time, energy, and financial resources. The program offers support through educational services and ongoing practical guidance that influences the well-being of development of their children; partnership with other parents is encouraged.
2. Encourage information-sharing between parent and staff and promote acquisition of new skills — a two-way flow of information is essential to provide consistency and continuity of child care. This can be accomplished through formal and informal parent/staff conferences, daily communication sheets, newsletters, and follow-up sheets. Staff developed workshops, classroom observations, video presentations and group trainings provide the opportunities to share expertise.
3. Foster family participation in program’s activities — While parents have the opportunity to determine the type and degree of their own involvement, they are encouraged to participate on advisory committees and in special events, to be involved in decisions about their child’s program, and to assist in creative as well as routine duties.

4. Facilitate the use and development of community resources — The program will inform families about availability and access to community resources (health, mental health, assessment, educational services and other early education programs) and provide liaison, referral and coordination functions to various services, if needed.

The Family Involvement & Support plan is implemented by using the following strategies:

1. Informal contacts, initial orientation, ongoing dialogue, parent bulletin boards, newsletters and parent handbooks offer opportunities to exchange/share information about children and program activities on a regular basis.
2. The program's open-door policy states that families are welcome at all times; parents are encouraged to visit their child's room at their convenience and communicate to staff and Program Director any and all ideas or suggestions. Parents are also encouraged to discuss other issues, concerns or differences in perspectives. Should difficulties or differences arise, the program is committed to work with parents to find mutually agreeable solutions through open dialog, meetings, and other culturally sensitive approaches.
3. The program has an active **Parent Advisory Board** (PAB) comprised of parents and staff. This board meets monthly (or quarterly) to develop the overall "family involvement" calendar; to plan community or enrichment activities; to address parents' suggestions, ideas, and concerns; and to assist families and program staff in negotiating differences, if necessary.
4. Parent/staff conferences, both formal and informal, provide a time for information exchange and shared problem solving. Formal conferences, with written reports, are held semi-annually at a minimum; additional conferences can be arranged by request. Informal conferences/verbal exchanges take place on a daily or weekly basis. Additionally, the program uses a variety of assessment tools and parents are encouraged to provide input and complete the ASQ questionnaires at enrollment and on a regular basis afterwards. The content of conferences is kept confidential and specific to individual needs.
5. Open house, parent workshops, and parent involvement activities are additional opportunities for families to visit the center, to meet other families, and to become involved with the program.

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

PARENT ADVISORY BOARD

Did you know that as a parent with a child enrolled in the Child Development Center (CDC) you are a member of the Parents Advisory Board?

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

CONCLUSION

The Wright Patterson Air Force Base Child Development Program staff want to provide a positive experience for you and your child. We encourage you to stay actively involved in our program, working hand-in-hand with our staff to maintain high-quality care.

Child Care Center Phone Numbers

**New Horizons (937) 904-1444
Wright Care (937) 904-8055
Wright Field South (937) 255-6463
Wright Field North (937) 255-6254**