Dear Parent(s):

Thank you for allowing us the opportunity to provide your childcare services and welcome to our family. The purpose of this handbook is to acquaint you with our policies and procedures for the Child Development Program in which you have enrolled your child. Once enrolled, the program managers will provide detailed orientation, information, and a tour. Managers will be glad to answer any questions you might have. Please read carefully as you join our partnership for children. We suggest that you keep your handbook for reference in a convenient location.

We continuously strive for excellence in all programs and encourage parental participation through our Parent Advisory Boards (PAB) and Parent Participation Program (PPP). Also, we have an "open door" policy and invite you to visit, unannounced, at any time.

We are here to serve you. We designed our programs to meet the childcare needs of the military community and are always interested in your suggestions for improving or expanding our services. Please discuss your ideas with program managers.

Again, welcome to the Children, Youth and Teen Program at Cherry Point. We trust that experiences with our programs and those of your child(ren) will be positive and rewarding.

Sincerely,
CDP Management
CHILD DEVELOPMENT PROGRAMS (CDP) MISSION STATEMENT

The purpose of the Child Development Program is to assist active duty and DoD personnel in balancing the competing demands of family life and the accomplishment of the mission and to improve the economic viability of the family unit. United with families and community, the Cherry Point Children, Youth and Teen Programs mission is to provide safe, affordable, quality childcare programs in full support of our families and the military mission.

PROGRAM STATEMENT

The early years are truly learning years. Every moment is an opportunity to learn more about the world, practice social skills, and gain thinking skills and knowledge. The early years lay the foundation for all later learning and shape whether children succeed in school and later life. If we care about our children, then we must ensure that all young children enjoy an early childhood that prepares them to take full advantage of their educational opportunities and to become effective citizens, capable workers, and loving parents of the next generation. Our program is center-based, child initiated, teacher supported, with an emphasis on active participation through individual and small groups. Appropriate curriculum is based on teacher's observations and recordings of each child's special interest and developmental progress. Programs provide for a wide range of developmental interests and abilities. Adults provide opportunities for children to choose from among a variety of activities, materials and equipment and time to explore through active involvement. Multicultural and non-sexist experiences, materials and equipment are provided for children of all ages.

PHILOSOPHY

The Cherry Point Child Development Center believes that a developmentally appropriate program is one that is child centered and will enhance the child's cognitive, social, physical, and emotional development, identify and meet both individual and group needs, provide concrete hands-on experiences, promotes positive strategies for guidance, and believes in the inherent importance of child development.

GOAL

Our goal is to provide a safe and nurturing environment that promotes the physical, social, emotional, and cognitive development of young children while responding to the needs of families.
The Child Development Programs are governed by Marine Corps Order 1710.30E, Air Station Order 1745.1C, local sanitation, safety, and fire regulations, and food service guidelines provided by the USDA sponsored Child and Adult Care Food Program. Monthly/Quarterly inspections are conducted by Preventive Medicine Unit from the Naval Clinic Cherry Point, Joint Safety Department, and Cherry Point Fire Department. In addition, there are annual Comprehensive, Multidisciplinary, and Marine Corps Headquarters Inspections.

**CHILD DEVELOPMENT PROGRAM POINTS OF CONTACT**

<table>
<thead>
<tr>
<th>Family Care Program Manager</th>
<th>466-4584</th>
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<tr>
<td>Children &amp; Youth Program Administrator</td>
<td>466-6181</td>
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<tr>
<td>Child Development Center Director Bldg 4298</td>
<td>466-3781</td>
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<td>Child Development Center 4859 Front Desk</td>
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<tr>
<td>Hourly Care Program CDC 4629</td>
<td>466-3491</td>
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<tr>
<td>Resource and Referral</td>
<td>466-3595/5079</td>
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Eligibility: The status of the sponsor will determine the eligibility of children enrolled. Eligible patrons (sponsors) include military personnel, DOD personnel paid from APF and NAF, active duty Coast Guard, reservists on active duty or during inactive duty training, and DoD contractors who are performing mission related duty on the installation. Retirees may be eligible when a waiting list does not exist and space is available. We will evaluate special needs children for admission on an individual basis through the Special Needs Evaluation Review Team (SNERT) process.

Central Registration with Resource and Referral: Serves as the first stop for meeting your childcare needs. All patrons desiring to use full day, part day, or hourly care programs must complete central registration through Resource and Referral (R&R) Department, located at Building 286. At the time of registration, it is necessary to present the following: a completed registration card, current health screening and up-to-date shot record, signed payment policy, USDA and Parents Statement, Family Care Plan as needed, financial information needed to complete DD-Form 2652, and other needed information as requested. Parents are responsible for keeping all registration information current. Resource and Referral (R&R) provides childcare information, referrals and assistance in locating appropriate, affordable, and accessible childcare to military personnel and DoD employees. R&R may provide information regarding off-base childcare availability. For more information, call R&R at 252-466-3595/5079.

OUR COMMITMENT TO COMMUNICATE

We believe it is our responsibility to communicate with you regarding your child’s experiences at the Center. Our caregivers are interested in working with you in meeting your child’s individual needs. There are a variety of ways that we will communicate with you, including daily verbal and written communications, periodic newsletters, parent bulletin board, and parent/caregiver conferences. Communication between parents, teachers, and staff is vital to the well-being of your child.

OUR COMMITMENT TO CONFIDENTIALITY

Please know that we respect the information you share with us and will use that information in a professional manner as a means to meet your child’s needs. MCO
1710.30E Chapter 2, 2013, mandates Confidentiality. "All information about children, youth, teens, families, and staff shall be kept confidential. All staff members are familiar with and required to comply with the Privacy Act."

**PARENTS AS PARTNERS**

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

**Parent Advisory Board:** We have an advisory board made up of parent representatives from all ranks that provide recommendations to program staff and the Command for improving services and program operations. This Board also coordinates the parent participation program and helps with special events scheduled at the Center.

**Parent Participation Program:** Parents are encouraged to participate in our program in a variety of ways. Upon enrollment into the program, parents are expected to visit the center for an orientation and tour of the facility and programs. Other opportunities include, but are not limited to, conferences, visitation, being a parent volunteer, participation in special events and projects, and daily communication with your child’s caregiver. We also strive to involve parents by offering them the opportunity to broaden their knowledge of child development and parenting skills through resources such as lending library, in-service training, parent seminars, and other community activities. Many of the opportunities offered are provided through a cooperative effort of the MCCS Children Youth and Teen Programs, Coastal Community Action, Inc., the Craven County Partnership for Children, Craven County Schools, just to mention a few.

**CURRICULUM**

Learning in young children is the result of interaction between the child’s thoughts and experiences with material, ideas, and people. Knowledge of child development is used with an understanding about individual children’s growth patterns, strengths, interests, and experiences to design the most appropriate learning environment. Child-initiated, child-directed, teacher supported play is an essential component in providing an age-appropriate and individually appropriate learning situation. The Child Development Program uses the Creative Curriculum to promote the individual interests and needs of our children. Creative Curriculum uses classroom observations and assessments performed by teachers on each child to formulate schedules and lesson plans that promote the physical, intellectual, cognitive, and physical development and growth in our children. A balance is created to include both active and quiet activities. Outdoor experiences are planned for children of all ages as well.
Each activity room is designed to meet the needs of the age and developmental level of the children enrolled while respecting each child’s unique style of learning. A variety of multi-cultural, nonsexist toys, equipment, and activities are available that will promote interaction between the children and the world which surrounds them. Teachers facilitate learning by guiding children to an activity/learning center and encouraging participation. Teachers prepare lesson plans for each learning center based on the particular interests of the children and established goals. The child is allowed to make choices when selecting an activity, thus learning valuable life skills. Learning centers available are:

- **Dramatic play** - helps children with:
  - Cooperative Play
  - Creativity
  - Group Decision making
  - Interaction
  - Encourage Ethnic Awareness
  - Language Development
  - Role Playing
  - Self Concept
  - Spontaneous Discussion

- **Housekeeping** - helps children with:
  - Conversation
  - Family Roles
  - Group Decision Making
  - Responsibility
  - Cooperative Play
  - Family Chores, Events
  - Problem Solving
  - Self Concept

- **Language Activities** - help children with:
  - Acquaintance with symbols
  - Conversation
  - Memory
  - Visual Discrimination
  - Imagination
  - Stories and Printed Materials
  - Comprehension
  - Listening
  - Reading
  - Writing
  - Expanding Awareness of books

- **Large Motor Activities** - help children with:
  - Balance
  - Cooperative Play
Exercise          Flexibility
Motor Control      Movements
Safety             Strength

- **Manipulatives** - help children with:
  - Assembling
  - Creativity
  - Part/Whole
  - Role Playing
  - Construction
  - Patterning
  - Problem Solving
  - Small Motor Control

- **Sand/Water Play** - helps children with:
  - Construction
  - Creativity
  - Motor Control
  - Measuring
  - Relaxation
  - Quantity
  - Tactile Stimulation

- **Science** - helps children with:
  - Awareness
  - Discovering
  - Exploring
  - Observing
  - Describing
  - Experiencing
  - Problem Solving
  - Questioning

- **Art** - helps children with:
  - Awareness
  - Creativity
  - Exploring
  - Language Development
  - Relaxation
  - Self-Expression
  - Sense of color and Design
  - Small Motor Control
  - Self-Confidence

- **Blocks** - help children with:
  - Balance
  - Construction
<table>
<thead>
<tr>
<th>Cooperative Play</th>
<th>Creativity</th>
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<tr>
<td>Patterning</td>
<td>Problem Solving</td>
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<tr>
<td>Self-Confidence</td>
<td>Shape and Size</td>
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- **Books** - help children with:
  - Visual discrimination
  - Describing
  - Observing
  - Listening
  - Comprehension
  - Increased Ethnic Awareness
  - Creativity
  - Language
  - Self-Confidence
  - Memory
  - Writing

- **Music** - helps children with:
  - Auditory Discrimination
  - Movement
  - Creativity
  - Self-Confidence
  - Awareness
  - Rhythm
  - Expression
  - Language
  - Listening
  - Awareness of Differences

- **Computers** - help children with:
  - Fine Motor Control
  - Creativity
  - Reading
  - Memory
  - Motor Planning
  - Following Directions
  - Left/Right Orientation
  - Language
  - Symbols
  - Spatial Orientation
  - Sequencing
  - Self-Confidence

- **Family Style Dining** - helps children with:
Making Decisions  Cooperating
Increasing Motor Skills  Improving Social Skills
Taking Turns  Sequencing
Increasing Language Skills  Developing Self-Esteem
Increases Acceptance of different food  Discriminating

SAMPLES OF DAILY SCHEDULES

Infants: Each child has a unique schedule for eating, diapering, playing, and sleeping. Daily schedule will include times for the following: arrivals and departure; feeding/preparing and eating snacks and meals; diaper changing/toileting; indoor/outdoor play; sleeping/naptime.

Pre-toddlers – Preschoolers Sample

0530–0745  Welcome/ Quiet Activities/ Selected Centers
0745 –0800  Prepare for breakfast/ Self-help Skills
0800 - 0815  Breakfast
0815 - 0915  Self-Selected Activities/ Centers/ Music/ Art
0915 –0930  Prepare for Outside
0930 – 1000  Outside
1000 –1010  Water break
1010 –1100  Art/ Centers/ Group Time/ Prepare for Lunch
1100 –1130  Lunch
1130 –1145  Children Clean Up/ Self-help Skills/ Prepare for Quiet Time
1145 –145  Quiet Time/ Rest Time
1345 –1400  Put Away Blankets/ Self-help Skills/ Prepare for Snack
1400 –1430  Circle Time/ Story Time/ Finger plays/ Discussion
1430 –1500  Snack/ Children Clean Up/ Self-help Skills/ Prepare for Circle Time
1500 –1520  Music and Movement/ Centers
1520 –1530  Prepare for Outside
1530 –1600  Outside
1600 –1610  Water break
1610 –1700  Art/ Centers
1700 –1800  Table Toys/ Quiet Center/ Clean Up/ Prepare for Departure

DEVELOPMENTAL ASSESSMENTS: Each child is assigned a primary teacher when he/she is enrolled in the CDC. The teacher assesses growth using a list of developmentally sequenced behaviors. We use and supplement the “Creative Curriculum Gold Edition” by teaching Strategies Inc. assessment system. Through this assessment
system and knowledge of the children's interests and needs, the teachers develop activity plans that will promote individual growth and development.

**CONFERENCES:** Daily sharing of information during drop off and pick up are encouraged and helpful in assisting the staff in meeting your child's needs. Scheduled conferences offer the opportunity for staff and parents to take the time to plan, assess, and set goals for your child's development and growth. Conferences will be held quarterly but may be scheduled at the request of the patrons or staff members at any time.

**REST PERIODS:** Rest periods are scheduled for all children enrolled in full-day programs. Infants are allowed to establish their own sleeping patterns. All children in the pre-toddler through preschool full-day programs will have a scheduled rest period. Children are not required to sleep, but must rest quietly during this time. Each child is assigned a crib or cot. Crib sheets are laundered daily and are provided by the center. Parents of Pre-toddler – Preschool children are asked to provide a blanket and sheet for your child's comfort. Blankets will be taken home weekly, laundered, and returned with your child on Mondays.

**OUTDOOR PLAY:** Children should be dressed appropriately for the season regarding daily outdoor play. Children will not be kept inside per request by parent(s) due to staff/child ratio requirements. Children too ill to participate in the normal daily activities shall be kept home. The staff and center directors will determine the appropriate amount of time allowed outside during periods of extreme or inclement weather conditions. Outdoor play keeps children physically healthy and mentally well. By playing outdoors, children will: clear nasal passages (which prevent colds); release pent-up energy; develop gross motor skills; discover different sounds and smells, etc.

**FIELD TRIPS:** State regulations require children less than 8 years of age to be in an approved car/booster seat. As transportation is not available to accommodate car seats, field trips for CDC will be limited to places the children can walk. Teachers plan for and invite special visitors to the activity rooms. Parents are encouraged to participate by assisting in planning or recommending particular persons or programs.

**PROGRAMS OFFERED**

**FULL DAY:** Is available for children ages six weeks through five years of age. The center is open from (0530-1800), Monday through Friday.

**PART-DAY:** We offer a three day (Mon/Wed/Fri) or two day (Tues/Thurs) part day program. You can enroll your child for either the morning or afternoon session in either program by registering at our Resource and Referral office.

**HOURLY CARE:** Is offered on a space available basis, with reservations being accepted up to two weeks in advance. For reservations call 466-3105/3491.
Hourly care is available Monday through Friday from 0800 – 1700 and is available for children 6 weeks up to 12 years of age. When all spaces for hourly care have been taken for the day a waiting list for that day will be started. Patrons on the waiting list will be called, if possible, when spaces become available. Patrons will be charged for the time reserved at the rate-per child-for-hourly-care, or any-portion thereof. Charges for hourly care must be paid when the child is picked up from the center. Volunteers for service organizations aboard Cherry Point may make their written reservations up to one month in advance. Charges for volunteers will be assessed as stated above.

Cancellations must be made two days prior to the reservation date. Failure to make the two-day advance cancellation will result in the patron being obligated to pay $4.00/ hour for the reserved time. Patrons must pay the charges before future use of hourly care. Patrons late in picking their children up are charged a late fee of $6.00 for each 15 minutes (or portion thereof). All late fees are payable at the time of pickup of the patron’s child(ren). If you find yourself running late, you can call the CDC and avoid late fees. (466-3105/3491). The CDC Director will assess emergency situations on a case-by-case basis.

WAITING LISTS: Once the center reaches capacity enrollment for any age group, we will maintain a waiting list. Vacancies are filled from the waiting list by age group based on the Priority of Access and MCO 1710.30E.

Placement is by registration date and priority.

In all cases priority shall be given to families seeking full time child care in the following order.

1. Active duty single and active duty dual military eligible patrons.
2. Active duty with a spouse who is employed on a full time basis outside the home, or is a full time student, reservist on active duty or in training.
3. DoD civilian personnel
4. DoD contractors in a full-time work status

WITHDRAWAL: We respect a parent’s right to withdraw a child from the Center. Proper notification to withdraw a child from the program, as outlined in the payment policy, is required. Please complete the withdrawal form at the CDC front desk no later than the 1st of the month for withdrawal to be effective on the 15th and no later than the 16th of the month for it to be effective on the 30th/31st of the month. Without appropriate notice, you will be charged for the upcoming period 1-15 or 16-30/31, whether or not your child is in attendance.
EXCLUSION: We reserve the right to cancel enrollment of a child from the Center when a parent does not adhere to Center policies, including the failure to pay user fees. Further, if the individual needs of a child within group care cannot be reasonably met within budget constraints; we reserve the right to withdraw your child. When a situation is identified which could lead to withdrawal, parents will be included in the plan to overcome the problem. Should withdrawal become necessary, our Resource and Referral Technician will be available to render assistance in locating alternative care choices.

PROCEDURE FOR HANDLING UNACCEPTABLE BEHAVIOR

The child guidance/discipline policy is designed to assist the child in developing self-control, self-respect, respect for others, and consideration for the rights and property of others.

The following steps will be adhered to in planning interventions:

The teacher/provider makes known to management there is a pattern of unacceptable behavior. (Unacceptable behavior includes, but is not limited to, hitting, kicking, spitting, profane language, and continued lack of respect for adults, classmates, and materials, etc.). At that time, the teacher/provider will provide documentation to management on incidents/accidents, which have occurred, interventions that have been attempted to date, and ongoing parent contacts.

Parents are called in for a conference with management and teacher/provider for the purpose of formulating a plan of action to correct the issue.

With input from the teacher/provider and parents, a two week written intervention plan is developed with agreement of all parties. The plan includes written feedback from teacher/provider. A follow-up meeting will be scheduled if needed. Disenrollment of a child may occur at any time if the unacceptable behavior continues or if there is no parental support.

Should it be necessary during this two week period for management to call parents three times to pick up their child for the unacceptable behavior which the intervention plan was developed, the child will automatically be disenrolled from the Child Development Center. Should withdrawal become necessary, our Resource and Referral Technician will be available to render assistance in locating alternative care.

FINANCIAL POLICIES

FEES: As mandated by DoD regulations, fees are based upon total family income using the service member’s most recent Leave and Earnings Statement (LES). The most recent copy of the spouse’s W-2 or LES will be used to verify income for nonmilitary personnel. All fees are payable in advance, and are due on the 1st and 16th of each month as outlined in our payment policy. Payments must be made within 2 working days of these dates. Accounts are considered
delinquent on the 3\textsuperscript{rd} working day and will result in your child not being accepted for care. Any account that is delinquent for 5 days will result in disenrollment of the child(ren) and pay checkage will be initiated to retrieve pending balance.

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

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

**AFTER HOURS FEES:** Failure to pick up children by closing time of the program your child is enrolled in will result in a late charge of $5.00 for each 15 minutes (or portion thereof). A pattern of abuse of extending closing times for the program may result in disenrollment/loss of childcare privileges. Please notify the Center if, due to some emergency, you are unable to arrive by closing time so that staff on duty may plan accordingly.

### OPERATIONAL POLICIES

**HOURS OF OPERATION:** The Center is open from 0530 to 1800 for the full day program Monday through Friday. Hourly care operates from 0800 - 1700. Both our three day (Mon/Wed/Fri) and two day (Tues/Thurs) part-day programs hours of operation are:

- morning 0830-1230 and afternoons 1300-1600.
- **SPECIAL CARE:** Care is often provided for special events such as Balls, Pre-deployment briefs etc. and is advertised through different MCCS venues. For information please call CDC at 466-3782/3105, Resource and Referral at 466-3595/5079, or the Cherry Tree House at 466-3861.

**HOLIDAYS:** The Child Development Center will be closed on all Federal Holidays and the Friday after Thanksgiving, special holiday closings may be in effect based on military designated leave periods. A list of closure dates will be furnished annually.

**ARRIVAL AND DEPARTURE:** For your child’s safety, we require that the adults escorting children to the Center accompany them into their rooms. Parents should complete the sign-in procedures in the Center lobby and in the activity room. Parents are required to sign out upon departure. For your child’s protection, only patrons authorized by the sponsor and listed on the Registration Card may take a child from the Center. Authorized pickups must be at least 16 years of age. Identification is required before a child is released to an escort. Please note that it is against Air Station Regulations to park
in the fire lane, and at no time should a vehicle be left with the engine running. ASO 5560.3B prohibits children age 10 and under from being left unattended in a vehicle.

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

**Child Abuse and Neglect:** All staff members receive annual training in prevention and identification of child abuse and neglect. All staff members at the Center are required by law to report any situation or condition where there is reasonable cause to suspect abuse or neglect of a child by anyone to include staff, patrons, visitors, etc. The appropriate authorities will be notified as outlined in ASO 1745.1A.

DoD Child Abuse Hotline Number: 1-800-336-4592

**Feeding Infants and Children with Allergies:** Due to the large number of children who require special food due to allegories or are fed different types of formula, milk, breast milk the following procedures have been implemented.

- All bottle fed infants will wear a name band with the child’s first and last name along with date of birth around their left wrist.
- All bottles will be labeled with the child’s first and last name, date of birth, and date the bottle was made.
- All children with food allergies will go through the SNERT process before being admitted for care.
- Each child with a food allergy will wear the appropriate identifying band to include first and last name and date of birth around their left wrist.
- Each child with food allergies will have a menu annotated by the parent with the foods they can consume for each meal period.

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

1. A staff member who is certified in CPR/first aid will administer emergency First Aid or CPR.
2. If the situation warrants, we will request emergency assistance by calling 911.
3. We notify you by telephone and provide written accident report.
4. If you are not available, we notify the person you designated as your emergency contact.
5. If a parent or the emergency contact does not arrive before the emergency transport, if possible, a staff member accompanies the child to the hospital.
ATFP-SOP for Base Evacuation during hours of Operation Mon-Fri 0530-1800.

In the event of Base Evacuation the following action is to be taken in reference to the Child Development Centers, Buildings 4629, 4298 and 4859.

1. The Emergency Operations Center (EOC) communicated to the CDC that there is an installation evacuation. The EOC will tell the CDC personnel what area of the installation has been designated as the safe haven at the time of this communication.

2. The CDC employee receiving the EOC message immediately relays the message to the CDC Managers on duty.

3. The CDC Managers relay to all personnel to include caregivers that the CDC is in the emergency base evacuation process. A manager will be posted at the entrance of Building 4298 and 4859 until evacuation is complete. **ID checks will be performed.**

4. All caregivers and support staff will be essential personnel and will remain on duty until instructed by a manager. **Caregivers and support personnel will immediately begin to prepare the children for evacuation.** Seasonal items such as coats/jackets should be put on the children. Diaper bags for infants should be packed and ready to go. Caregivers will take the sign-in roster and maintain that sheet throughout the process. An accurate count of the children is required at all times.

5. Bus transportation (eleven) and augmented staff (minimum 40) will arrive at the main parking lot of Bldg. 4298 (two of which will go to building 4859’s main parking lot). The doors between Bldg 4298 and 4629 will be unlocked and monitored for quick entry and exit by children and staff.

6. All caregivers, and support personnel will go to the designated safe haven. The safe haven is established by the EOC. The CDC Managers will assemble all caregivers and children in one location at the safe haven and take attendance. The CDC Flag will be posted in an area that is visible for personnel and parents to see. This will mark the assembly spot at the safe haven for CDC personnel. The caregivers will have all parents sign out each child by signing the prepared attendance roster. A child not signed out by an authorized patron is still in the custody of the CDC. Each caregiver will turn in their classroom roster to the appropriate center manager after all of their assigned children have departed. The CDC Managers will ensure they have all the classroom attendance rosters before they depart the safe haven.

7. If there are still children under the care of the CDC when the “all clear” has been given by the EOC, the remaining children and staff will be transported back to
the CDC. If all children are gone, the CDC staff will be released.

**DESTRUCTIVE WEATHER**: During extreme weather conditions, all facilities will remain open until directed by the Station Commander to close. During such conditions, parents should maintain close contact with the CDC in preparation for worsening of conditions and changes in operational status. **PARENTS MUST PROVIDE AN ACCURATE PHONE NUMBER WHERE THEY MAY BE REACHED.** Once the Commander (or his designee) has directed closure, children must be picked up immediately. Parents may call the Cherry Point Marine Corps Air Station automated information system at 466-3093. For information on suspected or impending destructive weather, patrons are urged to listen to Channel 12 television or Q105 radio.

**FIRE DRILLS/BOMB THREAT**: Fire drills are practiced monthly. If you are in the building when this is occurring, please exit the Center. In the event of a fire, everyone will be evacuated from the building as expeditiously as possible utilizing the posted evacuation plan and moving at least 75 feet from the building. In case of a bomb threat, the same evacuation procedure will apply. All children and adults will move at least 750 feet from the building.

**CHILD HEALTH SCREENINGS**: CDC staff will observe each child upon arrival and during the day for obvious signs of illness. Children who appear to be ill or show visible signs of illness, which prevent him/her from participating in daily activities, will be denied admission by the CYTP nurse or administration. Parents of children who become ill after parents have departed the facility will be called to pickup the child. Criteria for exclusion of services are as follows (but not limited to):

- Infected skin or crusty patches
- Temperature of 100.5 degrees F axillary
- Severe coughing, difficulty in breathing
- Yellowish skin or eyes
- Eyes that are irritated, swollen, or with discharge
- Impetigo (skin infection with honey-colored crust)
- Scabies (contagious human itch mite that produces intense itching of skin)
- Ringworm (contagious fungal skin infection)
- Thrush (contagious yeast infection causing white patches in mouth)
- Chickenpox
- Head lice
- Strep throat
- Conjunctivitis
• Persistent diarrhea (4 watery stools in 3 hours)
• Vomiting (2 or more episodes)
• Symptoms of contagious diseases such as the mumps or measles
• Nonparticipation in the program (unable to stay awake/ feeling sick and can’t participate)

COURTESY TEMPERATURE CHECKS: For children/youth in the Children Youth and Teen Programs temperature checks are performed as a courtesy and on a case-by-case basis and as approved by the parent/guardian. A CYTP team member will always ensure a child’s parent/guardian is contacted whenever, in that staff member’s opinion, a child “looks or acts sick and/or cannot participate in the program.”

For more information on readmission, please refer to ASO1745.1A

CARING FOR ILL CHILDREN: Ill/ injured children, who require care beyond the capabilities of CDC staff, compromising the health and safety of other children in the CDC, will be denied care. In the event a child becomes ill/ injured at the Center, the parents will be notified to pick up the child immediately. If parents are unable to be reached, the Center staff will contact the child’s emergency contacts for immediate pickup. A child sent home because of illness may not return the next day unless he/she has a doctor’s statement indicating the child may return to the CDC. In the case of conjunctivitis, the child may not return until the eyes are clear with no discharge, and be out at least 48 hours or return with a doctors note if less than 48 hours. Children with head lice may not return to the center until all nits are out of the hair. Parents of all children exposed to a communicable disease will be notified.

ADMINISTRATION OF MEDICATION: Non-emergent medication will be administered only within full day programs enrolling regularly scheduled children. Emergent medication will be administered on an as needed basis. Medication will be administered only when prescribed by a physician and only when there is no other reasonable alternative to the medical requirement for the child. Written permission from the parent or guardian must be obtained before administering medication. Children will be on oral medication at least 24 hours before dosage is administered by the CDC personnel. Medication will be administered for no more than 30 days without a new prescription. Administration of over the counter or PRN (whenever necessary) medication will be limited to diaper ointment, sunscreen approved for use on children, lip balm, and topical creams and ointments on the approved list. These items must be clearly labeled with the contents, child’s name and date. A release of liability form must be signed by the parent.

MEALS AND SNACKS: Nutritious meals and snacks are an important part of your child’s day. We serve meals family style in order to create a pleasant, home like atmosphere. Breakfast is served at 8:00 a.m., lunch at 11:00 a.m. and afternoon snack at 2:00 p.m.. We request a courtesy call before 9:00 a.m. if you are planning to eat lunch with your child. Children eating table food must be at the center during meal service, as
food may not be held for later consumption. Food from home is not permitted, unless designated by SNERT. Monthly menus are posted in the lobby and in the activity rooms, and copies are available at the front desk. All food served at the center meets the standards as set by the U.S Department of Agriculture. To comply with licensing standards for the children on special Medical diets, we must have the physician’s order and a copy of the diet meal plan in the child’s records. Due to health and sanitation regulations, all foods with the exception of infant’s bottles and jar food must be prepared and served from the center’s kitchen.

If your child has special dietary needs a SNERT meeting review must be held, determining the plan of action required by the parent. Parents failing to comply with requirements could result in withdrawal of their child from the program.

Children in the infant rooms are fed on their own individual schedule. Parents may provide food and formula for infants who are not yet eating table food. Only unopened baby food containers labeled with the child’s name and date can be accepted. Bottles provided daily by parents must be prepared, labeled (with first, last name, and date of birth) and dated at home. Due to the periodic need to staff rooms with caregivers who may be unfamiliar with the children in the room it is necessary that all infants wear a band on their left wrist with their first and last name and date of birth. Infants who receive breast milk will be banded with an orange allergy band correctly labeled with child’s first and last name and date of birth.

CDC policy and practice, set forth by health and sanitation guidelines, directs that all infant bottles must be heated in a bottle warmer located within each infant room.

According to the manufacturer, Playtex Ventaire Bottles are not designed to be heated in a crock pot. When heated in this manner the rubber disc located on the bottom of the bottle becomes misshapen causing the bottle to leak. The health and well being of all children at the CDC is paramount. Due to their design and manufacturer’s recommendations, Playtex Ventaire Bottles are prohibited from use at the CDC.

Only unopened baby food jars labeled with the child’s name and date can be accepted. Sanitation regulations require staff to discard leftover food and formula after feeding. CDC will not store food, or milk/breast milk, etc. Parents of children above the age of 12 months who are unable to participate in family style dining must make prior arrangements with management.

**Special Needs And Evaluation Review Team (SNERT) Process**

Children with special needs, such as asthma, ADHD (Attention Deficit Hyperactivity Disorder), Autism/Asperger’s, hearing impairment, food allergies, and other needs, which may require special accommodations, will be evaluated by the SNERT team. The SNERT team consists of a Medical liaison Officer, CYTP Nurse, CYTP Administrator, Exceptional Family Member Program Manager, and at times, community resources. The SNERT team may request a meeting with the child’s parent to obtain information concerning the child. The team will make an assessment of the accommodations necessary for a special needs child to participate in the program and determine the most appropriate placement for the child. The CYTP program will reasonably accommodate these needs and provide appropriate care within program and budget constraints. Training
specific to the special needs of the individual shall be provided to CYTP staff prior to working with the special needs child or youth.

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

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Staff/Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Wks to 12 Mos</td>
<td>1:4</td>
</tr>
<tr>
<td>13 Mos to 24 Mos</td>
<td>1:5</td>
</tr>
<tr>
<td>25 Mos to 36 Mos</td>
<td>1:7</td>
</tr>
<tr>
<td>37 Mos to 5 Yrs</td>
<td>1:12</td>
</tr>
<tr>
<td>6 Yrs and older</td>
<td>1:15</td>
</tr>
</tbody>
</table>

PROGRAM POLICIES

Discipline: CDC staff members are interested in promoting self-control and appropriate social behavior in children. We use positive methods to encourage development of these behaviors. We do not believe in, nor do we practice corporal punishment or other frightening/humiliating disciplinary techniques. Positive methods are used to redirect children's inappropriate behaviors. Refer to CDC policies on child guidance and discipline and posted in each activity room.

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

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

WE DO:           WE DO NOT:


1. Praise, reward, and encourage the children.
2. Reason with and set limits for children.
3. Model appropriate behavior for children.
4. Modify the activity room environment in an attempt to prevent problems before they occur.
5. Listen to the children.
6. Provide children alternatives to inappropriate behavior.
7. Provide children with natural and logical consequences of their behaviors.
8. Treat children as people and respect their needs, desires, and feelings.
9. Ignore minor misbehaviors.
10. Explain things to children on their level.
11. Use a cool off period for children to regain self-control.
12. Stay consistent in our techniques while working with young children.

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

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

**Biting:** Children biting one another is the most common, most difficult situation in-group childcare, especially within the pre-toddler/toddler age group. Biting is a natural phenomenon that has little developmental significance. It is not something to blame on the children or parents (or caregivers). Children who bite at a young age are not on a path of becoming a discipline problem. It is a behavior of a child not yet able to participate fully in social situations. Children may bite for any number of reasons such as teething, impulsiveness, lack of self-control, limited speaking skills, excitement and over stimulation, or frustration. When a child begins biting behaviors, the caregiver will track behaviors that lead to biting incidents and help the child avoid such situations. The name of a child who bites will not be released to other parents, as it serves no useful purpose. Parents of children who bite will receive an incident/accident report as well as the child
who is injured. In most instances, the biting will continue for a period of time and gradually lessen. Every effort will be made to help the biting child achieve socially acceptable behavior. In severe cases, it may be necessary to remove the biting child from the CDC for a period of time. Every effort will be made to assist the parent in finding a satisfactory childcare setting while away from the group setting. PUNISHMENT DOES NOT WORK—TO CHANGE THE CHILD’S BEHAVIOR—BITING BACK IS PROHIBITED AND MAY CONFUSE THE CHILD OF WHAT IS ACCEPTABLE SOCIAL BEHAVIOR.

**Infant Back-To-Sleep:** In accordance with the American Medical Academy for Pediatrics, the National Institute of Child Health and Human Development, and the National Association for the Education of Young Children, the Children and Youth Program at Cherry Point support and adhere to the best practices to ensure infants are well cared for and safe. Research supports that the easiest practice to lower a baby’s risk of SIDS or Sudden Infant Death Syndrome is to put the infant on his/her back to sleep. We support the Back to Sleep Program and will place all young infants on their backs to sleep. Failure to allow this practice, with the exception of medical documentation and SNERT Review, will result in termination of services or disenrollment.

**Diapering/Toileting:** Diapering and toileting are life skills that provide wonderful opportunities for one-on-one time with the children. We follow health and safety regulations and use Universal Safety Precautions when diapering or assisting the children with developing their toileting skills. We assist parents with toilet training efforts and will not start toilet training in the CDC until both the child’s parents and caregivers feel the child is developmentally ready and only after it has been initiated in the home. The child must be able to realize the sensation of need to eliminate and be able to communicate the need for toileting to the teachers. Parents should provide several (at a minimum 2) complete changes of clothing. Parents are responsible for supplying diapers for infants accordingly. Baby powder is known to cause lung irritation and will not be used. Also, on 25 October 2005, under advisement by the NHCP, the American Academy of Pediatrics disapproved of the use of cornstarch when diapering. Caregivers will encourage the child to toilet at regular intervals but will not restrain the child on the toilet. Only disposable diapers will be used unless otherwise directed by the child’s physician for medical reasons. Please discuss training techniques and plans of action with your child’s caregiver so that your child can experience continuity in adult expectations in this important area.

**Universal Precautions/Hand Washing:** To ensure the most sanitary conditions for your child, Child Development personnel receive annual sanitation and Bloodborne Pathogen training. All CDC personnel use Universal Precautions approach when dealing with all human blood and certain body fluids. All CDC personnel and children will comply with prescribed procedures for hand washing. The procedures are posted above the sinks. To help eliminate the spread of germs, hand washing should take place whenever hands are contaminated with bodily fluids, before and after eating meals or snacks, after toileting or changing diapers, before water play, when returning from outdoor play, etc. When visiting your child’s room, we ask that you help eliminate the spread of germs by washing your hands as well.
**Clothing:** Dress your child in clothing that is comfortable for a variety of active and sometimes messy activities. Please provide a complete change of clothing appropriate for the season and remember to mark your child’s name clearly on all articles of clothing. Please replace clothing articles if they are sent home soiled. For your child’s safety, no thong shoes should be worn. To promote self-help skills, we would discourage you sending a child in clothing he/she would be unable to manage, such as snowsuit, belts or one-piece clothing.

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

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

**Birthdays:** Children in each activity room who have a birthday during the given month will celebrate their birthday with a cake prepared in the CDC kitchen on the last Friday of each month. Parents are welcome to bring in special napkins or decorations or share a special activity for the monthly birthday celebrations. Parents are not permitted to issue invitations to private parties through the center in order to protect the self-esteem of all children.

**Personal Belongings:** On designated days, children are welcome to bring personal items or toys to share during “Show and Tell.” Teachers will inform you about these special days. To avoid loss and confusion, label all personal items. Please speak to your child’s teacher/provider regarding any special considerations.

**Field Trips:** Our program of activities includes visits, for ages pre-toddler to pre-school, to special places within the community. We take special precautions to ensure the safety of children on field trips. We will notify you in advance of planned field trips and will require your written permission. Parental participation as chaperones is encouraged and coordinated through your child’s caregiver.

**Outdoor Play:** Your child’s experiences on the playground at the center are an important part of our program and his/her development. We view the playground as an extension of the activity room. It combines opportunities for exploration, creativity, and play. **Children are required to be outside each day.** Please send children dressed appropriately for outside play. **Due to staffing demands, we are unable to allow children to stay inside while their group is outside.** If your child is too ill to participate in the daily schedule of activities, which includes outdoor play, he/she should remain at home.
**Photographing Children:** Parents will be notified in advance of any individual not associated with the MCAS Cherry Point Windsock and/or the center who wishes to photograph children or center activities. Should you choose not to have your child photographed at anytime, please notify your child’s caregiver.

**CCTV Review Requests:** Parents are welcome to view the live CCTV at the location designated by the CDC Director.

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**CUSTOMER SERVICE**

Any complaints, comments, or suggestions for improvement should be brought to the attention of the CDC Assistant Director/Director, to ensure expeditious resolution. If resolution is not met to your satisfaction, please obtain a copy of the Chain of Command from the CDC managers and proceed up the chain. We welcome patron input and encourage the use of I.C.E. (Interactive Customer Evaluation) by visiting the MCCS Cherry Point website (http://www.mccscherrypoint.com/).

**RESOURCE AND REFERRAL**

Resource and Referral assists with child care information and referral for the local area, assistance in locating appropriate, affordable and accessible child care, assistance in selecting center or home care.

Parent participation and Volunteer Services includes: Parent Advisory Board, parent training, parent resource library, and volunteer training.

Short Term Alternative Child Care (STACC) includes: Care provided after hours outside the regular CDC operating hours. Provision of STACC during CDC hour’s operation is contingent upon availability of staff.

For further information on this program, contact the Resource and Referral Specialist at 466-3595 or 5079.

**EMERGENCY TELEPHONE NUMBERS**

- DoD Child Abuse Hotline: 1-800-336-4592
- Fire Department: 911
- Naval Clinic: 466-0266
- Military Police: 466-3615
- Family Advocacy: 466-3264
- Poison Control Center: 1-800-848-6946