



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
POSTAL SERVICE CENTER BOX 8003
CHERRY POINT, NORTH CAROLINA 28533-0003

ASO 1745.1E
MCCS

01 OCT 2019

AIR STATION ORDER 1745.1E

From: Commanding Officer, Marine Corps Air Station Cherry Point
To: Distribution List

Subj: CHILD DEVELOPMENT CENTER PROGRAM

Ref: (a) MCO 1710.30
(b) DoD FMR 7000.14-R, "Department of Defense Financial Management Regulation," June, 2011
(c) ASO 3140.1B
(d) DoDI 6060.1-M-18, "Prevention of Child Abuse and Neglect in Child Care Settings," August, 1988
(e) NAVMED P5010 w/Ch 1
(f) DoDI 6060.02, "Child Development Programs (CDPS)," August 5, 2014
(g) SECNAVINST 5720.42F

Encl: (1) Child Development Center Program Procedures Manual

1. Situation. Per the references, Marine Corps Community Services (MCCS) provides child development services consisting of Child Development Centers (CDC) and Supplemental Programs and Services (SPS). The CDC provides a monthly contract program, part-day, and hourly care services. The SPS is coordinated by the Children and Youth Program Administrator (CYPA) as governed by reference (a).

2. Cancellation. ASO 1745.1D.

3. Mission. Per the references, promulgate regulations for the effective operation, management, safe facilities, healthy environments, and quality child care of the child development services aboard Marine Corps Air Station (MCAS), Cherry Point.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To ensure CDCs and SPS are provided sufficient information pertaining to policies, procedures, and responsibilities to execute high quality, affordable child development services.

(2) Concept of Operations. The CDC Program, as established by references (a) through (e), provides quality child care to active duty military, Department of Defense (DoD) civilian personnel, Coast Guard, active duty reservists during training periods, and DoD contractors. It mandates extensive background checks, specific training, and adherence to strict guidelines and inspections. Responsibility of monitoring the program rests with the Director of MCCS, and the Director of Marine and Family Programs, for administrative and operational oversight through the CYPA, and for daily management with CDC Directors.

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b. Coordinating Instructions. See enclosure (1).

5. Administration and Logistics

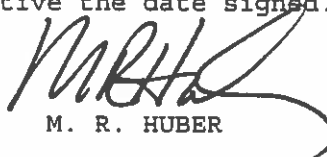
a. Questions pertaining to the contents of this Order should be directed to MCCS.

b. All forms associated with this Order may be obtained from Naval Forms Online at: <https://navalforms.documentservices.dla.mil/web/public/home>.

6. Commands and Signal

a. Command. This Order is applicable to MCAS Cherry Point, its subordinate and tenant commands, and all personnel authorized use of the CDC Program.

b. Signal. This Order is effective the date signed.



M. R. HUBER

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Chapter 1

Child Development Center Mission

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

2. 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, we must ensure they 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, and emphasizes active participation through individual and small groups. Appropriate curriculum is based on teacher observations and recordings of each child's special interests and developmental progress. Programs provide a wide range of developmental interests and abilities. Adults provide opportunities for children to choose from 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.

3. Philosophy. The Cherry Point CDC believes that a developmentally appropriate program is child centered and process oriented, enhances all domains of development, identifies and meets individual and group needs, provides concrete hands-on experiences, promotes positive strategies for guidance, and believes in the inherent importance of child development.

4. Goals. 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 Program curriculum is designed to enhance a child's physical growth by providing activities and opportunities that promote a child's health and fitness through small and large muscle activities. We provide for a child's social/emotional growth by offering an inviting, pleasant environment that has many opportunities to build a child's self-esteem, as well as an atmosphere of appreciation and acceptance for diverse people and cultures. Each child's cognitive development is enhanced by providing a stimulating environment that introduces children to new experiences, and conversation with adults and other children to broaden their thinking skills. Child Development Programs are governed by reference (a), local sanitation, safety, and fire regulations. Food service guidelines are provided by the United States Department of Agriculture sponsored Child and Adult Care Food Program. Monthly and quarterly inspections are conducted by the Preventive Medicine Unit from the Naval Health Clinic, Cherry Point, Safety and Standardization Directorate, and the Cherry Point Fire Department. In addition, there are annual comprehensive, multi-disciplinary, and Headquarters Marine Corps Inspections.

5. Child Development Program Points of Contact

| | |
|--|---------------|
| Family Care Branch Manager | 466-4584 |
| Children & Youth Program Administrator | 466-6181 |
| Child Development Center 4298 Director | 466-3781 |
| Child Development Center 4298 Asst. Director | 466-7874 |
| Child Development Center 4298 Front Desk | 466-3782/3783 |
| Child Development Center 4629 Director | 466-5856 |
| Child Development Center 4629 Asst. Director | 466-6886 |
| Child Development Center 4629 Front Desk | 466-3105 |
| Child Development Center 4859 Director | 466-2883 |
| Child Development Center 4859 Asst. Director | 466-2917 |
| Child Development Center 4859 Front Desk | 466-4176/3732 |
| Hourly Care Program CDC 4298 | 466-3782 |
| Resource and Referral Manager | 466-5605 |
| Resource and Referral Specialists | 466/3595/5079 |
| USDA Food Program Manager | 466-2621 |
| Training and Curriculum Specialist CDC 4629 | 466-6824 |
| Training and Curriculum Specialist CDC 4859 | 466-2697 |
| Training and Curriculum Specialist CDC 4298 | 466-2249 |

6. Admission

a. Eligibility. The status of the sponsor will determine the eligibility of children enrolled. Eligible patrons (sponsors) include military personnel, DoD personnel paid from appropriated funds and non-appropriated funds, active duty Coast Guard, reservists on active duty or during inactive duty training, and DoD contractors who are performing mission related duties on the Installation. Retirees may be eligible when there is no waiting list and space is available. Special needs children are evaluated to determine needed accommodations on an individual basis through the Inclusion Action Team process. Priority of access is determined by the Installation Commander based on childcare spaces and needs for mission accomplishment and maintenance of operational readiness.

b. Central Registration with Resource and Referral. Resource and Referral (R&R) serves as a central area for meeting childcare needs. All patrons must request care through Military Child Care(MCC.com). All patrons desiring to use full day, part day, or hourly care programs must complete central registration through R&R, located at Marine and Family Programs, CDC Building 4859. At the time of registration, the following are required: completed registration form, current health screening, up-to-date shot records, signed payment policy, USDA and Parents Statement, Family Care Plan as needed, financial information needed to complete DD-Form 2652, and other information if requested. Parents are responsible for keeping all registration information current. R&R provides childcare information, referrals, and assistance in locating appropriate, affordable, and accessible childcare to military personnel and DoD employees, and may provide information regarding off-base childcare availability. For more information, call R&R at 252-466-3595/5079/5605.

7. 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 to meet your child's individual needs. There are a variety of ways that this is accomplished, including daily communications, periodic newsletters, parent bulletin boards, e-mail, instant alert system, and parent/caregiver conferences. Communication between parents, teachers, and staff is vital to the well-being of your child.

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8. Commitment to Confidentiality. We appreciate your trust in us to take care of your children. Please know that all information you share with us is respected and will be used in a professional manner as a means to meet your child's needs. We strictly adhere to all mandates that reference confidentiality, and all of our staff will be familiar with and comply with the Privacy Act.

9. 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.

a. Parent Advisory Board. Information on the Parent Advisory Board (PAB) is contained in Chapter 8 of this Order.

b. Parent Participation Program. Parents are encouraged to participate in our program in a variety of ways. Upon enrollment, parents are expected to visit the Center for an orientation and tour of the facility and programs. Other opportunities include conferences, visitation, parent volunteering, participation in special events and projects, and daily communication with your child's caregiver. We also encourage parent involvement by offering them opportunities to broaden their knowledge of child development and parenting skills through resources such as the lending library, training, seminars, and other community activities. Many opportunities are provided through a cooperative effort of the MCCS Children and Youth Programs, Coastal Community Action, Inc., the Craven County Partnership for Children, and Craven County Schools, just to mention a few.

10. Curriculum. Learning in young children is a result of interaction between the child's thoughts and experiences with materials, ideas, and people. Knowledge of child development is used with an understanding about individual growth patterns, strengths, interests, and experiences to design the most appropriate learning environment. Child initiated, child directed, and teacher supported play are essential components in providing an age and individually appropriate learning situation. The Child Development Program uses the Creative Curriculum to promote the individual interests and needs of children. This curriculum uses classroom observations and assessments performed by teachers on each child to formulate schedules and lesson plans that promote the intellectual, cognitive, social, emotional, and physical development in children. A balance is created to include both active and quiet activities, and outdoor experiences are planned for children of all ages as well. Each activity room is designed to meet the needs of the age and development level of the children 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 center and encouraging participation. Teachers prepare lesson plans for each learning center based on the particular interests of the children and established goals. Children are allowed to make choices when selecting an activity, thus learning valuable life skills. Learning centers available are:

a. Dramatic Play helps children with:

| | |
|----------------------------|------------------------|
| Cooperative Play | Language Development |
| Creativity | Role Playing |
| Group Decision Making | Self Concept |
| Interaction | Spontaneous Discussion |
| Encourage Ethnic Awareness | |

b. Housekeeping helps children with:

Conversation
Family Roles
Group Decision Making
Responsibility

Cooperative Play
Family Chores, Events
Problem Solving
Self-Concept

c. **Language Activities** help children with:

Acquaintance with symbols
Conversation
Memory
Visual Discrimination
Imagination

Comprehension
Listening
Reading
Writing
Expanded Awareness of Books, Stories and
Printed Materials

d. **Large Motor Activities** help children with:

Balance
Exercise
Motor Control
Safety

Cooperative Play
Flexibility
Movements
Strength

e. **Manipulatives** help children with:

Assembling
Creativity
Part/Whole
Role Playing

Construction
Patterning
Problem Solving
Small Motor Control

f. **Sand/Water Play** helps children with:

Construction
Measuring
Quantity
Self-Confidence

Creativity
Motor Control
Relaxation
Tactile Stimulation

g. **Science** helps children with:

Awareness
Discovery
Exploring
Observing

Describing
Experiencing
Problem Solving
Questioning

h. **Art** helps children with:

Awareness
Exploring Media
Relaxation
Sense of Color and Design
Self-Confidence

Creativity
Language Development
Self-Expression
Small Motor Control

i. **Blocks** help children with:

Balance
Cooperative Play
Patterning
Self-Confidence

Construction
Creativity
Problem Solving
Shape and Size

j. **Books** help children with

Visual Discrimination
Describing
Observing
Listening
Comprehension
Increased Ethnic Awareness

Creativity
Language
Self-Confidence
Memory
Writing

k. **Music** helps children with:

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Auditory Discrimination
 Movement
 Creativity
 Self-Confidence
 Awareness

Rhythm
 Expression
 Language
 Listening
 Awareness of Differences

1. **Computers** help children with:

| | |
|----------------------|------------------------|
| Fine Motor Control | Left/Right Orientation |
| Creativity | Language |
| Reading | Symbols |
| Memory | Spatial Orientation |
| Motor Planning | Sequencing |
| Following Directions | Self-Confidence |

m. **Family Style Eating** helps children with:

| | |
|---|-------------------------|
| Making Decisions | Cooperating |
| Increased Motor Skills | Improving Social Skills |
| Taking Turns | Sequencing |
| Increased Language Skills | Developing Self-Esteem |
| Increases Tolerance of Different Foods | Discriminating |

11. Sample of Daily Schedule

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

b. Pre-Toddler/Pre-School Schedule.

| | |
|-----------|--|
| 0600-0745 | Welcome/Quiet Activities/Selected Centers |
| 0745-0800 | Prepare for breakfast/Self-help Skills |
| 0800-0830 | Breakfast |
| 0830-0915 | 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/Quiet Time |
| 1100-1130 | Lunch |
| 1130-1145 | Children Clean-Up/Self-help Skills/Prepare for Quiet Time |
| 1145-1345 | Quiet Time/Rest Time |
| 1345-1430 | Put Away Blankets/Self-help Skills/Centers/Manipulatives |
| 1430-1500 | Snack/Children Clean-Up/Self-help Skills/ Prepare for Circle Time |
| 1500-1520 | Circle Time/Story Time/Finger-play/Discussion/Music 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 |

c. Development Assessments. Each child is assigned a primary teacher when they are enrolled. Their teacher assesses growth using a list of developmentally sequenced behaviors. By using this check list and by having knowledge of their children's interests and needs, the teachers develop activity plans that will promote individual growth and development.

d. 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.

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(1) Cancellations. Cancellations must be made prior to the reservation date. Failure to make the cancellation will result in the patron being obligated to pay six dollars for the reserved time. Parents detained are asked to call the front desk to notify that they are running late. Patrons must pay the charges before future use of hourly care. Patrons late in picking their children up may be charged a late fee for each 15 minutes (or portion thereof). All late fees are payable at the time of pick-up of the patron's children. The CDC Director will assess emergency situations on a case-by-case basis.

(2) Waiting Lists. Once the Center reaches capacity for enrollment of any age group, we will maintain a waiting list by date of request for care. Parents can contact the R&R Specialist for waiting list information. Vacancies are filled from the waiting list by age group based on the Priority of Access per reference (a).

(3) 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 the withdrawal 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.

d. Exclusion. We reserve the right to cancel enrollment of a child from the Center when a parent does not adhere to Center policies, including 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 a plan to rectify the issue. Should withdrawal become necessary, R&R staff will be available to render assistance in locating alternative care choices.

13. Handling Unacceptable Behavior

a. The child guidance/discipline policy is designed to assist the child in developing self-control, self-respect, and consideration for the rights and property of others. Behavior plans will be developed in concert with the Behavior Specialist, the Training and Curriculum (T&C) Specialist, The CDC Director and/or Assistant Director, caregivers and parents.

b. The following procedures are to be followed regarding the development of behavior plans:

(1) When behavioral concerns arise in the activity room, caregivers will use an ABC analysis chart to document the behavior and its frequency in the activity room. Caregivers will also document, via hand written notes, any contact with the parents regarding the child's behavior.

(2) If there is a pattern of concerning behaviors, caregivers will notify the T&C Specialist. Caregivers will forward ABC analysis charts and documentation of communication with parents to the T&C Specialist. At this time, the T&C Specialist will complete observations of the child and provide suggestions/training to caregivers regarding environmental changes and classroom management techniques. Documentation of observations, strategies, and training, along with caregiver documentation, will be forwarded to the Director and Assistant Director by the T&C Specialist. An initial Parent/Teacher conference will be scheduled with the parents, caregivers, T&C Specialist, and the Director and/or Assistant Director. The purpose of this conference is to gain input from

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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 may be scheduled at the request of parents or staff members.

e. Rest Periods. Rest periods are scheduled for all children enrolled in full-day programs. Infants are allowed to establish their own sleeping patterns, while all pre-toddler through pre-school children on 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, and crib sheets provided by the Center are laundered daily. Soft cushions, such as comforters, thick blankets, pillows, quilts, or bumper pads are not used in cribs. Sleep sacks and wearable blankets are allowed. Parents of pre-toddler or pre-school children are asked to provide a blanket for their comfort. Blankets must be taken home weekly, laundered, and returned with your child each Monday.

f. Outdoor Play. Children should be dressed appropriately for the season regarding daily outdoor play. Children will not be kept inside if requested by parents due to staff/child ratio requirements. Children too ill to participate in the normal daily activities should be kept at 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 passage (which prevents colds), release pent-up energy, develop gross motor skills, and discover different sounds and smells, etc.

g. Field Trips. State regulations require children less than eight 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 to. Teachers plan for and invite special visitors to the activity rooms. Parents are encouraged to participate by assisting in planning or recommending particular programs. Only television programs designed for children shall be used as part of a program activity. A maximum of 20 minutes of television or CD is allowed when scheduled and approved, as part of the lesson plan every two weeks. Hourly care programs should be planned so that children can easily move in and out of activities and should include opportunities to play with an assortment of materials arranged in interest centers following National Academy for the Education of Young Children guidelines.

12. Programs Offered

a. Full-Day. A full-day program is available for children six weeks through five years of age and is open from 0600-1800, Monday through Friday.

b. Hourly Care. Hourly care is offered on a space available basis, with reservations being accepted up to two weeks in advance. Hourly care is available Monday through Friday, 0800-1700, and is available for children six 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. If possible, patrons will be called when spaces become available. Charges will be 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 MCAS Cherry Point may make their reservations up to one month in advance. Charges for volunteers will be assessed as stated above.

c. Cancellations, Late Fees, Waiting Lists, and Withdrawals

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parents, to obtain strategies used at home, and to discuss the strategies implemented in the classroom. A two week time frame will be established to implement strategies from the Parent/Teacher conference. The T&C Specialist will ensure that the classroom strategies are consistently being implemented by caregivers.

(3) If the behavior continues, the Director or Assistant Director will contact the parents and the Behavioral Specialist. Caregiver documentation, Trainer documentation, and notes from the initial Parent/Teacher conference should be forwarded to the Behavioral Specialist.

(4) The Behavioral Specialist will review the above documentation, observe the child in the activity room setting, and interview parents, caregivers, and the T&C Specialist as needed.

(5) The Behavioral Specialist will share observations and suggestions with the Children and Youth Program Administrator. A Parent/Teacher conference is scheduled to discuss the observations and suggested individual strategies with the child's parents, caregivers, the T&C Specialist, and the Director and/or Assistant Director. A Behavior Plan is reviewed and signed.

(6) The Behavioral Specialist assists caregivers in implementing the individual behavior plan in the activity room. The Trainer provides classroom support as needed.

(7) After a two week implementation timeframe, the behavior plan is reviewed with parents, caregivers, the T&C Specialist, and the Director and/or Assistant Director. Any needed changes are made.

(8) The Behavioral Specialist provides ongoing support to caregivers as needed. The Behavioral Specialist will maintain a minimum of bi-monthly contact with parents. Changes can be made to the Behavior Plan as needed and agreed upon by the parents, caregivers, Director and/or Assistant Director, and the Behavioral Specialist.

(9) If the behavior plan is consistently implemented by the caregivers and the unacceptable behavior continues, the Behavioral Specialist will report the concern to the Children and Youth Program Administrator and Family Care Branch Head for further action.

14. Financial Policies

a. 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). A current copy of the spouse's W-2 or LES will be used to verify income for non-military personnel. All fees are payable in advance, and are due on the 1st and 16th of each month as outlined in our payment policy. Fees not paid by the 5th day following the 1st or 16th of the month will result in your child not being accepted for care until payment is made. If payment is not made in a timely manner, a pay checkage will be initiated to retrieve pending balances and the child will be disenrolled. If a change in your total family income occurs, patrons are asked to bring verification of the change in income to the Director. Fee changes will be effective for the period after documentation is provided and the Verification of Income is signed by the sponsor and spouse. Lower child care fees that are the result of changes in income are not retroactive, and patrons are requested to keep receipts for childcare services. The Center Director is available for assistance with any account issues.

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b. After Hour Fees. Failure to pick up children by closing time of the program your child is enrolled in will result in a late charge for every 15 minutes you are late (or a 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 Director if, due to some emergency, you are unable to arrive by closing time, so that the staff on duty may plan accordingly.

15. Operational Policies

a. Hours of Operation. The Center is open from 0600-1800 for the full-day program Monday through Friday. Hourly care operates from 0800-1700.

b. Holidays. The CDC is closed on all Federal holidays, the day after Thanksgiving, and other days as shown on the closure dates calendar. A list of closure dates will be furnished annually.

c. Arrival and Departure. For safety purposes, 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, and identification is required before a child is released to any 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. Children ages 10 and under are prohibited from being left unattended in a vehicle.

d. Child Custody. We respect legal decisions regarding issues of child custody. In fairness to both parents and the children involved, 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, and will notify the PMO immediately.

Chapter 2

Prevention of Child Abuse

1. Child Abuse and Neglect. All staff receive annual training in prevention and identification of child abuse and neglect. Staff is required by law to report any situation or condition where there is reasonable cause to suspect abuse or neglect of a child by anyone, including staff, patrons, visitors, etc.

2. Child Abuse, Neglect, and Discipline. The CDC Director will report to the CYPA any situation or condition where there is reasonable cause to suspect that child abuse/neglect has occurred. The Family Advocacy Program Manager (FAPM) will be notified to make the determination as to further action to be taken. If the FAPM is unavailable, the County Department of Social Services (DSS) will be notified. If reporting needs to occur after working hours, 911/PMO will be contacted. In any case where child abuse/neglect may be suspected, the following procedures will be followed:

a. Immediately notify and report the circumstances to the Director, CDC.

b. When the abuse/neglect is suspected to have occurred outside the CDC, the Director/Assistant Director will notify the CYPA and FAPM. The CYPA is responsible for coordination with FAPM on who will contact DSS. DSS may conduct interviews with child development and other personnel as necessary, to determine the circumstances surrounding the suspected abuse/neglect. When criminal acts are suspected, investigation by appropriate Air Station representatives may also be conducted in conjunction with DSS.

c. When child abuse/neglect is alleged or suspected within a child development setting, CDC staff is required to report the suspected/alleged abuse immediately to FAPM via their Chain of Command. In addition, for any alleged or suspected institutional child abuse, the Installation CYP office must complete a NAVMC 11904 and submit it to Headquarters CYP within 24 hours, as well as a completed Incident Report Data Request. Upon employment, all CDC staff will receive a copy of the Reporting Child Abuse and Neglect Policy.

d. The CDC Director takes personnel actions as necessary. The full and part-time employee will be assigned duties in which contact with children is not possible until the investigation is finalized. The flex/intermittent employee shall not be scheduled at all. FAPM will contact civilian authorities and Air Station officials as required. All incidents and subsequent action will be documented by appropriate CDC staff. The CYPA is responsible for coordination with FAPM and the appropriate military and civilian authorities to ensure follow through on all allegations of abuse involving CDC employees. Local telephone numbers for reporting child abuse/neglect will be displayed in the CDC lobby. Continual training in the identification and dynamics of child maltreatment will be provided to all CDC staff.

e. The CDC Appropriate Guidance and Appropriate Touch Protocols are designed to help children develop self-control, self-respect, and appreciate the rights and property of others. These protocols provide positive guidance, allows for redirection, and sets clear behavior limits. It is against CDC policy to inflict corporal punishment or humiliate or frighten children while on CDC premises. Substantiation of the use of corporal punishment by any CDC employee is grounds for immediate dismissal. This includes spanking, hitting, slapping, pinching, shaking, or any other form of physical punishment. Incidences of verbal abuse, threats, derogatory remarks, withholding or forcing meals, snacks, or naps are forbidden, and, if substantiated, are grounds for immediate dismissal. Children will not be punished for lapses in toilet

immediate dismissal. Children will not be punished for lapses in toilet training. All CDC personnel will be provided and acknowledge receipt of the Appropriate Guidance and Appropriate Touch protocols prior to working with children.

f. Caregivers are to report any known circumstances of a child being left unattended to the CDC Director or Assistant Director. Caregivers are required to know the number of children in their care and are held accountable for the whereabouts of their children at all times. Should a child be left unattended, the appropriate disciplinary action will be taken.

g. Parents or guardians are prohibited from disciplining a child by striking, shaking, or any other form of physical punishment while on the premises of the CDC, which includes the playground, parking lot, and surrounding grounds. Parents/guardians will acknowledge their understanding of this policy as a part of the agreement to enroll their children in the CDC. Violation of such prohibition may result in disenrollment of their children from the CDC.

h. Children engaging in aggressive behavior (e.g., hitting, kicking, pushing or being disruptive within a group setting), will be assisted by redirecting the child toward desired activities. An Incident/Accident Report will be completed by the CDC caregiver stating the circumstances surrounding the behavior. Time out will be used only if the child is in the situation of hurting themselves, others or destroying property. When time-out is used, children will be given an explanation as to why they are being given the time-out period. Aggressive behavior is most often present when children lack the skills to cope with frustrating situations and are to be handled by validating the child's feelings or redirecting the child towards another activity. If there is a pattern of unacceptable behavior, including continual aggressive behaviors toward the CDC staff or other children, the child will be sent home. Conference will be scheduled with caregivers, parents and management to develop and implement a proactive plan of action for the child. Should the parent be notified to pick up the child three times within a two week period, the child will be disenrolled. Disenrollment may also occur when the behavior continues with no observable progress or when parental support is lacking. For the most serious cases involving assaults upon children or staff, the Air Station Inspector has the authority to suspend or prohibit enrollment.

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

Chapter 3

Destructive Weather

1. Destructive Weather. During extreme weather conditions, all facilities will remain open until directed by the Installation Commander to close. During such conditions, parents should maintain close contact with the CDC in preparation for worsening conditions and changes in operational status. **Parents must provide an accurate phone number where they may be reached. Once the Commander (or their designee) has directed closure, children must be picked up immediately.** Parents may call MCAS Cherry Point, MCCA Operations at 252-466-6737 for the operating status.

2. Destructive Weather Plan. The following actions are required during storms or destructive weather conditions.

a. Condition V

(1) Secure from destructive weather conditions, when all threats have passed. Return to normal operations.

(2) Report all storm damage to the Director, Marine and Family Programs through the CYP Administrator.

b. Condition IV

(1) Take initial precautionary measures to protect property and facilities. Conduct inspections inside and outside to determine action(s) to be taken.

(2) Review all pertinent directives.

(3) Advise all personnel concerned, of current condition.

c. Condition III

(1) Ensure all materials that are likely to be dangerous, such as flying debris, are secured and stored.

(2) Materials that can be damaged by water should be stored off the floor.

d. Condition II

(1) Send children home.

(2) Secure the CDC.

(3) Accomplish all final precautionary actions, and turn off all water and electricity. Unplug all equipment/appliances not in use unless doing so is likely to result in damage.

Chapter 4

Health and Special Needs

1. Child Health Screening. CDC staff will observe each child upon arrival and during the day for signs of illness. Children who appear ill or who show visible signs of illness which prevents them from participating in daily activities, will be denied admission or parents will be called to pick-up their child. Any child that is ill and requires care beyond the capabilities of the CDC staff, or that may compromise the health and safety of other children in the CDC, will be denied care. A child sent home because of illness may not return unless they have a doctor's statement indicating when they may return to the CDC. Criteria for exclusion of services are as follows (but not limited to):

a. Temperature. An oral temperature of 101 degrees Fahrenheit, or axillary temperature of 100 degrees Fahrenheit or greater.

b. Any symptoms of possible severe illness such as uncontrolled coughing, difficulty breathing, wheezing, persistent crying, irritability, lethargy, or symptoms that prevent them from participating in activities.

c. Persistent diarrhea (more than three runny stools within a three hour timeframe).

d. Persistent vomiting (two or more episodes).

e. Impetigo or infected skin with crusty patches.

f. Rash with fever or joint pain.

g. Chickenpox. Child will not be allowed back in care until all sores have dried/crusted or based on written recommendation of a health care official.

h. Measles. Child will be allowed back in care four days after onset of rash.

i. Mumps. Child will be allowed back in care nine days after the onset of parotid gland swelling.

j. Yellowish skin or eyes.

k. Live lice and/or nits closer than 3mm to the scalp will require the child to be picked up for treatment.

l. Conjunctivitis or eyes that are irritated, swollen, or with discharge.

m. Strep throat or other streptococcal infections.

n. Pertussis. Child will be allowed back in care five days after appropriate antibiotic treatment has been received.

o. Head lice, scabies, or other infestations. Child will be checked by CDC staff and may return to care when all signs and symptoms of infestation have been resolved.

p. Thrush. Child will be allowed back in care 24 hours after treatment has begun.

q. Hemophilic Influenza Type B and Meningococcal Infection. Child will not be allowed back in care until approved by a health care official.

r. Hepatitis A virus. Child will be allowed back in care one week after onset of illness or as directed by a health care official.

s. Stitches. Child will be allowed back in care with approval by a health care official.

t. Parents of all children will be notified when children have been exposed to Bacterial Meningitis (H Influenza), Neisseria Meningitis, Pertussis, Streptococcal infections, Scarlet Fever, Chickenpox, lice or scabies, Giardia Lamb Lia diarrhea, Hepatitis A, or any other communicable disease. Preventive Medicine Services will be contacted for recommendations regarding control measures.

2. Special Needs/Handicapped Children. No otherwise qualified child, youth, or parent with a disability shall be subjected to discrimination by Children and Youth Programs. Children and youth with special needs are defined in reference (a).

a. A team of cognizant personnel will make an assessment and report up the chain of command on any child or youth who cannot be reasonably accommodated. The ability of the CDP to reasonably accommodate a special needs child will be determined by the Inclusion Action Team (IAT).

b. Parents with children who have special dietary needs will be provided with the CDC's menus in advance. It is the responsibility of the parents to make appropriate substitutions when necessary.

c. Training specific to the special needs of the individual shall be received by applicable program personnel prior to working with a special needs child or youth. Liaison will be established with the Naval Health Clinic for provision of immediate support in the event of an emergency. Availability of emergency support will be a factor in assessing the program's ability to care for a special needs child.

3. Procedures for Children with Special Needs

a. When a request for special needs care (as cited in reference (a)) is received, the IAT will make an assessment of accommodations needed. The team shall include, but is not limited to:

- Child Youth Program Administrator or Representative
- CDC Director or CDP Representative
- Training and Curriculum Specialist or CDC Representative
- Children and Youth Program Nurse
- Medical Facility Liaison
- Family Care Branch Behavioral Specialist
- Resource and Referral Specialist
- Exceptional Family Member Program (EFMP) Manager
- Medical Personnel
- Parent/Guardian

b. Parents must acknowledge in writing, their understanding that the program is not responsible for providing the child with services beyond those reasonable accommodations typically offered to other enrolled children.

c. An Inclusion Support Plan (ISP) prepared by the Behavioral Specialist and sent to the Inclusion Action Team (IAT) for determination will include the following:

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Physician's statement of the child's requirements
Special accommodations required
Staff training required prior to placement

d. The IAT's decision to accept the child for care will consider that all the accommodating factors can be met without detrimental effects on programs for other enrolled children. If it is determined that accommodation of the special needs child would impose an undue hardship on the CDP operation, the Command will inform the Commandant of the Marine Corps (Marine and Family Programs (CMC MRY)).

e. A permanent record of the IAT's decision and CMC (MRY) action will be maintained on file and will be subject to inspection review.

4. Children with Allergies. Official medical documentation is required for each child with any known allergies. All full day activity rooms have updated allergy lists posted for review before all meal services. It is standing operating procedure for all caregivers to check the allergy list before any foods are served to the children, and for the kitchen staff to review the allergy list and make appropriate food substitutes before any foods leave the kitchen. Allergic reactions are a serious medical condition. In all situations of allergic reaction, the first response is to contact the appropriate medical authority by calling 911, stating the location of the child (CDC Building 4298, 4629, or 4859), the child's age, and the reason for the call. After medical authorities have been contacted, the child's parents will be contacted to notify them of the incident and action taken.

5. Administration of Medicine. Medication will be administered within full-day programs that enroll regularly scheduled children only. Medication will be administered only when prescribed by a physician and 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 must be on medication at least 24 hours before dosage is administered by CDC personnel. Administration of over-the-counter medication or medications administered as required (as needed) will be limited to diaper ointment, sunscreen, and insect repellent that is approved for use on young children. Forms required for administering medication are available at the Naval Health Clinic and at the front desk of the CDC. **The CDC is not permitted to make any exceptions to the administration of medication policy.**

6. Oral Health. Children over one year of age enrolled in full-time care will brush their teeth after lunch. Each child will have a personally labeled toothbrush. Toothbrushes will be stored so they do not drip on other toothbrushes, will be separated from one another, exposed to air in order to dry, and will not make contact with any surface.

7. Meals and Snacks

a. 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 AM, lunch at 11:00 AM, and afternoon snack is provided at 2:30 PM. Children arriving 15 minutes after meal service has begun will not be served. Monthly menus are posted in the Lobby and in each activity room, and copies are available at the front desk. All food served at the CDC meets the standards set by the U.S. Department of Agriculture. We request that parents of children 12 months and older refrain from bringing food from home unless a child requires a special diet for medical purposes and provides a doctor's note attesting to same.

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b. To comply with licensing standards for children on special medical diets, we must have the physicians order and a copy of the diet meal plan in the child's records.

8. Health and Sanitation

a. Health

(1) Staff

(a) All staff will have a pre-employment health screening and annually thereafter. Included in the pre-employment screening will be a test for Tuberculosis. Pre-employment screening and annual screening will include any other test/immunizations deemed necessary by Preventive Medicine, Naval Health Clinic.

(b) All CDP personnel and children will comply with prescribed procedures for hand washing, which will be posted above each sink. Hand washing should take place before any food service activity (including setting the table), before and after eating meals or snacks, after handling pets or other animals, after toileting or changing diapers, before and after water play, when returning from outdoor play, and whenever hands are contaminated with bodily fluids.

(c) Common towels or face cloths will not be used. Disposable towels, liquid soap, etc., will be placed at the child's level.

(d) Smoking or use of tobacco, alcohol, and illegal drugs are prohibited in the CDP facility and on surrounding playgrounds.

(e) A first aid kit, which includes materials for emergency cleaning and protection of wounds, will be accessible to all playgrounds and at the front desk.

(2) Children

(a) No child will be admitted who is obviously ill, and CDP caregivers will screen children daily for any signs of illness.

(b) A child sent home because of illness may not return the next day unless they have a doctor's statement indicating approval to return to the CDC.

(c) School-aged children dismissed from school due to illness may not be left at the CDC.

(d) Current immunizations are required for all children.

(e) Documentation of an annual health screening will be maintained in the CDC office for each child.

(f) Parents will be notified immediately if their child is ill or injured and may receive a copy of the incident/accident report, upon request.

(g) Parents will be notified when their child has been exposed to a communicable illness.

(h) Children over one year of age enrolled for full-time care will brush their teeth.

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(i) All walking children will wear shoes, and all others must have foot coverings.

b. Facilities and Equipment

(1) All surfaces will be cleaned at least once per day with an EPA-approved disinfectant solution.

(2) A separate crib or cot will be assigned to each child in regular attendance.

(3) Bed linen will be changed when soiled, wet, or used by a different child. Linens and blankets will be washed weekly at a minimum when used by the same child.

(4) Cots will be cleaned at least weekly, and cribs will be cleaned on a daily basis.

(5) Hourly care programs will ensure that cribs and cots are thoroughly cleaned between each use.

(6) Parents will wash personal linens and blankets used by their same child, weekly.

(7) Diaper changing areas will be made of washable materials, which are cleaned with a bleach solution after each use.

(8) Only disposable diapers will be used unless directed in writing by the child's physician for medical reasons.

(9) All disposable diapers will be placed in containers lined with plastic and tight-fitting lids. These plastic liners will be closed and placed in outdoor refuse containers at least twice a day.

(10) All trash in activity rooms will be emptied whenever full, or twice daily, and containers cleaned as necessary. Trash in offices and adult bathrooms will be emptied daily.

c. Food Service Sanitation

(1) Food service personnel will adhere to all sanitation procedures set forth in reference (e).

(2) Food service personnel will receive basic food service training prior to beginning work and refresher training annually thereafter.

(3) All kitchenware, eating, and drinking utensils will be thoroughly cleaned after each use.

(4) Refrigerators and freezers will be used to maintain foods at their required safety temperatures.

(5) No food items, except commercially packaged jar food and formula for infants, may be brought from home into the CDC unless a child has special dietary needs documented by a physician.

(6) Parents who choose to provide food and formula/breast milk for their infant must be prepared daily, at home, with their bottles labeled. Only commercially prepared, unopened baby food jars labeled with the child's name and date, will be accepted. Sanitation regulations require staff to discard left

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over food and formula/breast milk after feeding. Bottles will be labeled, dated, and require no mixing by CDC staff. All unused portions of food or formula/breast milk will be discarded at the end of each day, and not stored at the CDC unused.

Chapter 5

Safety, Security, and Bomb Threat Responses

1. Risk Management. Every effort is made to provide a safe and secure environment for our children. The CDC has a central intercom system, as well as a central fire alarm. Each activity room has exits leading directly out of the CDC, and a fence surrounding all playgrounds. All areas accessible to children are monitored by closed circuit TV. Exterior doors that do not open to a fenced area are equipped with an alarm to alert staff of unauthorized entries or exits. All visitors will be required to sign in and out of the facility and will be escorted by a staff member while on the premises. To deter child abuse in the CDC, access to children by individuals not employed by the program will be restricted. Family members may not go beyond the Lobby unless they are escorting an enrolled child to and from their activity room. Routine maintenance personnel will be identified to the staff, but will not necessarily be accompanied while performing their duties.

2. Staff/Child Ratios. The ratio of staff to children must be sufficient at all times to maintain constant supervision, and to quickly effect evacuation in the event of fire or other emergencies. The following minimum ratios shall apply at all times:

| a. CATEGORY | AGES | STAFF TO CHILDREN |
|--------------|-----------------------|-------------------|
| Infants | 6 weeks - 12 months | 1:4 |
| Pre-toddlers | 13 months - 24 months | 1:5 |
| Toddlers | 25 months - 36 months | 1:7 |
| Preschool | 37 months - 5 years | 1:12 |
| School Age | 5 years and older | 1:15 |

b. There shall be a minimum of two adults in the CDC at all times, regardless of the number of children present. Two caregivers will be present with each group of children at all times. During periods of inactivity (nap time or rest), the ratio of children (excluding infants to 24 months), may be increased by 100 percent provided additional adults are available in case of emergency. These staff members must remain in the building where the children are sleeping and be readily available in case of emergency.

c. A staffing plan is maintained which indicates that caregivers are routinely assigned to a specific group of children. Each child is assigned to a primary caregiver. To promote consistency and meet program objectives, at least one full time caregiver will be available to each age group throughout the day.

d. The number of children assigned to a group shall be limited. The following group size requirements shall be met at all times of the day, except during arrival and departure times, rest times, and social activities such as field trips.

| AGES | MAXIMUM GROUP SIZE |
|-----------------------|--------------------|
| 6 weeks - 12 months | 8 |
| 13 months - 24 months | 10 |
| 25 months - 36 months | 14 |
| 37 months - 5 years | 24 |
| 5 years - 12 years | 30 |

e. For mixed aged groups, each CDC shall meet the group size requirement for the youngest child in the group. When the children of that age category make up less than 20 percent of the group, the group size requirement of the next highest age category may be used.

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f. If more than one group occupies a single room, each group must have its own clearly defined physical space, equipment, and furnishings, unless a waiver is received from HQMC.

g. When placing children into age groups, consideration should be given to each child's physical and emotional maturity. Transition from one group to another will be based on recommendations of the caregivers and a Training and Curriculum (T&C) Specialist.

3. Background Checks. The Crime Control Act of 1990 mandates that all employees who come in contact with children in the CDC must have a completed background check before being left alone with them. Background investigations are initiated by the applicable personnel office in conjunction with a local records check conducted by the Command Security Manager. Background checks are renewed every five years.

4. Fire Safety Procedures

a. The Fire Inspector will conduct fire drills once a month and the results will be kept on file for two years.

b. The Fire Inspector will train all personnel in proper evacuation procedures, and evacuation plans will be posted in each room.

(1) All personnel in the buildings, including staff, children, parents, and visitors must vacate the building during a fire drill. Re-entry will be upon guidance from the Fire Inspector only.

(2) All doors will be maintained in good working order. Exits will be unlocked while children are in the CDC.

(3) All appliances will be electrically grounded and inspected monthly by the Fire Inspector.

(4) All personnel will be trained in the proper use of fire extinguishers.

(5) Emergency numbers will be posted on every telephone and on the wall behind each telephone.

5. Evacuation and Relocation Procedures. In the event of an emergency requiring relocation of children, the following procedures will be observed:

a. Children will evacuate the building by following the established procedures.

b. Motor Transport will be contacted to provide emergency transportation vehicles.

c. Children and staff will be transported to the Station Theatre.

d. Parents will be notified to pick up their children immediately.

6. Facility and Child Safety Procedures

a. The facility will be maintained in good condition.

b. All cleaning equipment and supplies will be kept out of reach of children. Custodial and classroom supplies will be stored in a locked closet or

storage room. No flammable, poisonous, or caustic materials will be stored outside the facility.

c. Disinfecting solutions will be made from 1/4 cup of liquid bleach to one gallon of water and should be changed daily. Containers for this solution will consist of spray bottles, which are appropriately labeled, dated, and stored inaccessible to children. Safety Data Sheets (SDSs) will be maintained for any custodial supplies utilized in the CDC.

d. Children are not allowed in the kitchen or storage areas.

e. All floors must be kept clean, in good repair, and free from slippery substances.

f. All cribs, cots, furniture, and linen will be kept clean and in good repair.

g. Playground Areas

(1) Playground fencing will be checked for sharp edges.

(2) Playground equipment will meet Consumer Product Safety Commission guidelines.

(3) Cushiony material under play equipment will be checked to ensure that adequate protection is provided, and additional material will be added if needed.

(4) Playground surfaces must be maintained free from holes, branches, and other tripping hazards.

(5) Children will swing with their bottoms in the seat, and only caregivers will push the swings.

(6) Fall zones around the swings must remain free of other activities.

(7) Children will not be permitted to throw sand, or walk up the slides.

(8) Children will not push or crowd children climbing on the equipment.

(9) Children will not be permitted to climb on fences.

h. A written report will be made after any accident or incident. Parents will be notified immediately if a child is injured. All incident/accident reports are maintained electronically, and parents may request a copy of the report.

7. Security Procedures

a. All visitors must identify themselves, the purpose of their visit, log in and out of the CDC, wear a visitor's badge, and be escorted around the facility and its grounds. Routine maintenance personnel will be identified to the staff but will not necessarily be accompanied while performing their duties.

b. All staff members and volunteers must wear nametags at all times which identifies them as employees.

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c. All parents will sign their children in and out of the CDC and escort them to and from their activity areas. Identification cards will be shown to CDC activity room staff daily, upon pick up.

d. Parents must notify the CDC in writing when anyone other than the parents will pick up their child. The alternate must have proper identification and will be asked to show it to a staff member. Assigned pickups must be at least 16 years of age. In the event that a non-custodial parent attempts to take a child from the CDC without written authorization, PMO, and the custodial parent(s) will be notified immediately. If physical force occurs, the CDC will not endanger other children or staff members to prevent the parent from taking the child from the premises.

e. The PMO will be called when any child is left at the CDC for more than one hour after closing. Staff will try to locate the parents.

f. The CDC monitoring system is utilized at all times when children are present. Parents are afforded the opportunity to observe their child's activity room when requested.

8. Lockdown Procedures for Children and Youth Programs

a. In the case of an identified threat to children or personnel, the following procedures are to be initiated:

(1) A command of "Lockdown" will be issued by the manager in charge over the intercom system or by voice.

(2) Upon hearing the command "Lockdown," all personnel in charge of children will immediately lock all doors and cover windows to their activity rooms or areas. During this incident, only authorized emergency responders will be allowed access to the building.

(3) Once doors are secured, children will be gathered into a space not in sight of windows or doors. Staff members will keep the children as quiet as possible and out of view of anyone outside the activity rooms.

(4) Staff not in an activity room with children will seek concealment in a secure office space, closet, restroom, or the nearest activity room not already secured.

(5) Once the command Lockdown has been sounded, no one is to unsecure any room until told to do so by the Commander on scene or their representative.

(6) As the manager is sounding the command to Lockdown the building, either they or an assigned staff member will make a call to 911. This line is to remain open and the staff member is to remain in contact with the 911 operator until told to secure by on site emergency response personnel.

(7) Emergency response personnel will assume control once they are on site and will coordinate with the manager on duty. In the event the manager becomes incapacitated, the next senior supervisor will assume control. If possible, and at the first opportunity, the CYPA will be notified of the situation. Once on site, the CYPA will be the point of contact for all emergency response personnel.

(8) At each Center administration office, a detailed floor plan of the building will be available to the onsite commander.

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(9) All parents should be directed to the evacuation site once it is identified. This message will be broadcasted by all means possible to include, but not limited to, the Blackboard Connect Communication System, emergency responders at the scene, Children and Youth personnel, PAO and MCCS Marketing, and MCCS/MCAS chains of command.

(10) If evacuation is necessary, all staff members are to exit the building with their respective children as indicated by the CYPA or designee under the direction of the emergency response site commander.

(11) Evacuation sites will be determined according to the situation, with the following sites being recommended:

(a) If an event occurs at one or all of the CDC's, all children and staff will evacuate to the Station Theater.

(b) If an event occurs at the Cherry Tree House, all children and staff will evacuate to the Marine Dome or Station Theater.

1. Once all staff and children are at the evacuation site, they are to remain with their specific caregivers until picked-up by an authorized adult. Everyone picking a child up will be required to show identification and sign the child out to include time of pick-up.

2. No child will be left unattended or placed in the care of anyone except CYP staff.

3. Since communication will likely be limited, staff members are to follow directions given by emergency responders or CYP managers only. All staff are to identify (by physical presence), the person providing any instructions. At no time will staff follow any commands given over the building intercom or by phone from someone not identified as CYP administration or emergency responders. Personnel will take great measures not to expose themselves or the children in their care to any potential danger.

9. Bomb Threat Response. A bomb threat can be received as a suspicious package, a written message, or by telephone call. In the event a bomb threat is received by mail/package, CDC personnel will not handle the material. The CDC management and PMO should be notified immediately at extension 911. The receiver of a telephone bomb threat should follow the bomb threat checklist, which is posted by each telephone. In the event of evacuation, no electrical equipment should be touched, a closed sign will be placed on the entrance of the CDC, all doors and windows will remain unlocked, and fire drill procedures will be followed with activity rooms exiting in the normal manner through the play yard gates, at least 750 feet away from the CDC. Rooms A through E from Building 4298, as well as all activity rooms on the commissary side of Building 4629 will cross the street and proceed to the grassy area adjacent to the Gas Station. All other rooms in Building 4298 and all rooms from Building 4629 as well as Building 4859 will evacuate in the opposite direction toward the Exceptional Family Member Program (EFMP) playground and Athletic Park. PMO will conduct a search of the CDC and the Director and will authorize re-entry.

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Chapter 6

Training, Programs, and Program Policies

1. Orientation. Appropriate CDC staff will provide orientation to newly hired personnel before they are allowed to provide care for children. The orientation will contain 40 hours during the first 90 days of employment, to include but not limited to the following:

a. Working with children of different ages, including developmentally appropriate activities, lesson plans, ages and stages and environmental observations.

b. Position responsibilities and performance standards specific for the Professional's position. Professionals are provided a copy of their position description.

c. Age appropriate positive guidance and discipline techniques.

d. CYP, CDC, SAC, Youth and FCC and Installation regulations, policies and procedures.

e. Appropriate Guidance and Appropriate Touch both verbally and in writing.

f. Child health and safety. Examples include recognizing signs of illness or change in health status. The ability to perform a daily health check of children to determine whether any children are ill or injured. Exclusion and readmission procedures and policies are reviewed, as well as cleaning, sanitation, and disinfection procedures and policies. Additionally, injury prevention strategies and hazard identification procedures specific to the facility and equipment are reviewed.

g. Fire prevention, protection, and emergency evacuation.

h. Child abuse prevention, identification, reporting procedures given by the local FAP office both verbally and in writing.

i. Communicable diseases, hygiene, hand washing and facility sanitation.

j. Parent and family relations.

k. Proper diapering procedures.

l. Administering medication (if required).

m. Health and sanitation procedures, including blood-borne pathogens, occupational health hazards for direct care Professionals, universal precautions and recognizing symptoms of illness.

n. Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado, and Earthquake. Topics will differ on weather related emergencies by location of Installation.

o. Safe infant sleep practices and Sudden Infant Death Syndrome (SIDS) prevention. The Penn State University Better Kid Care: Safe Sleep Practices for Caregivers: Reduce the risk of SUID at <http://extension.psu.edu/youth/betterkidcare> or equivalent is completed.

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p. Nutrition, obesity prevention, meal service, and family style dining. (A food handler's card is acquired during this period if required by local regulations).

q. Locally determined and program appropriate Marine Corps Regulations, local instructions, policies and procedures.

r. Inclusion.

s. Accountability and child supervision training.

t. An orientation to familiarize CYP Professionals with the entire program. The opportunities to visit and tour other facilities with the CYP is encouraged.

u. Visitor requirements and child sign-in and sign-out procedures.

v. Facility control to include but not limited to inspecting the grounds and securing the facility.

2. Initial Training. All caregiving staff will complete a minimum of 36 hours of initial training within their first six months of employment. First aid, CPR, child abuse/neglect prevention, and emergency medical procedures must be completed within 60 days of employment. Annual renewal of CPR is a condition of employment. Caregivers failing to renew CPR or first aid will be taken off the schedule until their renewal is completed. Additional training includes child growth and development, age appropriate activities for children, classroom management and child guidance, special needs, food handling, nutrition, and meal service requirements. Following initial training, each caregiver will participate in module training. All fifteen (15) modules must be completed within the first eighteen (18) months of employment.

a. Training to be completed within 60 day of hire, includes, but is no limited to:

- (1) Child Abuse Module #14
- (2) Child Abuse Module #15

b. Training to be completed within 90 days of hire, includes, but is not limited to:

- (1) Infant, child and adult CPR
- (2) First Aid

c. Training to be completed within 6 months of hire, includes, but is not limited to:

(1) Every CYP Professional is required to complete online modules on inclusion of children with disabilities, as provided by Kids Included Together (KIT). These modules include, but is not limited to Introduction to Inclusion, Respectful Accommodations, Supporting Positive Behavior, and Partnering with Families.

(2) Additional training opportunities on inclusion are available through KIT via Web Seminars, teleconferences, self-paced and instructor-led online modules and live training at CYP conferences. KIT offers continuing education units for participation in live or online training by CYP Professionals.

3. DoD Caregiver Training Program. All direct care personnel will participate in ongoing training which includes the DoD Caregiver Training Program. Satisfactory completion of this program is a condition of employment and is evidenced by documentation of completed competency assessments in the caregiver's training file. Module completion is mandatory for all caregivers,

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and they will be required to demonstrate competency in 13 training modules through documented observations, within eighteen (18) months of employment.

4. Ongoing Caregiver Training. Upon completion of the modules, caregivers will be required to complete twenty four (24) hours of specialized training, annually. Training completed annually includes, but is not limited to:

a. Child abuse prevention, identification and reporting procedures given b local FAP office both verbally and in writing.

b. Appropriate Guidance and Appropriate Touch policy both verbally and in writing

c. CPR (updated per expiration of card)

d. First Aid (updated per expiration of card)

e. Blood borne pathogens, communicable diseases and universal precautions.

f. Safety Training to include back safety and injury prevention.

g. Fire prevention, protection and evacuation routes.

h. Inclusion: Strategies for ensuring accessibility of program activities for all participants.

i. Safe infant sleep practices and SIDS prevention.

j. Proper diapering procedures

k. Administering medication (if required to give medication).

l. Early Childhood Environmental Rating Scale (ECERS) & Infant and Toddler Environmental Rating Scale (ITERS); Family Day Care Rating Scale (FDCRS); and School Age Care Environment Rating Scale (SACERS).

m. Age appropriate practices and activities.

n. Daily activity plans and curriculum implementation

o. Child guidance techniques.

p. Accountability and child supervision training.

q. Healthy food and sanitation.

r. Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado, and Earthquake. Topic will differ on weather related emergencies by location of installation.

5. Food Service Personnel Training.

a. Orientation for Kitchen Professionals includes, but is not limited to:

(1) Food handler's card - 4 hours. New CYP Professionals receive the four hour training within 30 days of employment.

(2) Child abuse prevention, identification, reporting procedures given

by the local FAP, both verbally and in writing.

(3) Position responsibilities and performance standards specific for the Professional's position. CYP Professionals will be provided a copy of their position description.

(4) Child health and safety.

(5) Fire safety, prevention protection and emergency evacuation.

(6) Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado, and Earthquake. Topics will differ on weather related emergencies by location of the Installation.

(7) Appropriate Guidance and Appropriate Touch protocol both verbally and in writing.

(8) Locally determined and program appropriate Marine Corps Regulations, local instructions, policies and procedures.

(9) Prevention of illness and injury and promotion of health (blood-borne pathogens, safety, universal precautions and back safety and injury prevention).

(10) Family Style Dining.

(11) Child nutrition and meal planning.

(12) Facility control to include but not limited to inspecting the grounds and securing the facility.

(13) IAT Training as it pertains to menus.

(14) Visitor requirements and child sign-in and sign-out procedures.

(15) Check local safety office for regulations on cleaning supplies and kitchen equipment.

(16) An orientation to familiarize CYP Professionals with the entire program. The opportunities to visit and tour other facilities with the CYP is encouraged.

b. Training completed within 60 days includes, but is not limited to:

(1) Child Abuse Module #14.

(2) Child Abuse Module #15.

c. Training completed within 90 days includes, but is not limited to:

(1) Infant, child and adult CPR.

(2) First Aid.

d. Training completed annually includes, but is not limited to:

(1) Food Handler's Card - 4 hours.

(2) Child abuse and neglect, reporting and prevention given by local FAP office both verbally and written.

(3) Prevention of illness and injury and promotion of health (blood borne pathogens, safety, universal precautions and back safety and injury prevention).

(4) CPR (updated per expiration of certificate).

(5) First Aid (updated per expiration of certificate).

(6) Fire safety, prevention, protection and emergency evacuation.

(7) Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado and Earthquake. Topics will differ on weather related emergencies by location of the installation.

e. The following food safety requirements are followed:

(1) A Person-In-Charge (PIC) is designated for each facility with a food service program. An 18-hour supervisor/manager food service sanitation/food safety training course is required for any Professional designated as the PIC. This training is required for new CYP Professionals prior to assuming the responsibilities as a PIC. Updates are needed when certifications expire.

(2) Temporary food service Professionals assigned for 30 days or less must receive 2 hours initial training and orientation. Professionals assigned in excess of 30 days must receive the minimum 4 hours training required of food service Professionals.

6. Management Training.

a. The CYPA, CDC Director, SAC Director, CDC and SAC Assistant Director training includes, but is not limited to:

(1) Position responsibilities and performance standards specific for the Professional's position. Professionals are provided a copy of their position description.

(2) Child abuse prevention, identification and reporting given by local FAP office both verbally and written.

(3) Prevention of illness and injury and promotion of health (blood-borne pathogens, safety, universal precautions and back safety and injury prevention).

(4) Fire prevention, protection and evacuation routes.

(5) Child health and safety.

(6) Visitor requirements and child sign-in and sign-out procedures.

(7) Locally determined and program appropriate Marine Corps regulations, local instructions, policies and procedures.

(8) An orientation to familiarize CYP Professionals with the entire program. The opportunities to visit and tour other facilities within the CYP is encouraged.

(9) Inclusion: Strategies for ensuring accessibility of program activities for all participants.

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(10) Administering medication (if required to give medication).

(11) Facility control to include but not limited to inspecting the grounds and securing the facility.

(12) Cash handling.

(13) Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado, and Earthquake. Topics will differ on weather related emergencies by location of installation.

b. Training completed within 90 days from the date of hire includes, but is not limited to:

(1) Infant, child and adult CPR.

(2) First Aid.

c. Training completed annually includes, but is not limited to:

(1) Child abuse and neglect identification, reporting procedures given by local FAP office both verbally and in writing (completed prior to working with children).

(2) Program Administration, including APF and NAF financial management, funding metrics and fiscal accountability.

(3) Professional development and personnel management.

(4) Developmentally appropriate practices.

(5) Appropriate Guidance and Appropriate Touch policy both verbally and written.

(6) Principles of adult learning.

(7) Prevention of illness and injury and promotion of health (blood-borne pathogens, safety, universal precautions and back safety and injury prevention).

(8) Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado, and Earthquake. Topics will differ on weather related emergencies by location of installation.

(9) Fire prevention, protection and evacuation routes.

(10) Safe infant sleep practices and Sudden Infant Death Syndrome (SIDS) prevention.

(11) Inclusion: Strategies for ensuring accessibility of program activities for all participants.

(12) Administering medication (if required to give medication).

(13) Cash handling.

7. Training and Curriculum Specialist and Behavior Specialist Training

a. Orientation training includes, but is not limited to:

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(1) Child abuse prevention, identification and reporting given by local FAP office both verbally and in writing (Completed prior to working with Children)

(2) Prevention of illness and injury and promotion of health (blood borne pathogens, safety, universal precautions and back safety and injury prevention)

(3) Position responsibility and performance standards specific for the Professional's position. Professionals will be provided a copy of their position description.

(4) Fire prevention, protection and evacuation routes

(5) Child health and safety

(6) Visitor requirements and child sign-in and sign-out procedures.

(7) Locally determined and program appropriate Marine Corps regulations, local instructions, policies and procedures.

(8) An orientation to familiarize CYP Professional with the entire program. The opportunities to visit and tour other facilities within the CYP is encouraged.

(9) Inclusion: Strategies for ensuring accessibility of program activities for all participants

(10) Emergency Procedures: Examples include Shelter in Place, Active Shooter, Tornado, and Earthquake. Topics will differ on weather related emergencies by location of installation.

(11) Administering medication (if required to give medication)

(12) Facility control to include but not limited to inspecting the grounds and securing the facility

b. Training to be completed within 90 days from the date of hire includes, but is not limited to:

(1) CPR Instructor (T&C)

(2) First Aid Instructor (T&C)

(3) CPR (Behavioral Specialist)

(4) First Aid (Behavioral Specialist)

c. Training completed annually includes, but is not limited to:

(1) Child abuse prevention, identification and reporting given by local FAP office both verbally and in writing

(2) Developmentally appropriate practices

(3) Fire prevention, protection and evacuation routes

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- (4) CPR or CPR Instructor (updated per expiration of care)
- (5) First Aid or First Aid Instructor (updated per expiration of card)
- (6) Principles of adult learning
- (7) Prevention of illness and injury and promotion of health (blood borne pathogens, safety, universal precautions and back safety injury prevention)
- (8) Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado and Earthquake. Topics will differ on weather related emergencies by location of the installation.
- (9) Safe infant sleep practices and Sudden Infant Death Syndrome (SIDS) prevention
- (10) Inclusion: Strategies for ensuring accessibility of program activities for all participants

8. Nursing Training

a. Orientation training includes, but is not limited to:

- (1) Position responsibility and performance standards specific for the Professional's position. Professionals will be provided a copy of their position description.
- (2) Child abuse prevention, identification and reporting given by local FAP office both verbally and in writing
- (3) Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado and Earthquake. Topics will differ on weather related emergencies by location of the installation.
- (4) Fire prevention, protection and evacuation routes
- (5) Visitor requirements and child sign-in and sign-out procedures
- (6) Locally determined and program appropriate Marine Corps regulations, local instructions, policies and procedures.
- (7) An orientation to familiarize CYP Professional with the entire program. The opportunities to visit and tour other facilities within the CYP is encouraged.
- (8) Inclusion: Strategies for ensuring accessibility of program activities for all participants
- (9) Facility control to include but not limited to inspecting the grounds and securing the facility

b. Training completed annually includes, but is not limited to:

- (1) Child abuse prevention, identification and reporting given by local FAP office both verbally and in writing

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- (2) Principles of adult learning
- (3) Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado and Earthquake. Topics will differ on weather related emergencies by location of the installation.
- (4) Fire prevention, protection and evacuation routes
- (5) CPR Instructor (updated per expiration of care)
- (6) First Aid Instructor (updated per expiration of card)
- (7) Inclusion: Strategies for ensuring accessibility of program activities for all participants

9. Support Staff Training.

a. Operations Clerks and Administrative Assistants including Resource and Referral and USDA, orientation training includes, but is not limited to:

- (1) Appropriate Guidance and Appropriate Touch policy both verbally and written.
- (2) Position responsibilities and performance standards specific for the Professional's position. Professionals are provided a copy of their position description.
- (3) Marine Corps regulations, local instructions, and policies and procedures.
- (4) Child health and safety.
- (5) Cash handling.
- (6) Child abuse and neglect identification, reporting and prevention given by local FAP office both verbally and written.
- (7) Fire prevention, protection and emergency evacuation.
- (8) Emergency procedures. Examples include Shelter in Place, Active Shooter, Tornado, and Earthquake. Topics will differ on weather related emergencies by location of installation.
- (9) Prevention of illness and injury and promotion of health (blood-borne pathogens, safety, universal precautions and back safety and injury prevention).
- (10) Facility control to include but not limited to inspecting the grounds and securing the facility.

10. Parent Participation Program. Parents shall be offered the opportunity to be involved in quality assurance and provide feedback to staff and providers through parting questionnaires and annual patron surveys. One CDP administrative staff member will be assigned as Parent Participation Coordinator and have the primary responsibility for the Parent Participation Program. The Parent Advisory Board (PAB) will work with the Parent Participation Coordinator to develop the plan and oversee the implementation. The plan will encourage parents to volunteer in CDP activities and attend special events which includes

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field trips, special curriculum programs, special projects (playground improvement, facility cleanup), and educational workshops.

a. The Parent Participation Program will include goals and objectives, educational activities, and parent/staff communications.

b. Parents will have unrestricted access to their children and will have an opportunity to talk to their child's caregiver when the child arrives and departs. The parents of children under the age of two years will be provided daily written information on the children's sleeping and eating habits as well as other pertinent information. A parent conference for each child enrolled in regular full-time and part-time care will be offered annually, and at any other time as requested by the parents or staff.

11. Program of Activities. Each program will provide developmentally appropriate activities for each age group, which promotes the intellectual, social, emotional, and physical development of children. The objectives for full-day, and hourly care will be the same and the following will be provided:

a. A planned schedule of developmentally appropriate activities in a prepared, well-organized environment. The activities should include adequate child-sized furnishings, materials, and supplies that offer children an opportunity to engage in a variety of activities that will foster development.

b. A trained staff with knowledge and understanding of developmental stages and physical growth patterns of children.

c. Opportunities for parents to observe children and participate in their activities.

d. A balance of energetic and quiet activities.

e. A clean, safe, and healthy environment will be provided.

f. Age-appropriate activities, which promote the total development of the child.

g. At minimum, one full-time caregiver in each group will be available consistently throughout the day.

h. Group assignments shall ensure continuity of care, with the individual needs of each child taken into consideration.

i. The planned activities shall be in writing and made available to parents and will contain a description of how these activities meet developmental needs. The developmental program shall include individual and small-group experiences that are both adult and child initiated.

j. Room caregivers in each group shall develop and have a daily lesson plan posted. Activities, such as social/dramatic play, creative art, blocks, small motor development, language development, music, and large muscle activities will be offered daily. The T&C Specialist shall assist in developing schedules to ensure they are consistent with National Academy for the Education of Young Children (NAEYC) practices.

k. The program and environment shall be planned in such a manner as to provide each child an opportunity to develop independence. This should include responsibility for materials, personal belongings, and any other self-help activities appropriate for the child's age.

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l. Programs will include active and passive activities that promote self-esteem, self-confidence, and positive self-image. Each child should be recognized as an individual and respected for their background and choice of activities.

m. Activities should encourage responsibility for appropriate behavioral choices. The program should reflect cultural diversity and allow opportunities for children to investigate a variety of social and cultural backgrounds.

n. Each age group will have an opportunity to spend a portion of the day outdoors, and time scheduled outdoors is adjusted for extreme temperatures. During inclement weather, the daily schedule should include indoor activities that foster large muscle development.

o. Only television programs designed for children shall be used as part of the program activities. A maximum of 20 minutes of television or video time is allowed when planned and approved as a part of the lesson plan every two weeks.

p. Every full-day program will include an opportunity for a rest period. Supervised rest periods will be no more than two hours for children under the age of five who attend the CDC on a full-time basis. Children who do not sleep must have quiet time with materials or activities that do not disturb the children who are resting.

q. Hourly care programs should be planned so that children can easily move in and out of activities, and should include opportunities to play with an assortment of materials arranged in interest centers following NAEYC guidelines.

r. Field trips will be a part of planned programs. A permission slip signed by the parent will be on file for each trip outside of the Installation. A blanket permission slip for field trips on the Installation will be provided by the parent/guardian during the child's CDC registration process.

12. Infant/Toddler Care. Each group of infants, pre-toddlers, and toddlers shall have at least one regularly assigned full-time caregiver so there is consistency in staff and stability.

a. Infants will be allowed to form and follow their own normal sleep and feeding schedules. During the registration process, parents should be asked to provide the child's schedule so that it can be adhered to within the group setting. Infants will be placed on their backs to sleep (unless indicated otherwise per physician's written instruction), and will not remain in cribs when awake.

b. Throughout the day, children will receive physical contact and attention such as being held, walked, talked to, etc. Adults will frequently talk and sing to children to encourage speech and language development.

c. Infants and toddlers will be encouraged to play with a wide variety of developmentally appropriate toys and materials. Activities will be provided which develop large and small muscles.

d. Each day non-walking children shall have the opportunity for freedom and movement, such as crawling in an open space that is uncluttered, and will be scheduled for daily outdoor activities.

e. Parents are responsible for supplying diapers for infants accordingly. Baby powder is known to cause lung irritation and will not be used, and pure cornstarch is not allowed. Toilet training will occur in a manner and time

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frame consistent with the child's developmental readiness. A plan will be coordinated between caregiver and the parents to provide consistent routines.

f. Infants requiring bottle feedings shall be fed on demand and will be held for feedings. Food provided by parents is limited to infant formulas and unopened jars of baby food. Parents must prepare bottles daily, label and date them, and must not require CDC staff to mix them. Infants on breast milk will follow Food Allergy SOP, and children on solid foods will be fed according to the group schedule. The CDP staff is not allowed to save unused portions of food or formula.

13. Program Policies

a. Discipline. CDC staff is interested in promoting self-control and appropriate social behavior in children, and positive methods are used to encourage these developmental behaviors. CDC staff members do not practice corporal punishment or other frightening and humiliating disciplinary techniques. Positive methods are used to redirect inappropriate behaviors. For more detailed information regarding discipline, the CDC policies on child guidance, discipline, and touch are available to all patrons.

b. Toilet Training. CDC staff assists and supports parents' toilet training efforts and will not start toilet training in the CDC until both the child's parents and caregivers feel they are ready. Only disposable diapers will be used unless otherwise directed by the child's physician for medical reasons. Several pairs of training/rubber pants should be provided when your child begins toilet training (Pull-ups are an option). Sufficient change of clothing should be provided to allow for frequent accidents. Please discuss training techniques with your child's caregiver so they can experience continuity in adult expectations in this important area.

c. 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 thongs, flip-flops, or sandals should be worn. To promote self-help skills, we discourage sending a child in clothing they are unable to manage, such as snowsuits, belts, or one-piece clothing.

d. Jewelry. Please do not allow your child to wear jewelry to the CDC. This is discouraged because it is easily lost and can be a safety issue. Children under the age of two, will not be accepted with any kind of jewelry. Please note this includes infants' hair ribbons, bows, barrettes, and rubber bands.

14. Celebrating Holidays. Holidays are viewed as special times to celebrate, and as opportunities to teach and help 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 inform the caregivers so these celebrations can be as enriching as possible. If you do not celebrate holidays, please discuss your wishes with your child's caregiver.

15. 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, decorations, or share a special activity for the monthly birthday celebrations. We ask that you not issue invitations to private parties through the CDC in order to protect the self-esteem of all children.

16. Personal Belongings. Children are allowed to bring personal items or toys to share during "Show and Tell" on designated days. Caregivers will inform parents about these special days. Please do not allow your child to bring personal items to the CDC except at these times. To avoid loss and confusion, label all personal items. Breakable objects, money, toy guns, gum, candy, or projectile toys are not allowed, and we ask that you speak to your child's caregiver regarding any special considerations.

17. Field Trips. Program of activities includes visits to unique places within the community. Special precautions are taken to ensure the safety of children on field trips. Parents will be notified in advance of planned trips and will be required to give written permission. The participation as chaperones for parents is encouraged and is coordinated through your child's caregiver.

18. Outdoor Play. Your child's experiences on the playground at the CDC are an important part of our program and their development. The playground is viewed as an extension of the activity room. It combines opportunities for exploration, creativity, and play. We are required to take children outside each day, weather permitting, and ask that children are dressed appropriately for outside play. Due to staffing demands, it is impossible to allow children to stay inside while their group is outside. If your child is too ill to participate in the daily schedule of outdoor activities, they should remain at home.

19. Photographing Children. Parents will be notified in advance of any individual not associated with the CDC who wishes to photograph children or CDC activities. Parental permission will be obtained prior to photographing by such individuals.

20. Complaint Procedures. Any complaints, comments, or suggestions for improvement should be brought to the attention of the CDC Director/Assistant Director to ensure expeditious resolution. We welcome patron input and encourage use of the ICE System, located on the MCAS Cherry Point website. We have a commitment to continuous quality improvement of all of the services we provide.

21. Resource and Referral Services. The Resource and Referral Service consist of Resource and Referral Assistance, Parent Participation, Babysitter Information and Referral Service, and Short-Term Alternative Child Care (STACC). The Resource and Referral Office is located in Building 4859, telephone 252-466-5605/3595/5079.

a. Resource and Referral Assistance includes 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, and babysitter referrals.

b. Parent Participation includes parent training and the parent resource library.

22. Short-Term Alternative Child Care (STACC). Care provided after hours if the CDC is unavailable. Provision of STACC during CDC hours of operation is contingent upon availability of staff.

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Chapter 7

Administration of Medication

1. Designated personnel are authorized to administer medication within the CDC according to a physician's instructions. Individuals administering medication will have received prior specialized training and will update their training annually.
2. Written permission from a parent or guardian must be obtained before administering medication using the "Release of Liability to Administer Medication" form. This form must have specific directions, be completed in full, and signed by their health care provider.
3. Children need to have been on medication at least 24 hours before CDC personnel may administer any dosage.
4. CDC staff can only administer medications that have been prescribed by a physician. Administration of over-the-counter or Pro re nata (PRN/as needed) medication **WILL BE LIMITED TO** topical creams and ointments, sunscreen, and insect repellent that is already approved for use on young children. The appropriate "Release of Liability Form" must be completed prior to administering over-the-counter medication.
5. Medication is required to be:
 - a. In the original container with a childproof cap.
 - b. Dated with the physician's name and instructions for use.
 - c. Labeled with the child's name, medication name, and dosage strength.
 - d. Stored according to instructions. All medications will be stored in a locked box. Medications for children will be stored in the nurse's office or in a separate, secured container in the designated refrigerator. Children, ages pre-toddler and older, will be given medications in the nurse's office.
6. Medication will be returned to parents at the end of the specified time, or upon termination of their child's attendance in the CDC.
7. All medication administered will be recorded using the "Record of Medication/Consent to Administer" form.
 - a. Each medication to be administered will require a separate form, which may be used for a one month period. Certain "non-toxic" medication requires a doctor's note of one year in duration. The form will be maintained and filed in each child's folder monthly or upon completion of the medication period.
 - b. When the medication is administered, the time of each dosage and the initials of the person administering the medication will be entered.

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Chapter 8

Parent Advisory Board (PAB) Program

1. The Parent Advisory Board (PAB) will serve as a collaborative effort between parents and the Children, Youth and Program (CYP) management staff to provide the best possible care to children within the confines of orders and regulations. The PAB acts in an advisory capacity, providing recommendations for improving services in child development programs operated aboard the Installation only. They will not, as a group, attempt to engage in the management and operation of the CYP.

2. The Board shall be composed only of parents of children in CYP that are military service members, retired service members, spouses of military service members or retired military service members, and chaired by such. Membership will terminate upon disenrollment of their children from the CDC and School Age Care (SAC). All parents or guardian members are voting members. Ex-officio, non-voting members, at a minimum, should be the CYPA or one CYP management staff member.

a. Members will vote on PAB office holders annually, during the first quarter of the fiscal year, which begins 1 October.

b. All elected PAB Officers will be approved by the Family Care Branch Head prior to taking office. If a position is vacant, the Family Care Branch Head or their designee can assign a replacement from a willing pool of parent volunteers to keep the PAB active, if necessary.

c. All voting issues must pass by simple majority. Minutes and election of officers of the PAB must pass by a two-thirds vote of the PAB. The Chairman will not be considered a voting member except in the event of a tie.

d. Fund raising by the PAB is not authorized.

3. Offices of the PAB consist of a chairman, vice-chairman, and secretary. Officers shall be elected by the PAB membership or may be appointed by the CYPA or Family Care Branch Head if a position is vacant, until the end of a term. A term is considered to be one year for each office.

a. The chairman shall preside over the meeting unless they are not able to attend, in which case the vice-chairman will oversee. The chairman will set the agenda, keep the meeting on schedule and adjourn the meeting at the scheduled time.

b. The chairperson will review all meeting agendas at least one day prior to the meeting with the CYPA.

c. The chairperson will provide an advanced copy of all official correspondence to the Family Care Program Manager for review prior to publication.

d. The vice-chairman will exercise all powers and duties of the chairman in their absence. In addition, the vice-chairman will chair the Parent Participation Program, which consists of activities and projects that encourage parent volunteers within CYP's.

e. The secretary will maintain the minutes of all PAB meetings and provide a copy to the CYPA within one week of the meeting. The secretary will also maintain copies of all PAB business, which includes agendas, minutes and

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correspondence. All PAB correspondence will be kept on file by the CYPA electronically and exclude any Personal Identifiable Information (PII).

4. The PAB will meet quarterly, at a minimum.

a. The PAB shall forward recommendations for improving services to the Installation Commander, via the CYPA, for review and disposition.

b. The CYPA will be responsible for reporting back to the PAB on the status of any recommendations that have been submitted at each meeting.