



MCB QUANTICO
Child and Youth Programs
- Parent Handbook -

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Dear Families,

Welcome to Marine Corps Base (MCB) Quantico's Child and Youth Programs (CYP). Our mission is to provide your family with reliable, quality childcare. The purpose of this handbook is to acquaint you with our services, protocols, processes, and procedures. Please read it and refer to it as needed.

CYP encompasses all aspects of childcare as well as providing high quality, developmentally appropriate programs for children. Children ages six weeks to school-age years (up to 12 years old), with a military or Department of War (DoW) sponsor, are eligible for our programs. These programs include resource and referral services, center-based full-time day care, before and after school programming, school break care, and Family Child Care.

We continually strive for excellence in all programs and encourage parental participation through our Parent Boards and program-based activities. We also have an open door protocol and invite you to visit your child's classroom or program.

We are here to serve you. The DoD provides guidance for our programs that are designed to meet the childcare needs of the military community. However, we are always interested in your suggestions for improving or expanding our services.

Again, welcome to MCB Quantico. We trust that your experiences with our programs will be positive and rewarding.

Sincerely,

Administrator
Child and Youth Programs



MISSION STATEMENT

USMC Quantico CYP enables operational readiness by providing eligible families with excellent, affordable and accessible childcare programs that are molded to support The Mission by strengthening Warrior focus, contributing to family life balance, and offering healthy child and youth development.

CYP POINT OF CONTACTS

CYP Administration Office	703-784-3760
Resource & Referral (R/R) Office	703-784-0674/4453
Child Development Center North	703-784-4470
Child Development Center South	703-784-3652
Family Child Care	703-784-2011
USDA Food Program	703-784-2376
School-Age Care	703-784-2249
CYP Nurse	703-784-0302



CHILD AND YOUTH PROGRAMS FACILITIES

CHILD DEVELOPMENT CENTERS serve children ages six weeks through five years of age (prekindergarten). The early years lay the foundation for all later learning in life. Curriculum (i.e., Early Learning Matters – ELM curriculum) goals and plans are based on regular, documented observations and assessments of each child’s level of development, strengths, and interests. Lesson plans are posted in each child’s classroom and are readily available onsite for parents to view.

Both CDCs are accredited through the National Association for the Education of Young Children (NAEYC). Our program is center-based, child-initiated, and Program Assistant-supported, with an emphasis on active participation through individual and small group learning experiences. Classrooms support full inclusion for children. Equipment, environmental accommodations, and materials are adjusted to support and maximize learning opportunities.

It has long been known that children’s learning is the most meaningful when their play is self-directed. CDC classroom staff offer activity centers/learning areas that allow children the opportunity to explore, create, imagine and experience their environment. Classroom staff are readily available to facilitate learning and provide nurturing encouragement to each child. Each activity is designed with a goal that promotes further development and prepares your child for the next level of learning.

CHILD DEVELOPMENT CENTER (CDC) NORTH is located at 3311 Purvis Road, and is open Monday through Friday, 0600 to 1800. Full-time services are available. Breakfast, lunch, and afternoon snack are served. The CDC is closed on federal holidays, during inclement weather and for staff training up to 4 days per year.

CHILD DEVELOPMENT CENTER (CDC) SOUTH is located at 3314 Purvis Road, and is open Monday through Friday, 0600 to 1800. Full-time services and before and after care for UPK is available. Breakfast, lunch, and afternoon snack are served. The CDC is closed on federal holidays during inclement weather and for staff training up to 4 days per year.

YOUTH CENTER/SCHOOL AGE CARE (SAC) is located at 3312 Purvis Road for children enrolled in kindergarten through 12 years of age. Transportation is provided to and from base DoWEA schools. Children off installation will be accepted as spaces are available, as long as parents provide their own transportation. SAC is open Monday through Friday, from 0600 to the start of school and from the end of the school day until 1800. Full-time care from 0600 to 1800 is available for Teacher workdays and during school breaks.

The SAC program is accredited through the Council on Accreditation and affiliated with the Boys & Girls Clubs of America (BGCA). Children are provided with planned activities in the core areas of: character and leadership; the arts; health and life skills; sports; Science, Technology, Engineering and Mathematics (STEM); fitness and recreation; education and career development; and social/emotional learning through the Little Spot Curriculum.

Breakfast and afternoon snacks are served during the school year. On “no school” days during the school year, when children are in care all day, breakfast and afternoon snacks are provided. Students will bring in a sack lunch. During camps (i.e., spring break, Thanksgiving break, winter break, and summer camp), lunch is provided by the family. The SAC program is closed on federal holidays, during inclement weather and for staff training up to 4 days per year.

NOTE: Children must have completed kindergarten to participate in summer break care.

FAMILY CHILD CARE (FCC) providers are military spouses that are licensed by the Base Commander to care for children in government quarters. They complete the same training as center-based caregivers. FCC homes are inspected regularly, and providers complete ongoing training monthly.

FCC providers offer activity centers/learning areas that allow children the opportunity to explore, create, imagine and experience their environment. Providers are readily available to facilitate learning and provide nurturing encouragement to each child. Each activity is designed with a goal that promotes further development and prepares your child for the next level of learning.

MCBQ is always seeking additional FCC homes. Please contact the FCC Director for more information at 703-784-2011.

PARENT ORIENTATIONS Families receive a welcome orientation specific to their child's program. This is the opportunity for parents to share information about their child to help ensure a positive start. The orientation covers protocols, processes, procedures and instructions to help make your family's transition to CYP smooth. It is necessary and mandatory to attend an orientation prior to your child's start date. Orientations are held on Thursdays at 12:30pm at each CYP site. Orientations outside of this time must be requested and approved by the Director of the center the child is enrolling in.

RESOURCE & REFERRAL The Resource and Referral (R&R) Office provides childcare information, referrals, and assistance in locating appropriate, affordable, and accessible care for military personnel and DoD employees. An R&R representative is located at each CDC and will answer all questions regarding CYP programs, the MilitaryChildCare.com website, and the registration process. R&R can be reached at 703-784-0647/3972.

SPECIAL EVENTS CARE Units aboard MCB Quantico may request childcare services for special events. Contact the CYP Administrative Office at 703-784-3760 for more information.

SPECIAL NEEDS CYP promotes the placement of children with special needs in an age-appropriate, least restrictive environment for childcare purposes. In accordance with the ADA Act of 1990, CYP successfully provides limited special needs care and accommodations for children within a fully inclusive program.

CYP has an Accommodations Collaboration Team (ACT) that reviews the needs of individual children and youth to plan accommodations, provide resources, and create necessary support plans for care. Support plans are completed prior to enrollment to ensure that a child is not placed in care before staff are trained and the program is modified or prepared as necessary. An Inclusion Action Team (IAT) meeting may be scheduled in cases that require consultation for determining reasonable accommodations and support at the Installation level.

REGISTRATION

ELIGIBILITY Services are available to dependent children ages 6 weeks through 12 years of age of active-duty military, DoD civilian personnel, and guard/reservist on active-duty orders. Military retirees, inactive guard/reservists, DoD contractors and other federal employees may qualify based on program space availability.

Patrons must show a valid ID card upon registration to confirm eligibility status. Patrons who experience a change in eligibility status (i.e., retiring or separating from the military, no longer working as a DoD civilian, becoming a DoD contractor) MUST notify their program director immediately. Student spouses must provide a letter from the registrar verifying status as a full-time student upon registration and each fall and spring semester thereafter.

SUPLANTING PROCEDURES

CYP is required by DoW to supplant priorities below 1D.4. Childcare placement priorities are based on family type and spouse employment status. Patrons accepted under a supplantable priority may be given 45-day notice to vacate the childcare space if a waitlist for that age group exceeds 45 days for a higher priority. Patrons will have the opportunity to provide evidence that their priority had changed to a higher category if this is the case. Contact R&R for more information.

REQUEST FOR CARE All full-time CDC and SAC care will be offered based on patrons' request for care submitted through the MilitaryChildCare.com website. Families must create an account online in order to submit requests for child care. An R&R office representative is located at each CDC and can assist with questions regarding the MilitaryChildCare.com website and the registration process.

ADMISSION CRITERIA The following registration requirements must be provided before a child can be admitted to a CYP program:

- Form DD2652, Application for DoD Child Care Fees-this will be generated from your leave earning statement.
- Child and Youth Programs Registration Form
- Proof of up-to-date immunizations (school-age are exempt if attending public school) Note: DoWEA schools require students to receive an annual influenza vaccination
- CYP Health Assessment Form completed by primary physician. This can be turned in up to 30 days after a child starts.
- CYP Special Needs Screening Form
- CYP Asthma Action Plan or Allergy Action Plan (if applicable, prior to beginning care)
- USDA Meal Benefit Income Eligibility Form

- USDA Enrollment Form
- Current Leave Earnings Statement (LES)/pay stub or college schedule for both the sponsor and any household member who provides for the child.
- Two local emergency contacts with the ability to arrive within one hour pick up time when contacted by the center.
- A birth certificate, deers registration, or orders with the child's name will be viewed for verification but not kept.

HEALTH ASSESSMENT FORM The health assessment form must be completed by a physician and returned to the CDC within 30 days from the child's start date. For continued child care, the health assessment form must be updated by a physician annually and submitted to the center. To request an extension for returning the form, a doctor's notice of appointment date can be provided to the front desk staff. If a health assessment form or doctor's notification is not received, your child may be denied care until the proper documents are received.

SWIPE CARD ISSUE AND REPLACEMENT PROCEDURES Upon completing the registration process with the R&R office, families will get a swipe card at no cost. Family members must use this card at all times to swipe in/out when dropping off or picking up their child(ren). If the swipe card needs to be replaced due to loss or damage, there will be a \$5 charge for replacement.

WAITING LIST All full-time and SAC childcare spaces will only be offered through the MilitaryChildCare.com website. You will be notified via MilitaryChildCare.com when a space becomes available. The sponsor must confirm acceptance within 48 business hours. Failure to do so will result in the request for care being deleted from the wait list. When a patron is offered and accepts a childcare space through MilitaryChildCare.com, the patron's financial obligation begins on the start date offered, whether the child starts on that day or after. After accepting the space, all required paperwork is to be submitted in its entirety to R&R within 72 business hours. If additional time is needed to obtain or complete the paperwork, an extension can be requested from the R&R office.

Expectant parents may register their unborn child on MilitaryChildCare.com. REGISTERING AN UNBORN CHILD ON THE MILITARYCHILDCARE.COM WEBSITE IS HIGHLY RECOMMENDED as the wait for an infant space can be quite lengthy at times.

FEE CATEGORY Childcare fees are based on total family income. Patrons must provide a current LES or paystub for use in computing the total family income. ALL patrons must provide pay information annually to be enrolled in and maintain their childcare services.

In order to provide consistency in programming among all of our activities, a "family" is defined as, **"a group of related or non-related individuals, who are not residents of an institution or boarding house, but who are living as one economic unit."**

The DoW reviews and may revise the fees and/or income ranges annually. The DoD Fee Policy mandates that total family income must be verified annually.

CYP PROGRAM PROTOCOLS, PROCESSES, AND PROCEDURES

ORGANIZATIONAL STRUCTURE Any concerns or problems should be brought to attention immediately. Problems should be resolved at the lowest level possible. Our organizational structure is as follows:

Child Development Centers

1. Program Assistant
2. Lead Program Assistant
3. Supervisory Lead Educator
4. Assistant Director
5. Center Director
6. CYP Administrator
7. Family Care Branch Director
8. Assistant Deputy Chief of Staff, Marine and Family Programs
9. Assistant Chief of Staff, Marine Corps Community Services

School-Age Care and Youth & Teens

1. Program Assistant (Program Assistant)
2. Assistant Director

3. Center Director
4. CYP Administrator
5. Family Care Branch Director
6. Assistant Deputy Chief of Staff, Marine and Family Programs
7. Assistant Chief of Staff, Marine Corps Community Services

Family Child Care Program

1. FCC Provider
2. FCC Director
3. CYP Administrator
4. Family Care Branch Director
5. Assistant Deputy Chief of Staff, Marine and Family Programs
6. Assistant Chief of Staff, Marine Corps Community Services

OVERSIGHT CYP is governed by MCO 1710.30a, MCB Quantico directives, as well as various health, sanitation, safety, and fire regulations. CYP meal service programs participate in the USDA Child and Adult Care Food Program. MCB Quantico Fire Department, the Naval Clinic’s Preventive Medicine Unit, and trained safety personnel inspect all programs regularly. Additionally, an unannounced USMC Headquarters inspection is conducted annually.

OPEN DOOR PROTOCOL CYP maintains an open door protocol. Family members of children enrolled in a program are encouraged to visit, observe, and participate in any program in which their child is enrolled. Communication between families, Program Assistants, and staff is vital to the well- being of your child.

Family Concerns If any member of a family has a concern, they can address it to their child’s Program Assistant. If the concern is not adequately addressed, then the family can request to speak to an Assistant Director. If the concern is still not adequately addressed, then the Director can be requested.

At any time, families can also access CYP Leadership by e-mailing quantico.cypfp@usmc-mccs.org or by calling 703-784-3760.

PROGRAM RATIOS DoW mandated staff-to-child ratios are maintained at all times in order to provide adequate supervision and ensure expeditious evacuation of all children in the event of an emergency. The following staff/child ratios are in effect at all times for CDC, FCC, SAC and recreational programs:

Age	Group	Ratio	Maximum Group Size
6 weeks – 12 months	Infants	1 staff per 4 children	8 per group
13 months – 24 months	Pretoddlers	1 staff per 5 children	10 per group
25 months – 36 months	Toddlers	1 staff per 7 children	14 per group
37 months – 5 years	Preschoolers	1 staff per 12 children	24 per group
Kindergarten – 18 years	School-Age	1 staff per 15 children	30 per group
Kindergarten – 18 years	School-Age Field Trips	1 staff per 10 children	

FCC ratios allow six children at a time in each FCC home, with no more than two children under the age of two years. Providers must include their own children in the ratio if the children are less than eight years of age. An infant only FCC home may care for three children, six weeks to two years of age only.

FEES

FEES ARE PAID PRIOR TO SERVICES BEING PROVIDED. Tuition is due on the first and fifteenth of the month. A prorated amount will be charged if your child’s start date does not fall on the first or fifteenth. The start date is defined as the date offered and accepted through MilitaryChildCare.com.

The CDC full-time childcare fees (excluding FCC) include a maximum of 50 hours of child care per week and all meals and snacks per participant. Fees are based on an average cost of program operations for one year. Fees will not be pro-rated for holidays, base closure, training days or emergencies.

Patrons have the option to sign pay tuition through automatic debiting. Please see the front desk staff at your facility to inquire about this option. Payments not made by the 4th day after the billing cycle are subject to a \$10 late fee. Any accounts overdue by the 15th day of the billing cycle are subject to denial of care. Any accounts that remain overdue by the 30th day of the billing cycle are subject to withdrawal from care.

A late fee is assessed per child if child is picked up after closing time (\$5 for the first 10 minutes, and a dollar for every additional minute). Every effort will be made by the staff to contact the parent(s) and the emergency contacts noted for the child.

Appropriate agencies will be called in the event a child is not picked up by 1830 and no notice is given from family members. Repeated violations of late payment may result in a request for denial of care being routed to Command leadership. All methods of payment are taken at the center. Hourly care no-shows will be charged for the reservation. Fees are charged for swipe card replacements and returned checks. FCC providers are independent operators of their business and are allowed to set fees individually. A signed payment protocol is completed between the FCC provider and the patron. The FCC office does not become involved in disputed payments between FCC providers and patrons.

To remain enrolled, payment must be made even when your child is absent due to illness, vacation, etc. Parents are requested to notify the center when your child will be absent. Please ask your center for the e-mail address to use to e-mail an absence. CYP will contact patrons of those children not in care prior to 0900 on days of operation, unless otherwise notified.

A vacation credit can be applied to full-time child care patrons at the CDCs. The discount is 50 percent off the bi-monthly tuition rate for one week of vacation. Each child's account is authorized one week of vacation credit between 1 August and 31 July each year. Vacation time does not carry over from year to year. A form will need to be completed at the front desk 2 weeks prior to the vacation dates. Vacation must be taken in one 5 consecutive day event.

Due to a temporary financial hardship or change in employment status, the R&R office may be contacted for information on the process to request a review of your fee level assignment.

DISENROLLMENT PROCEDURE A two-week notice of disenrollment is required; otherwise, parents will continue to be responsible for payment. Parents must complete a withdrawal form at the front desk of their CDC or SAC program.

EMERGENCY CONTACTS Families are required to provide two local emergency contacts prior to enrollment, no exception. Emergency contacts must include the names, City and state, and phone numbers of people allowed to pick up your child. The emergency contacts must be located within a one-hour travel distance from the center. Emergency contacts will be called if CYP is unable to reach a parent, or the parent is unable to arrive at the center within one hour in the event of an emergency, early release, or dismissal due to health reasons. CYP requires changes to the emergency contact list be provided in person. In the event of an emergency, designation of alternate emergency contacts will be accepted from the sponsor's government email address. Changes can be made from a civilian e-mail account in case of emergencies with a phone call to verify identity. Phoned-in changes cannot be accepted. In the event family members are unable to pick up their child and no designated escort is available, the Provost Marshal Office will be notified to arrange for the child's release to the Department of Social Services.

DAILY ARRIVAL AND DEPARTURE PROCEDURES (CDCS AND SAC) Patrons must swipe their program registration card at the front desk upon drop off and pick up. Children must be escorted to and signed in/out of their activity room. SAC staff members receiving children from the school bus will swipe children in. Patrons must swipe children into the building upon arrival and before taking down to classroom. Once in their classroom, patrons must hand-sign their children into the classroom. Parents should assist children with washing their hands. At pickup, children will be signed out of their classroom, then swiped out of the building before walking out of the front door.

Persons authorized to pick up the child must be listed as an emergency contact and present photo identification before the child will be released. Authorized escorts must be at least 16 years of age. When staff become familiar with parents or designated escorts, identification may only be required periodically.

Please note that it is against base regulations to park in the fire lane, and at no time should a vehicle be left with the engine running or young children be left unattended in the car. The Provost Marshal Office may be notified when this occurs. ASO 5560.3B prohibits children aged ten and under from being left unattended in a vehicle, and we are required to notify the Provost Marshal Office when this occurs.

CUSTODY DISPUTES Staff will not become involved in custody disputes. For the child's protection, a copy of the court order or military protective order granting custody must be on file at the program. If the non-custodial parent attempts to take the child from the center, the Provost Marshal Office and the admitting parent will be notified..

SUBPOENAS cannot be issued to staff members or patrons in the center. Process servers or other agents must contact the Provost Marshal Office (PMO) at 2043 Barnett Avenue, 703-784- 2252.

BASE CLOSURE/DELAYED OPENINGS Parents may call the MCB Quantico automated information system at 703-784-3638, or check the installation's media sites and platforms (i.e., MCB Quantico website, Quantico MCCS website, Quantico MCCS FaceBook, and Quantico MCCS Twitter) to receive up-to-date information regarding the status of base operations. All CYP facilities will remain open until directed by the Base Commanding Officer to close.

Families must provide accurate telephone numbers and emails in order to maintain close contact with the program in case of a change in operational status. Once the Base Commanding Officer has directed closure, children must be picked up immediately.

PERSONAL BELONGINGS

CLOTHING Children should be dressed appropriately for active play. **To prevent injury, sandals and open-toed shoes are not allowed.** Rubber-soled shoes are most effective for young children when climbing on playground equipment or participating in gross motor activities.

Children in pretoddler, toddler, and preschool classrooms must have footwear. An infant learning to walk should have rubber-soled shoes for use while they are in care. Three complete changes of clothes (i.e., underpants, socks, shorts/slacks, and shirt) for each child must be kept at the center for emergencies. While the child is potty-training, this is upgraded to 5 full changes of clothing to include at least one pair of socks and shoes. Should all available clothing be soiled, the family will be contacted to bring additional clothing to the program. Precautions will be taken to safeguard clothing and/or personal belongings. However, we will not be responsible for lost or damaged articles. Children's names printed on the inside labels of their clothing and personal items is strongly recommended. Children will play outside every day, weather permitting. Please make sure your child has appropriate outerwear for the season.

JEWELRY **Please do not put jewelry on your young child.** Jewelry includes items such as bracelets, hair beads, necklaces and earrings (except for small posts for pierced ears). Jewelry is discouraged for a number of reasons. It is easily lost and particularly in infant areas, can be swallowed by other infants. Under no circumstances may children wear necklaces (except teething necklaces as developmentally appropriate) or hoop-style earrings due to the likelihood of getting caught on playground equipment, furniture, clothing, etc. Program Assistants may remove jewelry that poses a hazard and return it to the parent. Children enrolled in SAC may wear jewelry as the family deems appropriate; however, precautions should be taken regarding necklaces or hoop earrings which may be caught in play equipment.

TOYS are discouraged from being brought to the CDC/SAC unless the child's Program Assistant has requested such. Staff cannot be responsible for items brought to the center. A soft "special friend" may be brought in for rest time.

DIAPERS and wipes will be provided by the parent. Diapers will be checked and/or changed at least hourly for infants and pretoddlers, every 2 hours for toddlers and whenever a child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. Parents are recommended to maintain a supply of diapers at the center to meet at minimum: 12 diapers daily for infants, 10 for pretoddler, toddler and preschool aged children.

Staff will notify parents of the need for additional diapers on the Daily Activity Sheet. Parents are encouraged to drop off their child each day in a clean diaper. While emergency diapers can be used in an emergency, children being dropped off without diapers after adequate notice will be required to have diapers dropped off within an hour of dropping off or will be sent home for the day.

DEVELOPMENTAL PROGRAM

CDC/FCC CURRICULUM Children are born natural learners whose curiosity about the world around them motivates them to acquire knowledge and develop skills. Children are learning and exploring their environment every minute of the day. Play, whether at home or in group care, becomes the means through which education occurs. Through play, children develop a foundation of skills needed to participate in formal academic learning. Our program is designed to promote child-initiated learning with hands-on experiences that encourage responsibility, decision-making, problem-solving, self-reliance, the building of self-esteem and respect for another person's ideas, cultural values and personal interests.

CYP uses the Early Learning Matters (ELM) curriculum to observe, assess, and plan for individual development based on the interests and needs of children. ELM uses classroom observations and assessments to formulate a lesson plan promoting physical, intellectual, cognitive, and social growth. A balance is created to include both active and quiet activities. Outdoor experiences are planned for children of all ages, as well. Each classroom and home is designed to meet the needs of the age and developmental level of the children enrolled while respecting each child's unique style of learning. Program Assistants/providers facilitate learning by guiding children to an activity/learning center and encouraging participation. Program Assistants/providers prepare lesson plans for each learning center based on the interests of the children and the established goals. The child is allowed to make choices when selecting an activity. Learning centers generally consist of science area, block area, music area, art area, book area, tabletop toy area, water table, sand table, and dramatic play area.

CDC DEVELOPMENTAL ASSESSMENTS Each child is assigned a primary Program Assistant when he/she is enrolled in a CDC. The Program Assistant assesses growth using a list of developmentally sequenced behaviors in four different skill areas (self and others, communication, cognitive or "thinking" skills, and motor skills). Combining knowledge of development with

observations of a child's interests, the Program Assistants develop activity plans that will promote individual growth and development. Formal developmental conferences are offered yearly. In addition, conferences may also be scheduled anytime at the request of the family or staff members.

Family members are encouraged to add to the assessment process by sharing observations from home. This may be accomplished either verbally at drop off or pickup or can be written on a child's My Day form. Parents can also request a Program Assistant conference at any time and can share observations during that time. Please speak with a member of management to schedule an off-cycle conference.

REST PERIODS are scheduled for all full-day enrolled children. Infants are allowed to establish their own sleeping patterns. All children in the pretoddler through preschool full-day classrooms will have an opportunity to rest for 2 hours. Children are not required to sleep, but are encouraged to rest quietly during this time. After an initial quiet time of 30 minutes, children who do not fall asleep will be offered quiet activities. Each child is assigned a crib or cot. Crib sheets are laundered daily, cot sheets are laundered weekly (more frequently if needed). Parents are encouraged to provide a blanket for their child's comfort if they are at least 13 months old. Blankets should be taken home weekly and laundered.

OUTDOOR PLAY Children should be dressed appropriately for the season. Weather permitting, every room will participate in daily outdoor play. Children will not be kept inside per request by family due to staff/child ratio requirements. Children too ill to participate in the normal daily activities should be kept at home. Outdoor play keeps children physically healthy and mentally well. When playing outdoors, children will:

- Release pent-up energy
- Develop gross motor skills
- Discover different sounds and smells, etc.

Daily flag conditions used by MCB Quantico to determine safe outdoor play times. During green, yellow, and red flag conditions, children are still allowed a period of time outdoors. The time period may be limited based on age. No children will be allowed to play outdoors during black flag conditions, which is in excess of 90 degrees apparent temperature. The installation meteorologists take into account the effects of humidity and direct sunlight when assessing flag conditions. Ensure weather appropriate gear is provided in colder months. Outdoor play will cease at 40 degrees. This temperature takes into account a 15 mph wind that will result in a temperature that feels like 32 degrees.

FIELD TRIPS for CDC will be limited to places the children can walk. Staff plan special visitors to the classroom. Families are encouraged to participate by assisting in planning or recommending particular persons or programs. Field trips are a regular part of the program for SAC and Summer Care. Each family is asked to sign a release of liability and permission for their child to participate in the field trips. Advance notification of a planned trip is made to all patrons.

PETS & PLANTS Pets and nonpoisonous plants are important components of the child development setting. Nonpoisonous plants are grown in activity rooms and playgrounds to enhance the physical environment. Pets may reside in the activity room or be an occasional visitor. All pets have a veterinary approval and certification indicating they are disease-free and have current shots. Pet visits may be arranged with your program's director. **If your child is allergic to certain animals, please list this on the special needs assessment form.**

BIRTHDAY AND HOLIDAY CELEBRATIONS are celebrated by the Program Assistants in each CDC/SAC. The child's birthday is acknowledged, and the Program Assistant works with each child to ensure he/she feels honored on his/her special day. However, we do not allow parties, character visits, food, candy, balloons or other treats to be brought to the facility. **Parents who desire to hold birthday parties or provide treats must do so outside the center.** CYP staff will not take part in or assist with delivering private party invitations to classmates. Holidays are celebrated in the CDC. Parents are encouraged to participate in these holiday celebrations by engaging in special activities designed for parent-child interactions. If your child cannot participate in these events for any reason, please make plans to pick your child up from the CDC prior to the celebration.

TOILET LEARNING CDC staff and FCC providers will assist parents with toilet learning after it has been initiated in the home. The child must be able to realize the sensation of the need to eliminate, have control of his/her bowels, and be able to communicate the need for toileting to Program Assistants. Parents should provide at least 5 complete changes of clothing (to include socks and at least one pair of shoes). Should a child soil all his/her own clothing, parents may be notified to bring more clothing or program donated clothing may be used when available. Program Assistants will encourage the child to toilet at regular intervals but will not restrain the child on the toilet. Due to sanitation requirements, the child may be placed in a diaper during naptime until he/she gains bladder control during sleep. Parents who are preparing for this major milestone should contact their child's Program Assistant and plan the transition from home to the program.

DISCIPLINE (APPROPRIATE GUIDANCE) CYP programs strive to practice the principles of “Conscious Discipline.” We believe that discipline is the continuous process of teaching a child to self-regulate their emotions and exhibit appropriate behavior. Our goal is to aid the child in developing self-discipline and achieving socially acceptable behaviors. We believe that children learn best when they feel safe, feel loved, and have the power to make choices.. We strive to make each classroom a safe environment with fair and consistent limits where children can learn to make appropriate choices. Per the USMC CYP Appropriate Guidance Protocol, Program Assistants are expected to use positive reinforcement of expected behaviors and redirection of unsafe or unexpected behaviors by guiding children’s behavior.

Communication between Program Assistants and parents is vital so that the home and the school work together in developing consistent behavioral expectations. In instances where a child may need additional support in managing their behavior, CYP applies strategies contained in the USMC Behavior Support Guide, which provides guidance and resources (i.e., Kids Included Together – KIT) for Program Assistants, parents, training & curriculum specialists, CYP managers, and/or the Family Care behavior specialist to partner together to assist children in mitigating challenging behavior.

SAFE PLACE If a child cannot be directed away from an unexpected behavior and is unable to regain self-control, he/she may be directed to a safe, calming place where he/she can be helped in practicing calming activities, or the child may be allowed to choose another area for solitary play. During this period of time, the child is allowed time to reflect on the occurrence and discuss it with the Program Assistant before returning to group activities. Children will not be restrained. The child will be allowed to choose a quiet, solitary activity that assists him/her in recovering self-control. A Program Assistant will be nearby during quiet, solitary activities. A child will never be isolated in any space alone.

GUIDANCE TECHNIQUES Appropriate guidance and positive relationships are essential for the development of personal responsibility, capacity for self-regulation, constructive interactions with others, and for fostering academic functioning gains. Warm, sensitive, and responsive interactions support the development of a secure, positive sense of self and encourage respect and cooperation with others.

POSITIVE CAREGIVING CYP professionals provide positive caregiving which include, but not limited to:

1. Building positive relationships between caregivers and families
2. Building positive relationships between caregivers and child
3. Helping children make friends
4. Expressing warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles
5. Fostering children’s emotional well-being by demonstrating respect and creating a positive emotional climate as reflected in behaviors, such as frequent social conversations, joint laughter, and affection
6. Interactions with children are frequent and promote self-esteem, self-confidence, and positive feelings toward learning

CYP professionals facilitate the development of self-regulation in children by using positive guidance techniques. Expectations match and respect the child’s developing capabilities.

CYP professionals are actively engaged with participants and relate to them in positive ways by:

1. Helping them feel welcome, comfortable, and supported
2. Encouraging and recognizing a child’s work and accomplishments
3. Engaging in frequent meaningful and extended conversations
4. Responding to questions and requests by using effective communication strategies
5. Being consistent and following through

CYP professionals function as a secure foundation for children. They respond promptly in developmentally appropriate ways to a child’s positive intentions, negative emotions, and feelings of hurt and fear by providing comfort, support, and assistance. CYP professionals encourage children to make appropriate choices and become more responsible. They encourage children to use appropriate expression of emotions, both positive (e.g., joy, pleasure, excitement) and negative (e.g., anger, frustration, sadness).

POSITIVE GUIDANCE TECHNIQUES CYP professionals use positive guidance techniques which include, but not limited to:

1. Talking in a pleasant voice and making frequent eye contact
2. Ensuring the environment is arranged to eliminate behavior problems
3. Using simple positive reminders to restate rules and give direction
4. Redirecting to acceptable activities
5. Using logical consequences to help children understand and be responsible for their actions
6. Focusing on the child’s *behavior* and not the child
7. Helping participants use their problem-solving skills to develop solutions

8. Having a few simple rules and involving children in setting them
9. Providing one-on-one time for each child as often as possible

INAPPROPRIATE GUIDANCE TECHNIQUES:

1. CYP professionals do not use corporal punishment, shaming, or other humiliating methods of discipline.
2. CYP professionals do not use physical punishment, such as shaking or hitting, and do not engage in psychological abuse or coercion.
3. CYP professionals do not use threats or derogatory remarks and neither withholds nor threatens to withhold food or rest as a form of discipline.

ONGOING BEHAVIOR CONCERNS The desire of the CYP staff is to provide your child with the support that is necessary to be successful in his/her classroom environment. Establishing early pro-social classroom behaviors will promote future school success. In the event that the above positive guidance strategies and redirection are not successful in changing a child's challenging behaviors, classroom staff will hold a parent conference. Parents and staff will create a plan for the child's success. If needed, an additional meeting(s) will be scheduled with the parent, training and curriculum specialist, and behavior specialist. Every attempt will be made to work with the child to facilitate classroom success for all children and staff. If the behavior support plan is unsuccessful and the child continues to exhibit unsafe behaviors, the child may be recommended to base leadership for disenrollment from care.

BITING Young children biting one another is the most common and most difficult behavior to address in group childcare, especially within the pretoddler/toddler age group. Biting is a natural phenomenon that has little developmental significance and is not something to blame on children, families, or Program Assistants. Children who bite at a young age are not on a path of becoming a discipline problem. It is an appropriate behavior of a child not yet able to participate fully in social situations. Children may bite for any number of reasons such as teething, impulsiveness and lack of self-control, excitement and overstimulation, or frustration. When a child begins biting behaviors, the Program Assistant will track behaviors that lead to biting incidents and help the child avoid such situations. The name of a child who bites will not be released to other parents. Families of children who bite will receive a communication report if the child is past normal biting age. Families of the child who is injured will receive a report and a phone call. Families will be immediately notified if a bite requires medical attention beyond first aid treatment. In most instances, the biting will continue for a period of time and gradually lessen. Every effort will be made to help the biting child achieve socially acceptable behavior while protecting all the children. In severe cases, the biting child may be referred for a Behavior Support Plan. Punishment has not been proven effective in changing this behavior. The young child will not understand delayed punishment at home, and punishment at the center will not improve the situation.

APPROPRIATE TOUCH CYP promotes appropriate physical contact that is necessary for the growth, nurturing, guidance, and sense of security of participants. Appropriate touch involves recognizing the importance of physical contact to the child with nurturance and guidance. CYP professionals respect personal privacy and personal space and maintain the safety and well-being of children. CYP professionals also role model appropriate touch.

EXAMPLES OF APPROPRIATE TOUCH include, but are not limited to:

1. Hugs, holding hands, and lap sitting (age appropriate) as expressions of affection to build self-esteem or when the participant needs to be comforted
2. Reassuring touch on the shoulder or back to show approval or provide support
3. Naptime back rubs to relax a tense participant
4. Diapering of infants and toddlers
5. Assistance in toileting and dressing for participants when needed

EXAMPLES OF INAPPROPRIATE TOUCH include, but are not limited to:

1. Coercion (physical or emotional) or other forms of exploitation of the child's lack of knowledge
2. An absence of intervention that results in the exposure of danger to participants
3. Failure to respect the child's right to personal privacy and space
4. Any touching made for the gratification of adult's desires at the expense of the child
5. Violates a law or a known cultural taboo
6. Attempts to change child's behavior with adult physical force applied in anger
7. Encouraging the child to use inappropriate touch

CHILD HEALTH & NUTRITION

The health and well-being of all children enrolled in CYP is a priority. Every effort is made to stop the spread of communicable diseases. Families are asked to assist staff members by not placing sick children in the programs. Families will be notified of any known communicable diseases to which children in the center have been exposed.

ILLNESS In the event a child becomes ill while in CYP care, personnel will contact the sponsor or other designated person. We request that the child is immediately picked up, no later than 1 hour after notification. CYP reserves the right to call an emergency contact on file for pick up if the child is not picked up within an hour. If parent or emergency contacts cannot pick up the child within the prescribed timeframe, or do not answer the communication provided, outside agencies may be involved. When appropriate, notification from the physician stating the child is free from communicable disease and may be readmitted to the center will be required. Please refer to the dismissal form for guidance on when your child can return to care.

CHILD HEALTH SCREENINGS Staff members will observe each child upon arrival and during the day for obvious signs of illness. Children who appear to be ill or do not feel well enough to participate in the normal daily activities will be denied admission and sent home.

Children dismissed from care with a “suspicion of” illness may have to take their child to be seen prior to re-entry into the center. We request that the child’s primary care physician complete the front page of the health dismissal form.



**CHILD AND YOUTH PROGRAMS (CYP)
HEALTH DISMISSAL/READMISSION FORM**

Child's Name: _____ Center & Room #: _____

Notifying Caregiver(s): _____ Manager on Duty: _____

Date & Time(s) Parent/Guardian Notified for Pick-up: _____

Dear Parent or Guardian:

You have been asked to take your child home early today because your child appears to have the signs or symptoms of illnesses as listed on the back of this form.

The criteria listed for readmission has been developed to help protect your child from becoming more ill or from spreading illness between children and staff. Please ensure you have met all the readmission criteria before you bring your child back to the program. If an antibiotic is prescribed, child must be on medication for 24 hours before returning to care. If your child requires accommodations upon their return, please note that an Accommodations Collaboration Team (ACT) meeting may be required prior to their return to care.

****REMINDER: REGARDLESS OF HAVING MET OTHER CRITERIA, CHILDREN MUST BE FEVER-FREE WITHOUT THE USE OF FEVER REDUCING MEDICATION (TYLENOL, ADVIL). ALL CHILDREN MUST BE WELL ENOUGH TO PARTICIPATE IN DAILY ACTIVITIES.**

We hope your child is better soon. Thank you for your understanding and cooperation.

Pick-up Time: _____

Parent/Guardian Signature: _____ Date: _____

CYP Manager on Duty Signature: _____

A Signed Physician's Statement must be provided for consideration for re-entry into childcare. Please refer to the back of this form for illness-specific guidance.

Please be advised, _____ (CHILD'S NAME), was examined by me on _____ (DATE).

At this time, the child: (Please select all that apply):
_____ does not have a contagious disease or fever. No further medical care is required at this time.

_____ was diagnosed with _____ and, (if applicable) started treatment on _____
(Diagnosis) (Treatment start date or N/A)

Recommended date child can return to group care setting: _____

Comments (optional): _____

Health Care Provider's Signature: _____ Date: _____

Health Care Provider's Stamp: _____



Regardless of having met other criteria, participants may NOT be admitted with a fever.

All participants must be well enough to participate conformably in daily activities.

Conditions for Exclusion from CYP, not limited to, are as follows:

DISMISSAL CRITERIA	RE-ADMISSION CRITERIA
<p>Fever is ≥ 101 degrees **Infants under 4 months Fever is ≥ 100.4 degrees regardless of signs of illness. **During Flu season (October-May) fever is ≥ 100 degrees AND symptoms of illness or behavior change (i.e. runny nose, cough, congestion, sore throat, intestinal upset, and diarrhea) Temperature Reading: _____ Time: _____ Temperature Re-verified (Manager Initials): _____</p>	<ul style="list-style-type: none"> Participant is dismissed for the remainder of the day and may return when they are fever free for 24 hours without the use of fever reducing medications, such as acetaminophen (Tylenol) or ibuprofen (Motrin/Advil). A visit to a medical provider is <u>not</u> required. A medical provider's signature is <u>not</u> required for readmission. <p>The earliest child can return to program: _____</p>
<p>Diarrhea (if any one of the following exists): a) Loose watery stool that frequency exceeds two stools above child's norm while in care b) Diapered Children: two episodes not contained by diaper c) Toilet-trained children: Two episodes that cause soiling of pants or clothing. d) Any evidence of blood or mucus.</p>	<ul style="list-style-type: none"> Participant is dismissed for the remainder of the day and may return to the program when diarrhea has been absent for 24 hours. A visit to a medical provider is <u>not</u> required. A medical provider's signature is <u>not</u> required for readmission, unless child was dismissed with blood in stool. Diarrhea containing blood will require a note from a health care provider to return to care. <p>The earliest child can return to program: _____</p>
<p>Vomiting: More than one episode in 8 hours</p>	<ul style="list-style-type: none"> Participant is dismissed for the remainder of the day and may return to the program when vomiting has been absent for 24 hours. A visit to a medical provider is <u>not</u> required. A medical provider's signature is <u>not</u> required for readmission. <p>The earliest child can return to program: _____</p>
<p>Suspicion of Ringworm (other than scalp): Round or ring-shaped patches of red, itchy, scaly skin</p>	<ul style="list-style-type: none"> Participant may remain in care until the end of the day (courtesy call to be made). Participant may return when treatment is started. Lesions must be covered for at least the first 24 hours. <p>The earliest child can return to program: _____</p>
<p>Rash/Itching Skin: Rash that is spreading and/or with fever or behavior changes</p>	<ul style="list-style-type: none"> Documentation of a visit is required with a medical provider's signature and diagnosis. If antibiotics are prescribed, child must be on medication for 24 hours before returning to care. <p>Please note the following: Impetigo- no longer weeping, covered and under treatment. Scabies- under treatment Fingernails- under treatment for 24 hours Chicken Pox- lesions are dried and crusted (approx. 6 days)</p>
<p>Failure to participate</p>	<p>Child may be sent home if excessively tired (above infant age), needing to be held constantly, diaper rash with apparent bleeding in the diaper or seeming in pain, regardless of fever. Child may return the next business day if symptoms have improved.</p>
<p>Suspicion of Conjunctivitis/ Pink Eye: Yellow/green drainage from eyes</p>	<ul style="list-style-type: none"> Participant is dismissed for the remainder of the day. Documentation of an office visit is required with a medical provider's signature and diagnosis or eyes are no longer red with discharge. Child may return to program 24 hours after start of antibiotics and if eyes are clear and no longer discharging.
<p>Head Lice</p>	<ul style="list-style-type: none"> May return after treatment Encourage parents to remove all nits. Some nits may be present upon return, but no live lice. <p><i>Re-treatment should occur in 7-10 days.</i></p>

The above information was adapted from the American Academy of Pediatrics publication Managing Infectious Diseases in Child Care and School, 4th Edition. Edited by Susan S. Aronson, MD, FAAP and Timothy R. Shope, MD, MPH, FAAP. Published by the American Academy of Pediatrics, 2017.
THE DECISION TO SEND A CHILD HOME IS MADE BY THE DESIGNATED PROGRAM MANAGER.

MEDICAL ALLERGIES If your child has allergies or allergic reactions, please note this on your child's enrollment form. Parents are requested to provide a doctor's statement indicating all medical conditions that require special care with particular interest to severe allergic reactions to food, insects, latex, or other allergens that could result in the child experiencing anaphylactic shock. Failure to provide this information will absolve CYP from any and all liability and may render the staff unable to meet the child's medical needs adequately in an emergency.

IMMUNIZATIONS No child may be admitted to a program without current immunizations as recommended by the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP). Children who are not immunized may have their admission denied or delayed until all documents are reviewed by the installation medical authorities.

When a child cannot be immunized due to medical reasons, parents must provide written documentation from the child's attending medical care provider. When religious beliefs preclude immunization, parents must submit a MCINCR-MCB Quantico CYP Religious Exemption/Waiver of Liability form indicating immunizations are not acceptable. Failure to present certification will preclude enrollment of the child or shall result in the disenrollment of the child until such time as certification is provided. If a vaccine-preventable disease occurs in the facility, unimmunized participants will be excluded from the program for the duration of the exposure or until age-appropriate immunizations have been completed.

MEDICATIONS Trained CYP personnel may administer medications to children. Parents are not authorized to give medication to their child(ren) while in CYP care. Generally, medications that are given one to two times per day can be given at home unless the medication/prescription specifies the need to be administered with meals, or at specific times that occur during program hours. Parents must administer the first dose of new medication 24 hours prior to the child returning to care. This ensures that there is a positive response without negative side effects.

Cough and cold medications are not administered in CYP. If a child is administered fever or pain-reducing medication prior to being dropped off for care, he or she will not be able to remain in care. Controlled medications may be accepted into care and follow additional control measures for administering and storing. CYP does not accept controlled medications in liquid form.

Over-the-counter medications can only be administered if they are ordered by the healthcare provider, are in the original packaging, and have a prescription label with a start and stop date. As needed medications will not be administered with the exception of emergency rescue medications such as epipens, albuterol and Diastat. The child's medical care professional must provide guidance on the use of these medications by completing the applicable Action Plan. ACT and action plans must be renewed at least annually. If medications and action plans are not on site or have expired, the child will be denied care. Parents will be notified at least 30 days in advance that their paperwork or medication is expiring.

If there are other medications essential for the well-being of your child, we will consult with our Accommodations Collaboration Team (ACT) and determine the best plan of action.

In order for medication to be administered at the program, the parent must complete the Medication Authorization and Administration Record NAVMC 1750/10 or NAVMC 1750/11. Medication must be in the original labeled container. The following information must be provided on the prescription:

1. Name
2. Dose
3. Route of administration (i.e., oral, topical, drops, etc.)
4. Specific times the medication should be given (or similar instructions)
5. The length of time the medication should be administered (start and stop date)
6. Any additional instructions

Medications can be administered within a 30-minute window before and a 30-minute window after the prescribed time. If the medication is not given within this window, it will not be administered, and the parent will be notified immediately.

Parents can also sign the Non-Medicated Topical Products Authorization NAVMC 1750/7 for non-medicated topical products such as non-aerosol sunscreens, non-aerosol insect repellants, diaper ointments/creams, lotions/creams, lip balm, petroleum jelly and lanolin. Over-the-counter creams and lotions containing Hydrocortisone or triple antibiotic ointments will not be utilized in the center without a prescription and medical documentation providing guidance. The use of baby powder in the program is prohibited. However, if a child has a diaper rash, 100% pure cornstarch can be used when provided by parents. In accordance with the Food and

Drug Administration guidance, Benzocaine (found in teething gel) products will not be used in the program. Products in this category should be nonprescription, have no label restrictions with respect to use on children, and are not mixed/homemade concoctions.

If you have questions about medications, contact the CYP nurse.

MEAL SERVICE CYP is required to participate in the USDA Child and Adult Care Food Program (CACFP). A well-balanced breakfast, lunch, and afternoon snack is provided. An enrollment and income eligibility application must be completed annually for each child. Menus are prepared using CACFP guidelines. A weekly menu is posted in each room, as well as at the front desk of each center.

- Children must be at the center during meal service, as food may not be held for later consumption or sent home with a child. Infants are fed on demand. Family style dining is conducted in each classroom. Program Assistants sit and eat with the children to enhance social interaction and promote healthy eating habits. Children are encouraged to sample all foods, but are not forced to eat. Children participate in table setting, serving, and cleanup.
- No food may be brought into the CDCs except for infant formula or breast milk. Parents will provide a healthy sack lunch during the Youth Center's Summer Care. The sack lunch should be placed in a glass-free container and should not require refrigeration or heating (i.e., microwave). All facilities strive to maintain a peanut and tree nut-free environment, so sack lunches should not contain nuts, peanut butter, or snacks containing nuts (almonds, hazelnuts, etc.).
- The CDC provides a selected infant formula for parents of infants to use at the center. Families who choose not to use program-provided formula for their infant may continue to provide formula or breast milk. All formula or breast milk should be brought daily to the CDC in plastic or silicone bottles with nipples and lids attached, labeled with the child's first and last name and date the bottle was prepared. Breast milk bottles should also be labeled with the infant's full name and the date that the milk was expressed. Infants may be fed infant food beginning at four months of age if the child shows signs of readiness to include control of head and neck, sitting up without support, and adequate tongue thrust reflex. Families and staff work together to introduce new foods to infants and when transitioning from infant food to table food. All new foods should be introduced at home first. Program Assistants will assist families weaning their infants from a bottle to a cup. Infants will be given whole milk in a sippy cup upon their first birthday to assist with the transition to the pretoddler age group. Straws are prohibited.
- The sippy cups will be provided by the kitchen, and straws are not used.
- Children will be provided full center meals starting on their first birthday. Children can start eating table food from the center before 1 year old when the child has had the food at home and is ready to eat non-pureed foods, usually around 9-10 months. Any deviations from the center menu after 1 year will require a special diet statement signed by a doctor.
- Space is provided in the infant rooms and in separate designated rooms in the building for breastfeeding mothers wishing to nurse their children.
- If not completely consumed, staff will discard the contents of a bottle after one hour.

FOOD SUBSTITUTIONS will not be authorized unless required as a documented medical need or a documented religious need. Parental or family preference will not be accommodated.

FOOD EXCEPTIONS BASED ON MEDICAL NEED Child Nutrition Regulation 7 CFR 226.20 (h) of the Child and Adult Care Food Program states, "Substitutions because of medical needs shall be made only when supported by a statement from a recognized medical authority, which includes recommended alternate foods." Parents are required to provide a doctor's statement specifying the medical need for a substitution and recommended substitution(s) noting portion and frequency of each substitution.

Upon receipt of this information, the center may provide alternate foods for the child.

FOOD EXCEPTIONS BASED ON RELIGIOUS BELIEFS ACT will review the USMC CYP Special Diet Accommodation – Religious Exemption Form (NAVMC 1750/8, once available). A required statement from a recognized medical authority will specify, based on religious beliefs, the food or food component for which a substitute is required, noting portion and frequency of each substitution, and the recommended alternate foods. Upon receipt of this information, the center may provide alternate foods for the child.

CHILD ABUSE IDENTIFICATION AND REPORTING

Staff members are required by law to report any situation or condition where there is reasonable cause to suspect abuse or neglect of a child. At no time will a child be undressed fully to be examined for marks or bruises, etc. without at least two

staff members present. If child abuse/neglect is suspected, the Provost Marshal Office, Family Advocacy Program of Marine Corps Base Quantico, and Prince William County Child Protective Services will be notified. Center personnel will not notify parents when suspected institutional child abuse is reported. For families, the Department of Defense operates a **Child Abuse/Safety Violation Hotline. The telephone number is 1-877-790-1197.**

To further promote the safety of all children enrolled in CYP, all staff members must satisfactorily complete a criminal history background check.

PARENT RELATIONS

Effective programs are those in which parents are actively involved. The following is a brief list of ideas for involvement:

- Observe your child within the program setting - join him/her in an activity
- Have daily contact with staff members
- Attend Parent Board meetings and provide input concerning the program
- Attend family/child activities
- Share your talent/skill/hobby with your child's class
- Arrange for your military unit to display equipment, etc. to share with the children
- Take note of announcements posted in the center

COMMUNICATION Daily activity sheets are sent home each day for infants through the toddler age. This report contains information relative to meals, rest periods, diaper changes/ toileting, the child's moods, and other activities that have occurred during the day. Weekly activity plans and the daily schedule are also posted. Program Assistants are available daily for short chats regarding the classroom's activities. If a longer conference is desired, please notify the center's director so that arrangements can be made. Telephone conferences can be arranged if necessary. Families are encouraged to talk with their children daily about their activities. Open communication between families and staff will promote a healthier environment for the child, and a more satisfactory care arrangement for the family. CYP maintains a Facebook page, "Quantico Child and Youth Programs," that posts upcoming events and information on base or facility closures - be sure to 'like' the page. CYP utilizes email blasts to communicate important information. The email address given on enrollment documentation will be used. See the front desk to add multiple email addresses.

MUTUAL RESPECT EXPECTATIONS CYP is a successful program due to the continuous partnership between staff and parents. We pride ourselves on consistently providing world-class customer service and encourage feedback from patrons on how we met your needs and how we can improve. This respectful communication is a two-way path, and we expect our patrons to always be respectful to our staff and children. While we encourage feedback and opportunities to improve services; rude, inappropriate, or perceived threatening behavior/language from a patron can result in notification to Command and/or denial of service.

PARENT ADVISORY BOARD A Parent Advisory Board (PAB) is established to discuss CYP recommendations for improving programs and services and to coordinate a parent participation program. The PB shall be comprised of and chaired by volunteers who have children enrolled in CYP. All parents are encouraged to attend the quarterly PB meetings. For additional information on the PB, please see the center's director.

CRISIS PLANS Every classroom, is trained to move to a safe place during a crisis, to utilize communication system, and to rely on the strategies and procedures practiced throughout the year. All children are familiarized with the "Bees To The Beehive" story designed to help reduce trauma and to move quickly and quietly.

EMERGENCY PROCEDURES Attached to this handbook is the emergency response plan for CYP. Please inquire at your individual building for their emergency response plan.

**QUANTICO CHILD & YOUTH PROGRAMS
PARENT HANDBOOK ACKNOWLEDGEMENT**

I acknowledge that I have read and understand the CYP Parent Handbook and that I have received an orientation by the program.

In the event of a medical emergency, I consent for my child to be transported to the nearest hospital via an ambulance. I understand that if I am not present when the ambulance leaves the facility, a staff member at the program site will accompany my child to the hospital. I understand that the designated hospital is Stafford Hospital, although the hospital the child is routed to may change due to traffic and other situational circumstances.

I understand that in the case of emergency, all infants will be fed center formula maintained in the emergency bag.

Child's Name

Parent/Guardian Signature

Print Parent/Guardian Name

Date

Center Director Signature