



# FAMILY HANDBOOK

Developmental care for children six weeks through five years of age to assist active duty, reserve, civilian and contractors meet their military obligations.



**96 FSS/FSFC**  
**EGLIN CHILD**  
**DEVELOPMENT**  
**PROGRAMS**



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**Gaffney Rd**  
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**Boatner Rd**  
**850-883-7425**



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## **Welcome**

The Eglin AFB Child Development Program welcomes you and your family and we look forward to serving your family. Our program offers developmental care for children from six weeks through five years of age to assist active duty, reserve, civilian and contractors to meet their military obligations. The CDCs are accredited by the National Association for the Education of Young Children (NAEYC).

A cooperative, caring partnership between parents and staff members is our constant goal. We encourage close communication at all times and invite you to visit and enjoy our facilities and programs; families are welcome to visit their child at any time. We work to create a homelike atmosphere in which your child will be comfortable, happy and enjoy many learning experiences. We welcome your suggestions on ways to improve our service to you and your family.

## **Mission Statement and Philosophy**

*The mission of the Eglin AFB Child Development Centers is to encourage a positive, safe and nurturing environment which allows children to experience activities in a variety of learning centers by having a balance of teacher-initiated, child-initiated, indoor/outdoor, quiet activities and large motor activities to enhance self-esteem, social, cognitive, creative and physical abilities.*

The practices of Air Force Child Development Programs are based on current knowledge of child development and early childhood education. We support the development of the whole child. Our program acknowledges that children learn through active, hands-on involvement with their environment, peers, and caring adults. We respect each child's unique interests, experiences, abilities and needs. Children are valued as individuals, as well as part of a group. Likewise, our program respects and supports the ideals, cultures and values of families when nurturing children. We advocate for children, families, and the early childhood professionals within our community.

## **Air Force Child and Youth Program (CYP) Mission Statement**

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

## **Hours of Operation**

The centers are open Monday through Friday from 0600 to 1800 hours (6 am – 6 pm) and are closed on all Federal Holidays.

## **Goals**

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

## **Accreditation**

The Eglin AFB Child Development Programs are certified through the Department of Defense Child Development Services and are accredited by the National Association for the Education of Young Children.

Certification and accreditation are earned by high quality child care centers that provide a safe environment as well as developmentally appropriate curriculum. The centers experience a minimum of five inspections each year to ensure the health and safety of our children. The results of these inspections are available for your review at the front desk of each child development center.

## **Privacy and Confidentiality**

Your right to privacy and confidentiality are of the utmost importance. All financial information, personal information and child assessment information is covered under our confidentiality policy. The only people with access to your financial information are desk clerks, administrators, the flight chief and anyone else whom you specify. Your personal information and child's assessment information are only available to your child's classrooms teachers, training staff, administrators, specialists called in for a consult and anyone else whom you specify. If you have any questions about information covered, how the information is protected or who is allowed access to it, please contact a CDC Director.

## **Tobacco, Drug and Alcohol Free Policy**

According to Air Force policies, the Child Development Center is a tobacco, drug and alcohol free facility. Tobacco use is prohibited in the building and in any areas in proximity of the center.

## **Enrollment**

All parents who enroll their children in the center will be provided an orientation and tour of the facility. The parent and child will be given an opportunity to visit their new classroom, meet the staff, and become familiar with the program. To ensure your child's enrollment at the center, all forms are to be completed prior to your initial visit.

## **Information necessary to complete your child's registration:**

- Air Force Youth Flight Program Patron Registration Form (AF Form 1181)
- Completed and up-to-date immunization record
- Application for Department of Defense Child Care Fees (DD Form 2652) with proof of income and/or full time education
- USDA Application
- Credit Card Authorization OR Orbital Auto-Debit Form
- Current Child Health Assessment
- Signed Enrollment Agreement
- Completed and Approved Special Needs Package, if necessary. All special needs packages must be reviewed by program medical advisor and Team Inclusion Action prior to enrollment.

## **Fees**

Rates are based on total family annual income and proof of income is required before fees can be calculated. Failure to provide proof of income will result in placement in the highest fee category.

Weekly fees are paid in advance and are due by close of business Friday for the upcoming week. Fees not paid on time will incur a late penalty of \$5 per day per child. Delinquency of two weeks will result in disenrollment.

Special events such as Parents Night Out are offered at a set price with fees due at registration. No refunds given for special events unless the event is cancelled. Late pick up fees will be assessed for these events as well.

## **Hourly Care**

Hourly care is available on a space-available basis 0700-1700 hours (7 am - 5 pm) daily with reservations up to thirty days in advance. Hourly care is provided at \$4 per hour and payment must be made each day by 1700 hours (5 pm). Because of the importance of rest to young children, we cannot accept drop offs for care between 1100-1400 hours (11 am - 2 pm). Please provide a change of clothes, labeled bottles of formula or human milk, diapers, wipes and closed toe shoes.

## **Health Policy**

Young children have a high susceptibility to communicable diseases and infections. To keep the children as healthy as possible, the center gives the following guidance: When at the center, children are expected to participate in both indoor and outdoor activities. The child should remain at home if s/he is not well enough to participate both indoors and outdoors.

All families are highly encouraged to have an alternate child care plan for days your child is ill and unable to attend the center. Please inform us if your child is ill with a contagious disease. Families whose children have been exposed to a contagious illness while at the center will be notified by classroom staff.

Families will be notified if their child sustains an injury while at the center. In every instance, an accident report is completed, placed in the child's folder and made available for review when the child is picked up at the CDC. Additionally, a courtesy call to the parent or guardian will be made if the injury is serious in nature.

## **Illness Policy**

Please refer to **Caring for Our Children** for details. A child is temporarily excluded or sent home as soon as possible if one or more of the following conditions exist:

- Illness prevents the child from participating comfortably in normally scheduled activities.
- Illness results in a greater need for care than the staff can provide without compromising the health, safety, and wellbeing of the other children.
- Poses a risk of spreading a harmful disease to others.

**\*Note: Please refer to Appendix A; Exclusion and Readmission Policy Children and Staff for complete and listing of conditions.**

## **Special Needs**

The Child Development Centers support inclusion and participation of children with disabilities; as well as children with special learning, medical and developmental needs. The program and family work closely with the medical advisor and the Inclusion Action Team (IAT) for placement in the most appropriate, inclusive setting.

1. When a child is enrolled and the parents indicate a special need a Special Needs Package must be filled by the parents and their pediatrician. Once the package has been filled out, it is returned to the center for a review by the IAT. Families are invited to the monthly meeting as active participants.
2. If the recommendation is for inclusion in the program, a reasonable period of time must be determined to allow for staff training and environmental modification to meet the child's needs.
3. If a child is identified with a potential special need once enrolled in the program, families will be required to seek professional evaluation and package submission to the IAT within 45 days. If the parents refuse to engage additional services to support their child's development, termination from our program may be necessary.
4. If reasonable accommodations can be met, an Inclusion Action Plan will be developed.

## **Medications**

1. Medication will be administered in accordance with AFI 34-144, which requires only prescription medications may be given.
2. Medication will be administered at 1000 and/or 1400 hours (10 AM and 2 PM); AF Form 1055 must be filled out completely and initialed and dated by the parent each day medication is to be given to a child. Medication will be kept in a secure location at the front desk.
3. No over-the-counter medication, including Tylenol, will be given without a doctor's permission. On an annual basis, parental permission to apply diaper ointment/salves, sunscreen (approved by medical advisor and purchased by the program), lip balms, and over the counter hand lotions is obtained.
4. Medication can be accepted on an "as needed" basis, but must have daily written approval from the parents/guardian as well as a doctor's approval.

5. All medications must have the following information on the prescription label: name of physician, date filled, prescription number, child's name, dosage amount, frequency, and ending date (ex: use for ten days or until completed). Prescriptions must be current within ten days of the date filled and have an expiration date. The first dose of a new medicine must be given by the child's family who remain with the child for twenty minutes in case of allergic reaction.

Staff who administer medication are trained annually by a health professional on the correct procedures for administering medications.

### **Supervision of Children/Transportation**

Children are under adult supervision at all times. The following chart represents the minimum number of adults working with your child at the center. All children are within sight and sound of an adult at all times. All staff at the CDC have completed background checks prior to working alone with children. Please be aware that if a staff member is wearing a tan or red smock the center is awaiting completion of their background check and they may not be alone with children.

All children enrolled and participating in activities at Child Development facilities are subject to closed circuit video monitoring and recording.

Category	Age Group	Adult/Child Ratio
Infants	6 weeks - 12 months	1:4
Toddlers	1 year olds	1:5
Twos	2 year olds	1:7
Pre-school	3-5 year olds	1:12

When preschool children go on field trips away from the center, the ratio is one staff per eight children. We also ask that parental volunteers go on the trip to provide additional supervision. Parents may be asked to accompany their child on a field trip if their child requires additional supervision to ensure safety or the child may remain at the center. Transportation of children for field trips will be in accordance with AFI 34-144.5.6 with inspected vehicles, vetted drivers, appropriate supervision and child car seats appropriate for each child; a CDC Director will be happy to provide additional details regarding the safe transportation of young children by the center. In the unlikely event that a child is left behind or is unaccounted for, simultaneous action will be taken to immediately notify law enforcement, the family and the management while a search is conducted in the vicinity of

last known area until law enforcement arrives and directs the actions of center staff.

### **Child Abuse/Neglect Reporting**

All program staff members are trained annually and are mandated reporters of any suspected child abuse or neglect. The program director notifies Family Advocacy Office (FAO) who will then determine what, if any action needs to be taken. Any staff may report to FAO, the DoD Child Abuse Hotline and/or the Florida Child Abuse Hotline. All suspected physical abuse and neglect will be reported to the appropriate agencies on base. If a staff member is “alleged” to have acted inappropriately, that person will be removed from the building and from being with children, until the investigation is completed and action will be taken as appropriate.

### **Communication with Families**

Continuous and open communication with parents on an on-going basis is a goal for our CDC staff. We utilize several different methods to effectively communicate with families. Some examples include daily sheets, formal and informal conferences, surveys, handouts for special events, newsletters and special event calendars. Recently, we added a Mobile Message System to alert parents when we experience emergency CDC closures. We will continue to notify parents via phone of emergency closures when their children are located at the CDC. The primary method of communicating emergency closures when children are not in the facility will be the Mobile Messaging System.

All families are encouraged to sign up with the Trumpia Mobile Messaging System to stay informed of emergency center closures and responses, along with information for all families regarding program events and news. Text EglinCDC to 95577.

### **Family and Cultural Values**

We strive to implement our curriculum in a way that is respectful to family’s cultural and individual differences in order to encourage celebration of diversity and promote understanding. We also ask for information about other languages spoken at home, other than English, so we can help your child continue to develop his/her home language and English at the same time.

## **Parent Advisory Committee**

Parents are an integral part of the Child Development Program and the Parent Advisory Committee serves in an advisory function, providing recommendations for improving services, partnering with the center to offer additional opportunities for family participation and recognizing exemplary staff. Information about inspections, new requirements, child development and other topics are covered at the monthly meetings. All parents are encouraged to participate. Please see the front desk at either center for information on the group and its next scheduled meeting.

## **Meals**

Wholesome, well-balanced meals are provided according to the USDA Child Care Food Program at no additional charge. A cycle menu designed to meet USDA nutritional requirements is posted on the bulletin board in the lobby. Parents are asked not to bring food from home. Some children have life threatening food allergies, so it is vital that we monitor all food and drinks in the building. Please help us protect the health of all children. The exception to not bringing food is infant formula or breast milk, which must be contained in plastic bottles labeled with first and last name, date, contents and time prepared. Please inform us if your child is on a medically necessary special diet or is allergic to any foods. Allergies must be noted by a physician on an Exposure Response Plan and will be available to need-to-know staff in the child's classroom.

Meal Times are as follows:

- Breakfast: 0800-0830 hours (8-8:30 AM)
- Lunch 1130-1200 hours (11:30 AM-12 PM)
- Snack 1400-1430 hours (2:30-3 PM )

## **Infant Feeding**

Breast feeding is a choice that is supported by our program. Expressed milk is to be provided in ready-to-feed sanitary containers labeled with the infant's name and the date it was expressed. Breast milk cannot be stored in the refrigerator longer than 48 hours and no more than 24 hours if the milk was previously frozen. Mothers are welcome to come to the program to breast feed their infants at any time.

Infants on formula have the choice between Good Start and Good Start Soy provided by the program, or a family is welcome to provide their own formula. Only plastic bottles may be brought into the center with the child. Please bring enough clean bottles for each day. Formula and baby food are included in program fees. Our program does not offer cow's milk to children younger than twelve months. The staff in the infant room will work individually with families as their child begins to be introduced to new foods.

### **Protective Foot Coverings**

Any adult entering the infant room is asked to cover his/her feet with disposable covers provided at the infant classroom door. This limits the amount of germs and dirt that might otherwise be tracked on the floor where the infants crawl and play.

### **Sleeping and SIDS Prevention**

The staff in the infant rooms has been carefully trained to help reduce the risk of Sudden Infant Death Syndrome (SIDS). All infants, unless otherwise ordered by a physician and approved by AFSVA/SVPY, are placed on their backs to sleep. They may be allowed to assume any comfortable sleep position when they can easily turn themselves over from the back position. Infants who are able to turn over by themselves will have a sign placed on their crib indicating they have mastered this skill. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in the cribs for the child's safety. Children's heads are to remain uncovered while sleeping at all times.

### **Diapers and Wipes**

Only disposable diapers will be accepted at the center. Wipe containers should be labeled with the child's name. Caregivers will check diapers regularly when children are awake.

### **Rest Time**

Rest periods and naps are important for your child's growth and development, all rooms for children one year and older have a rest time of 1200-1400 hours (12-2 PM) daily. Children do not have to sleep. It is important that they rest quietly and respect the needs of the other children to sleep. Rest time in the infant classrooms is based on each baby's individual needs.

## **Staff Qualifications**

All CDC employees that work with children must successfully complete the following:

- Local Agency and National Background Checks.
- New Employee Orientation and 24 hours of annual training to include positive guidance, appropriate touch, child abuse reporting and identification.
- CPR and First Aid within six months of employment and completion of the fifteen training modules within eighteen months.
- Many staff achieve and hold a Child Development Associate (CDA) Credential. The CDA certifies the training, qualifications and demonstrated skills in child development.
- Associate and Bachelor's Degrees in Early Childhood or Education have been completed by many of our Lead Teachers and some classroom assistant teachers.

## **Assessment of Children's Progress**

Our center is proud to offer a variety of assessments to track children's progress and to help guide our teachers to plan activities that better meet the developmental needs of our children. One of the assessments is called the Ages and Stages Questionnaire or ASQ.

This assessment is administered when each child is initially enrolled in our program. The family completes this short questionnaire by answering some simple questions about their child's progress in different domains of child development. The results are then scored by the classroom teacher and results are shared either during a formal or informal conference. The ASQ is offered again at various intervals during the year, depending on your child's age, to continue tracking your child's developmental progress.

## **Clothing**

Please send your child in comfortable play clothes. The children are involved in active play and messy activities and even with an apron, paint may get on clothing. We want children to feel free to participate in all activities. Your child should wear simple, washable clothes, which he/she can manage and encourage self-help skills. At least three complete changes of clothing are needed for all children with toilet-learners potentially needing additional sets.

Shoes should be worn that are safe for active play. Please bring your child to school with socks and tennis shoes or other comfortable, well-fitting closed toed shoes. We highly recommend tennis shoes with Velcro straps. No Crocs, flip flops, open-toed sandals, clogs or boots.

### **Guidance/Discipline Policy**

All personnel practice a positive approach to discipline that will aid children in developing self-control. The goal is for children to learn to regulate their own behavior and follow rules and limits, not because they are afraid of being punished, but because a caring and trusting relationship has been nurtured and developed. No form of guidance such as spanking, withholding food, frightening, verbal abuse, humiliating, or binding is tolerated in the CDC.

### **Infants and Toddlers Appropriate Guidance Techniques:**

1. Redirect attention to a safe object or area of the room.
2. Remove objects that pose a threat or problem.
3. Offer a diversion.
4. Separate/ move infants who would hurt themselves or each other.
5. Use facial expressions and tone of voice to convey messages.
6. Give children a chance to work it out if no one will be hurt.
7. Resist overusing "NO." This should be used for dangerous situations that require immediate responses.
8. Monitor infants at all times. Anticipate dangerous situations.
9. Explain what children can do in a positive manner.
10. Give hugs and nurture. Let children know that it is not necessary to misbehave to get attention.
11. Praise appropriate behavior.
12. Maintain a positive attitude toward the child. Keep a sense of humor.
13. Help the child gain control by holding and talking quietly to the child.

### **Preschoolers Appropriate Guidance Techniques:**

1. Encourage children to develop problem-solving skills.
2. Anticipate problems and plan ahead.
3. Talk with the children to help them understand how their actions cause a problem.
4. Immediately stop dangerous behavior.

5. Observe when children are restless and change the activity to allow energy to be redirected in a positive manner.
6. Redirect activities toward acceptable behavior. Make frequent checks on the child to make sure that he or she follows through.
7. Praise appropriate behavior.
8. Maintain a positive attitude toward the child. Keep a sense of humor.
9. Explain desired behavior in a positive manner.
10. Involve the children in setting rules and limits.
11. Offer choices. Provide several acceptable alternatives.
12. Help the child gain control by holding and talking quietly to the child, using restraint as a last resort to ensure safety of the child and others.

A child's behavior that interferes with his development and success at play, is harmful to himself or others or puts him at risk for social problems will require a Behavior Support Plan, created with his family, Classroom Staff, Management, Trainers and other specialists.

### **Termination of Enrollment**

The Child Development Program is designed to be a positive experience for children. Occasionally, the program may not be appropriate for a child's continued enrollment. Termination may result if the program does not meet the needs of the child; or the expectations of the parent; or if the child displays repeatedly disruptive or inappropriate behavior. The Child Development Center staff will make every effort to assist the child and parents in determining the causes of the disruptive or inappropriate behavior. A parent may terminate their child's enrollment according to terms of the Annual Weekly Agreement.

### **Key Personnel**

Flight Chief, Airman and Family	850-882-4017
CDC II Director	850-883-7425
CDC III Director	850-882-2873
Resource and Referral	850-882-2994
School Age Coordinator	850-882-8291
Youth Center Director	850-882-8212
Family Child Care Coordinator	850-882-2994

## **Community Resources**

Families are encouraged to use the following links to locate support agencies and contacts in the local area. If a family prefers printed copies of these contacts, please see a center director or assistant director.

### **Eglin Helping Agencies:**

<http://www.eglin.af.mil/Portals/56/documents/AFD-140226-109.pdf>