



Child and Youth Programs

# Family

## HANDBOOK



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## **WELCOME**

Welcome to the Maxwell AFB Child Development Centers. We offer the most safe, healthy and protective childcare services available.

A cooperative, caring attitude 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. We work to create a homelike atmosphere in which your child will be comfortable, happy and enjoy many learning experiences. Families may visit the facility at anytime during the program's regular hours of operation.

## **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 birth through 18 years of age.

## **PHILOSOPHY**

The practices of Air Force Child Development Programs are based on current knowledge of child development and early childhood education. We are responsible for supporting the development of the whole child, meaning all areas of development are considered inter-related and equally important. Our program acknowledges that children learn through active, hands-on involvement with their environment, peers, and caring adults. We respect each child's unique interest, experiences, abilities and needs, thus allowing us to be responsive to and appropriate for each child. 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 in their tasks of nurturing children. We advocate for children, families, and the early childhood professionals within our programs.



## **GOALS**

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

## **OBJECTIVES**

1. The Child Development Center accommodates children from six weeks to five years old. Its primary emphasis is on each child's total growth and development. The program promotes each child's physical development, helps develop social competence in relating to adults and peers, encourages emotional growth and control, and provides opportunities for the cognitive development, which is so crucial during the early years. All of these aspects of the child's development need to be carefully planned and periodically assessed.
2. The Child Development Center is a basic support organization for the family. Its aim is to embrace and expand the parent's relationship with the child. This philosophy must be understood and shared by all members of the staff. Child care does not substitute nor compete with the role of the parents, but acts as a support in all ways possible to the family.
3. Each child's development depends upon the environment in which he or she lives. The Child Development Center strives to create an environment that affords various opportunities and experience for growth in all areas of his or her development. To accomplish this each staff member must endeavor to be aware of, and respond to, the individual needs of each child.
4. The specific program objectives are:
  - a. Support readiness by reducing lost duty time due to conflicts between parental responsibilities and unit mission requirements.
  - b. Contribute to the quality of life and well being of military families by providing the highest quality of childcare.
  - c. Contribute to the growth and development of children while they are in the Air Force's care.

## **ACCREDITATION**

The Maxwell AFB Child Development Programs are certified through the Department of Defense Child Development Services and are accredited by the National Academy of Early Childhood Programs. Certification and accreditation are earned by high quality child care centers that provide a safe environment as well as developmentally appropriate curriculum.

## **PRIVACY/CONFIDENTIALITY POLICIES**

Your right to privacy and confidentiality are of the utmost importance to us. All financial information, personal information and your child's assessment information are covered under our confidentiality policy. The only persons with access to your financial information are our desk clerks, administrators, flight chief and any other persons that 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 any other persons that you specify. If you have any questions about what information is covered or who is allowed access to it, please contact our CDC Director.

## **TOBACCO, ALCOHOL, DRUG AND FIREARMS POLICY**

According to Air Force policies, the Child Development Center is a smoke free, alcohol free, and drug free facility. Tobacco, alcohol and drug usage is prohibited in the building, as well as, in any areas in proximity of the center. Per local operating instructions, the only personnel allowed to bring firearms into the Child Development Center are on duty Security Forces personnel and on duty civilian law enforcement officers performing their duties in an official capacity.

## **HOURS OF OPERATION**

Open Monday through Friday from 0630 to 1730.  
Closed on all federal holidays and AETC family days.

## **LATE PICKUP**

The Child Development Center closes at 1730. Children remaining in the program after 1730 will be charged a late fee of \$10 plus \$1 for each minute after 1730. If we are unable to contact the parents or emergency contact after 30 minutes beyond closing, Security Forces will be called.



## **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.

## **REGISTRATION REQUIREMENTS:**

1. Air Force Youth Flight Program Patron Registration Form (AF Form 1181)
2. Completed and up-to-date immunization record
3. Application for Department of Defense Child Care Fees (DD Form 2652)
4. Childcare Food Form 1531
5. Documentation of income
6. Contract
7. Child Health Assessment
8. Credit Card Autopay Authorization

Parents must provide names of individuals authorized to pick up their child from the center. A child will not be released to anyone whose name is not listed on AF Form 1181. This policy is for the protection and safety of your child. Persons picking up a child must be at least 14 years of age.

## **FEES**

Rates are based on total family annual income for full/part time care 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 due on the first duty day of each week. Fees not paid on time will incur a \$10 late penalty. A parent contract will be deemed delinquent upon failure to render a full weekly payment and any applicable late payment charges by 1730 at the end of the applicable business week. Delinquency will result in a child being withdrawn from the CDC program. The amount of delinquency will be turned over to the Services Division collection agency. This means if you have not paid your account in full by COB on Friday, your child will be withdrawn from the program. Hourly care is available at \$5 per hour; the rates are calculated in half-hour increments. Reservations must be made in advance.

## **REFUNDS**

No credit or refund will be given for down days, federal holidays, military family days or when the center is closed due to unforeseen circumstances such as inclement weather, facility problems, etc.



## **HEALTH POLICY**

By virtue of their age, our children have a high susceptibility to communicable diseases and infections. To keep the children as healthy as possible, the center has the following policies:

When at the center, children are expected to participate in the indoor and outdoor activities. It is better for a child to remain at home if he/she is not well enough to participate both indoors and outdoors.

It is important 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. Parents whose children have been exposed to a contagious illness while at the center will be notified. When greeting your child at the center, the staff will do a brief health check in accordance with AFI 34-144. A child with any symptoms of illness will not be allowed to stay in the center until a medical clearance is provided. After surgery or hospitalization for illness, a medical clearance is also required.

## ILLNESS POLICIES

Parents will be called to pick up the child if one of the following exists:

1. Temperature of 100.4 degrees children 5 months and older, **and behavior change or other sign and symptoms (eg, sore throat, rash, vomiting, diarrhea)**
2. Temperature of 100 degrees children 4 months and younger
3. 2 episodes of diarrhea if stool is not contained in diaper or if the child is toilet trained and having accidents
4. 2 episodes of vomiting
5. Rash with fever or change in behavior
6. Oral lesions if unable to contain drool
7. Skin lesions if weeping or draining and cannot be covered with a waterproof dressing
8. The child is unable to participate comfortably in activities or requires greater care than staff members can provide without compromising their ability to care for other children.

The child will be able to return to the center when signs and symptoms have resolved or a health professional has determined the child's condition does not require exclusion.

For impetigo, strep throat or other streptococcal infections, children will be readmitted 24 hours after the initial antibiotic treatment.

A child sent home with a rash, will be readmitted when a physician has determined that the illness is not a communicable disease or has been on antibiotic medication at least 24 hours.

If head lice, nits or ringworm are suspected, the parent will be contacted. The child will be able to stay until the end of the program day. The child may return to the program after receiving first treatment and ringworm is covered.

Note: Other conditions with specific diagnosis, that may require temporary exclusions, will be handled on a case-by-case basis using the reference below.

All medication must have a prescription. Medication will only be administered to children at the center if the prescription indicates three times a day or more. If the medication is to be administered three times a day, the center will give once to the child. If the medication is to be administered four times a day, the staff will give twice a day.





## MEDICATIONS

1. Medication will be administered in accordance with AFI 34-144, which requires prescription medications only.
2. Medication will be administered once a day between 1100-1230; 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.
3. Medication will be kept in locked containers at the front desk. Only physician-prescribed medication will be administered at the center. 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. Diaper ointments, salves are only used for treatment purposes.

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.

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 10 days of the date filled and have an expiration date. Over-the-counter medications can not be given without a doctor's approval. All medications once properly documented are stored in a locked area until they are ready to be administered.

Please keep the following items in mind:

1. Medications that have expired will not be given.
2. The first dose of any new medicine must be given by the child's parent or guardian, who must remain with the child for 20 minutes.
3. The prescription must state exactly how often the medication is to be given. For example for diaper cream "as needed" is not acceptable, but "after every diaper change" or three times daily would be sufficient.

Our staff that administers medication has been trained by our health advisor on the correct procedures for administering medications. The training is repeatedly annually, in accordance with Air Force guidelines.



## **SPECIAL NEEDS**

The child development center makes every effort to serve children with special needs. To assist with meeting the child's needs, we ask that parents work closely with the director, trainer and the medical advisor.

1. Before a child is enrolled, if parents have indicated a special need, the parents and health provider will complete and Inclusion Action Team (IAT) packet. The information in this packet will be used by the IAT to ensure the child's needs can be met by the program.
2. If a child is identified with potential special needs once enrolled in our program, parents will be required to seek outside intervention services within 30 days. If the parents refuse to engage additional services to support their child's development, termination from our program may be necessary.

## **COMMUNITY RESOURCES**

Airman and Family Readiness.....	334- 953-2353
Family Advocacy.....	334-953-5505
Domestic Abuse Victim Advocate .....	334-953-9174
Army Community Services .....	334-271-3107
AUM Speech and Hearing.....	334-244-3440
Early Intervention.....	334-953-4415
Montgomery County School Child Find .....	334-264-1497
additional numbers.....	265-1594 and 262-4869
Glenwood Autism and Behavior Health Center (Shirley Kelley).....	205-212-6718
Military and Family Life Consultant.....	334-322-2314
Military One Source .....	1-800-342-9647

## **TRANSPORTATION**

Transportation by school bus and van is provided for field trips. All children must remain seated and must wear a child safety harness while the vehicle is in motion.

## **FIELD TRIPS**

Field trips are an important part of our program. Information on field trips is provided to parents through memorandums and newsletters. Children will be allowed to go on a field trip if their parent has signed a permission slip. Parents are welcome to join us. Children and adults **MUST** wear seat belts.

Children may also walk to various locations on base for field trip experiences. They will be accompanied at all times by the appropriate number of staff members deemed necessary during excursions.



## **EMERGENCIES**

In the event of a medical emergency, children will be transported to the Emergency Room by ambulance. An attempt to contact the parents will be conducted immediately after the accident and will continue until they are reached. If parents are not available, the designated emergency contact will be called. Parents must ensure that this person's name and telephone number are written on the AF Form 1181 and the information is kept current. Should parents have an emergency and are unable to pick up their child on time, they should contact a person designated on the AF Form 1181 to pick their child up by closing time. Parents should inform this person that his or her picture identification (I.D.) will be requested when picking up the child.

Information regarding emergency closings (i.e., extreme weather conditions) may be obtained by calling the Child Development Center at 334-953-6667 (Maxwell) or 334-416-3185 (Gunter)

## **CLOSED CIRCUIT VIDEO MONITORING**

All children participating in the program will be subjected to closed circuit video monitoring and recording.

## **EMERGENCY PROCEDURE PLAN**

In the event of an emergency and the director is out of the building; the Supervisor on Duty has been designated as the person to assume authority and take action in the emergency situation. The program conducts two emergency drills per year.

1. Fire/Evacuation Plan – written plan posted in rooms/work area. All staff have been trained on the evacuation plan/procedures. Primary exit doors will be used. There are designated meeting places for evacuees 75 feet away from the building.

### **2. Tornado**

The children and staff gather and evacuate children immediately to the designated gathering places, which are marked on fire evacuation plan maps in classrooms. Staff members take a physical head count of the children. Activities, such as books and quiet games keep the children busy during the wait.

### **3. Active Shooter**

The children will immediately evacuate to their designated areas and remain quiet. The teachers will take a physical head count and name/face check of the children. Staff will wait to be told that it is safe to return to their classrooms.

## **LOST OR MISSING CHILDREN**

Counting children regularly (recorded on AF Form 1930) is the best measure to ensure children have not moved out of the line of sight. Staff will utilize the following procedures when they become aware of a missing/lost child:

If a child appears to be missing from the program:

- The Supervisor on Duty is contacted immediately.
- The other children are provided required supervision. All additional staff members will begin a search.
- Staff members check the playgrounds, the parking lots, and all rooms to ensure the child has not hidden or been locked in anywhere within the boundary.
- After a sweep of the facility and grounds the Supervisor on Duty will contact the security police and the parents

***In any of these emergency procedures, safety is of the utmost concern!***

## **SUPERVISION POLICIES**

At all times children are under adult supervision. The following chart represents the minimum number of adults that will be working with your child.

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

These ratios remain the same throughout the day. When children go for walks and go to places on base the ratio remains the same. When children go on “off base” field trips the ratio is 1 staff: 8 children. We also try to ensure parental volunteers go on the trip to provide additional supervision. Parents may be asked to accompany their child on a field trip if that child requires additional supervision above and beyond what we are able to provide.

All children are within sight and sound of an adult at all times. All staff at the CDC have completed background checks (National Agency Checks - NAC: Installation Records Check - IRC) prior to working alone with children. Please notice if a staff member is wearing a red smock it means we are awaiting their checks to be returned and these staff are never alone with children.

## **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. Parents may not physically punish their children while in our facilities. Our reporting policy also applies for any staff member using any inappropriate discipline methods with children. 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 will be terminated from employment if the allegation is substantiated.

## **COMMUNICATION WITH FAMILIES AND CONFERENCES**

Communicating with parents on an on-going basis is one of the main goals of our staff. We utilize several different methods to effectively communicate with families. Some examples include daily sheets, formal and informal conferences, surveys, hand outs for special events, newsletters and monthly calendars. Parent conferences are held at least twice per year, although a parent may request one at any time. Conferences are also required when children transition from one age group to the next to ensure a smooth transition for the child and family. Our hope is that with continued communication between the family and classroom, those children will understand that the trusted adults in his/her life are working together as a team. Translators will be used from the International Officer's School to help us to communicate in a family's preferred language.

## **FAMILY AND CULTURAL VALUES**

We strive to implement our curriculum in a way that is respectful to family's cultural and individual differences. Ways that families can assist us is by giving input, information and feedback about our program, Curriculum, and activities. This can be done by filling out the various family surveys put out by the classrooms to gather information about your child and family, by filling out comments cards with suggestions, contributing ideas for our menu planning, and by volunteering to share a skill or interest with the children in the classroom. Parent's input is necessary to have our program accurately reflect the population we serve and to give children a variety of experiences to expand their cultural understandings. 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 INVOLVEMENT**

Parents are an integral part of the Center's total program. Your participation can be helpful in many ways, such as:

1. Being a member of the Parent Advisory Board
2. Volunteering your time, talents and skills
3. Sharing your family customs, traditions and food recipes
4. Attending conferences concerning your child's development

Resources are available on the Center's approach to child development and other information. We encourage parents to spend time visiting with their child during the day.



## **MEALS**

Wholesome, well-balanced meals are provided according to 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 (with the exception of infant formula which must be contained in plastic bottles).

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.

Please inform us if your child is on a special diet or is allergic to any foods. Allergies must be noted by a physician and will be posted in the child's classroom.

A close-up photograph of a hand holding a grey rectangular sign. The sign has the words "FOOD ALLERGY" written in white, uppercase, sans-serif font. The hand is wearing a green sleeve. The background is white.

FOOD ALLERGY



## **INFANT CARE**

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 or 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 milk based and soy-based provided by the program. Only plastic bottles may be brought into the center with the child. Please bring enough clean bottles for each day. Our program does not offer cow's milk to children younger than 12 months, and children between the ages of 12-24 months are given whole milk, unless stated by a physician or our medical advisor. 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 required to cover their footwear with covers provided outside the infant classroom door. This helps limit the amount of germs and dirt that might otherwise be tracked on the floor where the infants crawl and play.



## **SLEEPING & 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, are placed on their backs to sleep. They may then 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**

Only disposable diapers will be accepted at the center. Exceptions must be accompanied with a doctor's note stating that cloth diapers must be used due to medical reasons. Caregivers check diapers at least every two hours when children are awake and when children wake up from naps.

## **SLEEPING ARRANGEMENT**

The program shall provide for sleep or rest for all children. Children who are unable to sleep, the program shall provide time and space for quiet play.

## **CURRICULUM AND ACTIVITIES**

At the Child Development Center, we know young children learn through play. Social, emotional, physical and cognitive activities are offered daily through interactive learning experiences. We follow the "Creative Curriculum" which helps our teachers plan activities, observe children, and arrange the environment to best meet the needs of the children in their room.

Our curriculum rests on a foundation of more than 75 years of scientific research about child development and learning theory that leads to specific instructional strategies based on how young children learn best. The Creative Curriculum takes what has been learned from theorists such as Erik Erickson, Jean Piaget, Lev Vygotsky and Howard Gardner, as well as recent research studies about language, literacy, and math development and clearly and simply explains how to apply this information in a classroom.



### **WE HELP TEACHERS:**

1. Meet children's social, emotional, physical, cognitive, and language development needs
2. Become good observers of children
3. Assess children's needs, interest and abilities in order to plan appropriately
4. Use a wide range of teaching strategies that call for different levels of teacher involvement
5. Create classroom communities where children learn to work together and solve problems
6. Establish the structure that has to be in place for teachers to teach and children to learn
7. Plan meaningful learning experiences for children that build on children's interest and knowledge
8. Integrate the learning of appropriate skills, concepts, and knowledge in literacy, math, science, social studies, the arts, and technology

Every classroom has special areas of concentration, such as literacy, woodworking, manipulatives, dramatic play, science, water play, computers, and art. Teachers write and gain approval of daily/weekly

lesson plans from our Training and Curriculum Specialist. Plans are based on children's interest and individual student observations conducted and documented by staff members. Lesson plans are posted on the parent boards in each classroom. Individual and group activities are selected to fit each child's growing needs and interests. Every child has a developmental portfolio in his/her classroom and you are encouraged to review your child's folder at any time. The information contained in these folders will also be discussed during parent conferences. Every age range in our program has its own playground and equipment specific to their developmental needs. Children go outside every day, weather permitting. Appropriate clothing and footwear is required for participation in outdoor activities.

### **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 your 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.

This assessment is also offered again at various intervals during the year, depending on your child's age, to continue tracking your child's developmental progress.

The second type of assessment that is used is an observational assessment. This assessment is ongoing through out the year and directly correlates with the curriculum that is being taught in each classroom. The classroom teachers observe the children and then use this information to plan activities that target specific skills and goals for each child. The observations are tracked on a form that is also shared with families during conferences. However, parents may request to see any paperwork about their child at any time. All assessments are kept confidential.



## **TRANSITIONS**

As your child grows he/she will eventually move to the next age group. Children are moved according to their individual needs, age and developmental readiness. Parents will be expected to attend a transitional parent and teacher conference prior to their child's transition to another classroom and age group. The plan for transitioning your child will be created during the transition conference by a team made up of the parents, current classroom teacher(s), new classrooms teacher(s) and other professionals needed. This plan will map out the schedule for when your child will transition, the manner in which they will transition and will be created to best meet the needs of your child during this time, to help them adapt to their new surroundings, teachers and peers.

## **CLOTHING**

Please send your child in comfortable play clothes. The children are involved in active play and messy activities. Even with an apron, paint gets 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.

Shoes should be worn which are safe for active play. Rubber-sole shoes are the safest for climbing and running. Open toe and thong type shoes are not acceptable to wear at the center.

## **DISCIPLINE POLICIES**

All personnel practice a positive approach to discipline that will aid children in developing self-control. The goal is for children to learn to control their own behavior and conform to the rules and limits, not because they are afraid of being punished, but because of a caring and trusting relationship that has been nurtured and developed.

The following guidance techniques are used with children in the Family Member Support Flight programs.

### **Infants and Toddlers**

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 infants who would hurt themselves or each other.
5. Use facial expressions and tone of voice to convey messages.
6. If no one will be hurt, give children a chance to work things out.
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 caring. Let children know that it is not necessary to misbehave to get attention.
11. Praise appropriate behavior.
12. Maintain a positive view toward the child.
13. Keep a sense of humor.
14. Help the child gain control by holding and talking quietly to the child.

### **Preschoolers**

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 view 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 providing gentle restraint, if necessary.
13. No form of guidance such as spanking, frightening, verbal abuse, humiliating, or binding will be tolerated. The Child Development Center has a very active child abuse prevention program. The director or designee will notify the Child Advocacy Officer or base medical personnel of any known or suspected child abuse or neglect. Staff members are trained annually in identification of child abuse and the procedures to be followed in reporting suspected abuse.



## **GUIDANCE**

Occasionally, children are unable or unwilling to control their own behavior. They hurt themselves; other children; and their caregivers; or destroy property. When this occurs, parents will be notified. Depending on the severity of the incident, parents may only be informed of the behavior, be asked to meet with the CDC director or designee, or be required to remove their child from the center for a specified period of time. If we are unable to change the child's behavior by using the positive guidance techniques given above, the child may be prohibited from attending the center or its programs for a minimum of one week. After returning from one week transition, if the problem continues, the child will be removed from the center. The CDC director will consider readmission on a case-by-case basis.

Although we realize infants and toddlers may go through periods of biting others as part of their developmental growth, we must also ensure the health and safety of the other children in our care. Parents of children under 3 years of age who display a "habit" of biting and do not respond to the guidance techniques will be asked to consult with the CDC director or designee and to remove the child from the center for the remainder of the day or week depending upon the severity and repetitiveness of the biting incidents. If these measures are not successful in eliminating the biting, the child may be prohibited from attending the center or its programs for a minimum of 1 week. When a child over 3 years of age intentionally bites someone, the parents will be notified immediately. The CDC director or designee will determine what action needs to be taken.

## **TERMINATION OF ENROLLMENT**

The center's 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 would make every effort to assist the child and parents in determining the causes of the disruptive or inappropriate behavior based on the child's individual needs.

A parent may terminate their child's enrollment according to terms of their contract. The Child Development Center director will make a decision in consultation with staff, the child's parent(s) and appropriate supervisory personnel, regarding continued enrollment. Service may also be terminated for non-payment of fees. The center reserves the right to refuse service.





**Maxwell Child Development Center**

Mon - Fri: 6:30 a.m. - 5:30 p.m.

302 Twining Street, Bldg 22

Maxwell AFB, AL 36112

Tel: 334-953-6667

**Gunter Child Development Center**

Mon - Fri: 6:30 a.m. - 5:30

405 Computer Loop Road, Bldg 895

Maxwell AFB, AL 36114

Tel: 334-416-3185



**Text** CDC to 87365



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