# Navy Child and Youth Programs

## Parent Handbook

*Monday - Friday 0500 - 1900*
*Closed weekends and all federal holidays*
*Special extended hours may occur with notice.*



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★ FLEET ★ FIGHTER ★ FAMILY

NAVY CYP
Child and Youth Programs

# Installation and Program Contact

**Date Updated:** *14 Feb 2017*

## Installation Information

- Naval Submarine Base Kings Bay Georgia 31547

## Child and Youth Programs (CYP) Information

- Child Development Center, Bldg 0147 (ages 2-4)

655 Wahoo Ave, Kings Bay, GA 31547, (912)573-9918.

- Child Development Center, Bldg 0150 (infants-age 2)

1270 USS Andrew Jackson RD, Kings Bay, GA 31547, (912)573-3888.

- Child Development Center, Bldg 0152 (Pre-K Program)

1270 USS Andrew Jackson Rd, Kings Bay, GA 31547, (912)573-3888

- Child Development Homes, Bldg 0147

655 Wahoo Ave, Kings Bay, GA 31547, (912)573-9918

-Youth Center, Bldg 0166 (school age/youth)

655 Wahoo Ave, Kings Bay, GA 31547, (912)573-2380

- Teen Center, Bldg 0155 (age 13-18 still in high school)

1270 USS Andrew Jackson Rd, Kings Bay, GA 31547, (912)573-8236

## Other Important Information / Contacts

- The CYP Chain of Command is as follows:

CYP Lead (912)573-9912 (0147) or (912) 573-3888 (0150/52)
On Site Supervisor, or Child Development Home (CDH) Monitor (912)573-9918
Child Development Program Director (912)573-9918 (0147) or (912)573-3888 (0150/52)
Youth Center Director (912)573-2380
CDH Director (912)573-9918
MWR Director, (912)573-2538
SUBASE Executive Officer, (912)573-4701
SUBASE Commanding Officer, (912)573-4700

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# Welcome

**Welcome to the Navy Child and Youth Programs (CYP)** Choosing child care and youth programming for your family is an important decision, which may be further complicated by military lifestyles. We know that military life comes with unique experiences and rewards of its own. While your children may face more than the usual challenges growing up, they also have the benefit of receiving high-quality early care and education from qualified professionals who can assist them in learning and in coping with these challenges. Navy CYP provides quality programs and services to nurture and support children as they navigate life in a military family, including care for your children during nontraditional work hours. The Navy is also dedicated to supporting the inclusion of children of all races, ethnicities, and abilities in CY programs. Navy policies, practices, and procedures reflect a commitment to inclusion and support of all children with and without disabilities or other special needs.

All of us in Navy CYP are committed to partnering with you as parents to provide a stable foundation for early learning and school readiness. Working together, we can help build a secure and successful future for your children.

## Philosophy

Navy CY programs provide high quality educational and recreational programs for children and youth. Teams of caring, knowledgeable professionals plan developmentally-appropriate programs that are responsive to the unique needs, abilities, and interests of children. CYP professionals are trained to foster a sense of independence, trust, and responsibility within each child through understanding and respectful interactions. Programs are designed to support the ideas, cultures, and values of families in their task of nurturing children and youth. Staff are advocates for children, families, and the child and youth professionals within our programs and surrounding communities.

## Goals

Navy CYP strives to promote optimum social, emotional, cognitive, and physical development of children and youth through support of the following goals:

- Build physical development and skills
- Promote social competence and positive relationships with others
- Foster emotional well-being and a sense of trust and respect for self and others
- Encourage children to think, reason, question, and experiment
- Develop initiative, problem-solving, and decision-making skills
- Advance creative expression, representation, and appreciation for the arts
- Promote language and literacy development
- Develop self-discipline and the ability to seek out and complete self-selected tasks

- Cultivate respect and appreciation of differences and the uniqueness of diversity and traditions
- Support sound health, safety, and nutritional practices.

# Our CYP Professionals

Specific skills and competencies have been identified that our CYP professionals must possess to meet each child's need for nurturing and developmentally-appropriate care. Navy CYP professionals are highly-trained in child and youth development and experienced in planning developmentally-appropriate programs. Training is provided prior to staff working with children. Training opportunities are offered annually to ensure that CYP professionals maintain the necessary skills and competencies to meet the needs of children in their care. Ongoing training also supports continuous professional development and ensures that the latest developments in the field are implemented in the CYP.

Additionally, all of our CYP professionals undergo extensive background checks. In Child Development Homes (CDHs), providers and each family member residing in the home are required to complete appropriate criminal history checks prior to caring for children. At facility-based programs (e.g., Child Development Center, School Age Care program, 24/7 Center, Youth program), staff with background checks in progress may work at the CYP if preliminary investigations are favorable and they are in line of sight of another CYP professional with a completed background investigation. CYP professionals without completed background checks must be clearly identified via use of different colored smocks or shirts. For instance, if your child's provider is wearing a blue smock or shirt, background checks have been satisfactorily completed. If he or she is wearing a red smock or shirt, background checks are ongoing and the CYP professional must be in the line of sight of an approved staff member at all times.

***Direct questions about the CYP professional background check process to the CYP Director.***

# Program Administration

Navy CYPs include Child Development Centers (CDCs), Child Development Homes (CDHs), 24/7 Centers, School-age Care (SAC) programs, and Youth and Teen Programs. Information related to program eligibility, wait list procedures, fees and discounts, and other administrative topics are summarized in this chapter.

## Eligibility

The status of the sponsor determines eligibility of your child. Eligible patrons for Navy CYP include active duty military personnel, Department of Defense (DoD) civilians paid from appropriated or non-appropriated funds, reservists on active duty or inactive duty while in training, DoD contractors, and active duty Coast Guard. Children of retirees are eligible for recreational programs and activities but are not eligible for full-time care. Proof of eligibility must be provided upon registration and it is your responsibility to report any changes to your CYP.

Dependent children include adopted children or recognized natural children, stepchildren, or foster children who live with the sponsor. In the case of geographically separated parents or parents that are divorced, the child is only eligible for services if residing with the sponsor.

## Priorities

When a program has a waiting list, the following priorities are used:

- **Priority 1:** Single/Dual Active Duty Military. Wounded Warriors, Fallen Warriors and Augmentees. Note: Active duty includes all services, reservists on active duty, and reservists in training.
- **Priority 2:** All other active duty with a spouse who is working or a full-time student
- **Priority 3:** DoD civilian personnel, single or with a working spouse
- **Priority 4:** Full time DoD contractors, single or with a working spouse
- **Priority 5:** If the need for child care for the above priorities has been met, child care may be supported for other active duty and civilian employees.

## Central Waiting List

A Central Waiting List (CWL) for child care exists for children ages birth to 12 years and is under the administrative control of the regional or installation CYP. CWL maintains a Navy-wide standardized waiting list system that provides fast, efficient and fair service to patrons. All patrons requesting care must complete DD 2606*, Department of Defense Request for Care,* on the Navy CYP web site at www.navymwr.org. Apply for child care as soon as the need is identified. Whether you are expecting a newborn, adopting a child, or have received orders to transfer to a new area, completing the request for care form as soon as possible will help ensure a space on the waitlist.

***Your local CYP will provide you with additional information regarding this process.***

# Fees

Parent fees for care in military CDC, SAC programs, and subsidized CDH are based on Total Family Income (TFI). TFI must be verified during registration and at the time new rates go into effect with documentation from the Service Member/Civilian/Contractor and, if applicable, spouse's most recent LES(s), W-2 forms, or detailed pay information. Students are required to provide proof of full-time enrollment. Parents who choose not to show proof of income will be charged the highest fee.

All parents enrolling in an on-base Youth Sports program or a space in a contracted organization will pay $50 per youth per league-based sports program. This will include enrollment in a sports season, a T-shirt or jersey, and an end of season award. For sports offered in a camp or clinic format, parent fees will not exceed $50 per youth per camp or clinic. Start Smart or developmental programs shall be offered free of charge to parents.Youth and teen recreation programs and activities will be offered free or at a reasonable cost. Reasonable costs are defined as any direct costs associated with a specific event such as the cost of admission, equipment rentals, contracted transportation, and incidentals (e.g., food/souvenirs) specific to that event.

## TFI Definition

TFI includes all earned income including wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, quarters allowances, subsistence allowances, in-kind quarters and subsistence received, and anything else of value, even if not taxable, that was received for providing services. Quarter's allowances and subsistence allowances mean the Basic Allowance for Quarters and the Basic Allowance for Subsistence received by military personnel (with respect to grade and status) and the value of meals and lodging furnished in-kind to military personnel residing on military bases. This applies to all eligible users, including DoD civilians residing in government furnished housing overseas.

## Family Household Definition

Income must be verified for any adults, married or not, sharing expenses toward the benefit of the child. Income verification is required for biological parents who live together, whether they are married or not, legal guardians of the children, or any person living in the household that the child resides, provided such a person stands in loco parentis to that child and contributes to the child's support. In the case of divorced or legally separated parents, only the sponsor who has physical custody of the child must provide household income information.

## TFI Exemptions

The Department of Compensation, Military Personnel Policy (MPP) and the Office of the Secretary of Defense, Office of Children and Youth has clarified military compensation that does not fall under the TFI definition and therefore shall not be included when determining TFI:

- Cost of Living Allowances (COLA) received in high cost areas
- Alimony and child support
- Temporary Duty Allowances
- Reimbursement for educational expenses

- Family Separation Allowance
- Hardship Duty Pay
- Imminent Danger Pay
- Unemployment Compensation.

# Discounts

Various discounts are available for Navy families, including multi-child discounts, vacation discounts, and summer camp registration discounts. **Parents using CDH full-time receive a 20 percent discount from fees set for parents using center-based care.**

## Multi-child Discount

Programs will apply a 20 percent reduction of fees charged to each additional child enrolled in the CYP from the same family. The multi-child discount is applicable to children enrolled in the CDC, CDH, and SAC programs (e.g., first child in CDC, second child in SAC). The multi-child discount is always applied to the older child's fees.

## Vacation Discounts

Vacation discounts are authorized for ALL Navy CDC and SAC programs. Installations are required to provide 2 weeks of free vacation periods each fiscal year. To use the vacation discount, parents are required to provide the CDC or SAC program at least 30 days advance notice. Vacation discounts will only be given in weekly increments (i.e., no single days). CDH providers shall be encouraged (not required) to offer a similar program.

## Summer Camp Registration and Discount

Parents using the Summer Camp program have the option to register their child for only the weeks child care is needed. For example, if the camp program operates for eight weeks, the parent may choose to register their child for weeks two, four, and six only. If parents register and pay for the entire camp program, they will receive a 50 percent discount on the last week of program fees.

***Your local CYP will provide you with additional information regarding this process.***

# Late Pick Up

If you fail to pick up your child by the closing time of the CY program, every attempt will be made to reach you, your spouse and, as a last resort, a release designee listed on the child's registration form. A late pick-up fee may be assessed at a rate of $1 per minute up to 15 minutes maximum. If after 30 minutes no contact has been made, base security or Child Protective Services (CPS) may be notified.

# Withdrawal Procedures

You are required to notify the CYP in writing a minimum of 2 weeks prior to the permanent withdrawal of your full-time child. If you provide the CDC or SAC program with a 30-day notice, you will receive a 20 percent discount off your last week's payment. You may still choose to provide the program with a two-week notice; however, no discount will be given. If a minimum of a 2-week advance notice is not received, you are responsible for ensuring the full 2-week payment is made to the CYP.

If you intend to temporarily withdraw your child to accompany you on official Temporary Additional Duty/Temporary Duty (TAD/TDY), you are responsible for notifying your CYP in writing with as much advance notice as possible. To qualify for a temporary withdrawal, the TAD/TDY must be outside of the commuting distance of the program in which the child is regularly enrolled (greater than 30 miles). This temporary disenrollment program only applies to full-day or full-time before- and after-school care in the CDC, SAC program, or participating subsidized CDH providers who voluntarily agree to participate in this program. You are responsible for providing the CYP with a copy of TAD/TDY orders, copies of evidence of transportation costs associated with your child, and applicable child care fee receipts during TAD/TDY period. Failure to provide documentation will result in the parent being required to pay regular fees during the temporary disenrollment period or withdrawal from the program.

The CYP Director where your child is enrolled can assist you in finding child care at your temporary assignment installation.

# Inclement Weather

Occasions may arise when the operation of the CYP is disrupted by inclement weather. Information regarding your local installation and CYP inclement weather policy and procedures are listed next.

Specific information for inclement weather is available in the SUBASEINST 3440.1D - Kings Bay Emergency Management Manual.

Parents are required to remove their children immediately from the CYP during destructive weather events when closure of the facility is ordered by the Commanding Officer. CYP Professionals will inform parents by telephone when the facility must close. Certain CYP personnel are considered essential to the military mission and shall remain in the CYP as needed until all children have been picked up. All personnel essential will be required to report for duty as needed to staff the facility during emergencies.

# Patron Satisfaction and Concern Procedures

We are committed to providing your child with the best possible care. However, we know there may be times when you have suggestions and comments. Concerns or questions will be handled on a case by case basis following the Chain of Command located on the inside front cover of this book.

Any complaint, concern, or question should be addressed following the Chain of Command involved as soon as possible. Our goal in the CYP is to provide quality programs for children to enable parents to perform their work duties without concern for their children's safety and wellbeing.

# Programs and Services

Navy programs are located worldwide and are part of the DoD military child and youth development system. Child and Youth (CY) programs provide developmental child care and youth recreation programs and services for eligible children and youth ages 4 weeks to 18 years. Children as young as 4 weeks are accepted for enrollment in CDH settings while CDCs accept children at age 6 weeks and beyond. CY programs and services are specifically designed and operated to meet the unique needs of the military mission and Service members and their families.

## Inclusion of All Children

Navy CYP professionals collaborate with families, inclusion specialists, and the Inclusion Action Team (IAT) to support all children in CDC, CDH, 24/7 Center, SAC, Youth, and Teen Programs. Regardless of whether your child has a diagnosed disability or special need, Navy CYP professionals will approach your family for help in getting to know your child and the types of supports he or she may need in the program. CYP professionals will engage inclusion specialists via the Inclusion Hotline as needed to assist with the process of designing and providing appropriate accommodations, and the IAT, which can help identify and access relevant resources, supports, and accommodations.

The purpose of the system of inclusion support is not to diagnose, exclude, or limit children within Navy CYP. The purpose of the Inclusion Helpline and the IAT is to support CYP professionals in accommodating the needs of children and youth in the CYP and to assist the program in securing the necessary support and resources from the chain of command and Commander Navy Installations Command (CNIC). Children with or without disabilities may be referred for inclusion support to help promote their success in the program. The referral process is not designed to label or diagnose your child. When your child is referred for support, the professionals working with your child will receive recommendations for the strategies they need to support your child's participation. As the family, you will be included throughout the process and encouraged to take an active role in collaborating with CYP professionals to support your child in the program.

When a disability or special need is identified by a parent or guardian during the enrollment process, CYP staff must inform the parent of the Exceptional Family Member Program (EFMP) and recommend enrollment so that the child and family have access to additional services. Enrollment in the EFMP does not impact the eligibility of the family to participate in Navy CYP.

## Child Development Centers

Child Development Centers (CDCs) provide quality child development programs for children ages six weeks to five years. All CDCs are DoD certified and accredited by the National Association for the Education of Young Children (NAEYC). NAEYC, a membership organization that advocates on behalf of young children, sets and monitors standards for high-quality early childhood education programs and accredits programs that meet these standards.

# Child Development Homes

Child Development Homes (CDHs) offer quality care in a loving, learning home environment for children ages 4 weeks to 12 years. All homes are certified by DoD and applicable state licensing agencies. CDH providers are encouraged to obtain accreditation by the National Association for Family Child Care (NAFCC). As an additional quality assurance measure, CDH providers receive a minimum of one unannounced monitoring visit each month to assess providers' relationships with children and families, appropriateness of the learning environment, planned activities, safety and health of the home, and other items. The goal of these visits is to provide programmatic support and ensure adherence to Navy standards and policies.

# 24/7 Care

The provision of 24/7 care supports families' child care needs 7 days a week, 24 hours a day, 365 days a year, and is more than simply the provision of child care *after hours*. Nontraditional care primarily serves military personnel who work nontraditional hours – such as shift workers or watch standers – so they can balance the competing demands of family life and military readiness. Installations are required to offer an extended care program to meet the needs of military members working nontraditional hours. The extended care program may be offered through a 24/7 CDH subsidy program or in a dedicated 24/7 Center.

CYP 24/7 Centers combine the strengths of both in-home care and traditional center-based care. Facilities are home-like and at the same time provide more than one professional to supervise children and more opportunities for child socialization in large groups similar to center based care. These homes are available in fleet-concentrated areas and are DoD certified.

# School-Age Care

School-Age Care (SAC) programs provide quality "out of school" activities for children who have started kindergarten to 12 years of age. The programs are designed to enhance rather than duplicate the school day, are affiliated with Boys & Girls Clubs of America (BGCA) and offer 4-H programs. Scheduled developmentally appropriate activities in core program areas and technology are planned based on knowledge of youth development and needs and interests of the children enrolled. Navy SAC programs are DoD certified and nationally accredited by the Council on Accreditation (COA).

# Youth and Teen Programs

Youth and Teen Programs offer developmental and recreational programs for youth through the age of 18. These programs are DoD certified and affiliated with BGCA and 4-H. Both organizations have long been recognized as offering programs and services to youth that can instill a sense of leadership and offer opportunities for educational and career exploration and development.

# Youth Sports and Fitness Program

Our Youth Sports and Fitness (YSF) program plans, organizes, and conducts sports leagues, skills clinics, camps, fitness/health classes, special sporting events, and outdoor recreation activities for children and youth through the age of 18. Our Sports programs are affiliated with the National Alliance for Youth Sports (NAYS).

# Child and Youth Education Services

Child and Youth Education Services (CYES) help "level the playing field" for transitioning students by preparing schools and installations to respond confidently to the complexities of transition and deployment. Families are provided support for their children's academic success through school transition services, deployment support, school and community communications, partnerships in education, home school linkage and support, and post-secondary preparation opportunities. School Liaison Officers utilize CYES to proactively address quality of life school concerns raised by Navy families and leadership worldwide.

# Hourly Care

Given the demands placed on military families, the need for occasional care can be particularly relevant. Because hourly care can be used in any situation and for any reason, it helps you when you need care other than full-time care. This includes intermittent needs for child care because of work schedules, doctor visits, illnesses, emergencies, or support to cope with daily or unique stressors.

Hourly care is offered during normal operating hours when children are present. Spaces are based on space availability, and provided on a first come, first serve basis. Parents or guardians can make reservations up to 30 days in advance.  Hourly care is also offered in through CDH outside normal operating hours.

# General Program Operations

The following information may be helpful in familiarizing yourself with your child's daily routine and other components of CYP operations.

## Daily Schedule / Program Calendar

The daily schedule provides consistent routines for children and youth as a source of security and predictability. It helps them know what to expect throughout the day, reducing any feelings of anxiety related to attending the program. The daily schedule offers choices and a range of activities, some initiated by children and others planned by teachers.

Daily schedules are posted at all CY programs in visible areas on the Parent Information Board located in classrooms, activity rooms, and CDHs. Since young children are developing skills in literacy, time, and sequencing, a daily schedule is also ideally displayed at the child's eye level and illustrated with pictures and

words. In addition, CDC, CDH, and 24/7 programs plan developmentally appropriate weekly activities that relate to daily scheduled routines and experiences to meet the needs of each individual child.

SAC and Youth program daily schedules are consistent with staff activity plans and are generally displayed on white boards, posters, flip charts, etc. SAC and Youth programs also develop and post program calendars, which include programming in the BGCA five core program areas, 4-H programming, technology, field trips, and special activities.

What your child or youth experiences during the hours spent in CYP can affect his or her behavior, mood, and interests expressed at home. An awareness and familiarity of your child's daily schedule or program of activities will help you understand what your child is learning and doing each day (e.g., when meals and snacks are served; when play and rest times occur; when field trips are scheduled; the best times for you to visit). Knowledge of your child's daily schedule or program of activities can also help you assist your child with the development of new skills or interests.

## Transportation

All vehicles used to transport your child to/from school and on field trips meet the school bus safety standards recommended by National Highway Traffic Safety Administration (NHTSA) and applicable State laws. The drivers are trained, licensed, and meet state, local, and installation requirements.

CDH providers who transport children in their privately owned vehicles must provide documentation that their insurance provides proper coverage. The documentation will be maintained in the CDH provider's file.

## Field Trips

Field trips are an important part of the CYP curriculum as they give children first-hand experience of the world around them and provide variety away from the classroom. Field trips may include both walking trips and trips requiring transportation. Walking trips may take place on a daily basis and, in some cases, are part of the daily routine. While parents are not typically notified of "walking field trips" where children do not leave the installation, you will always be notified when your child is expected to leave the installation. You will be required to sign a generic field trip permission form upon enrollment and annually thereafter. This generic permission slip provides authorization for your child to participate in "walking field trips" and trips during which children do not leave the installation. Parents will be notified of any trips off the installation and will be required to sign a trip-specific permission form. Only preschool aged children and older will attend field trips requiring vehicle transportation.

***If your child is in a CDH, check with your provider for field trip and associated transportation rules.***

## Personal Belongings

Except on special occasions, items from home are not permitted as they may get misplaced or damaged. The CYP is not responsible for lost or damaged personal items, and you should avoid allowing your child to bring anything of value to the program.

Young children are welcome to bring one soft comfort item to the CYP to help them feel safe and secure throughout the day, especially during naptime. Acceptable items will be described during parent orientation prior to enrollment. Pillows are prohibited for use by children younger than 3 years. Soft items such as bumpers and quilts may not be placed with an infant during sleep time. Each child will be provided a space to place his or her personal belongings.

## Dress Attire

Your child will participate in a variety of activities both indoors and out. Be sure to dress your child in comfortable and weather appropriate clothes and shoes that are suitable for indoor and outdoor play, including sensory and sand activities, and for working with art materials. Closed-toe shoes are recommended. Also, it is strongly recommended that parents label all clothing that may be removed during the day (i.e., jackets, boots, sweaters, mittens) with your child's name. For ages five and younger, please provide an extra set of seasonally appropriate clothing, including socks and underwear.

***Your local CYP will provide you with a list of items your child should bring to the program.***

## Holiday Celebrations and Birthdays

Navy CYP respects families from all cultural backgrounds and strives to provide inclusive programming. You are encouraged to share your holiday traditions with CYP professionals so these events may be incorporated in the curriculum or daily activities. Military children have the opportunity for exposure to many different cultures and can learn from them. CYP provides an outlet for you and your child to share your family's cultural traditions or observances with other children enrolled in the CYP.

Birthdays are also special events and opportunities to acknowledge and reinforce each child's personal identity. If you wish to celebrate your child's birthday at the CYP, please talk to your child's classroom teacher or program staff in advance of your child's birthday.

Food brought to the CYP for sharing during special occassions must be provided in the original sealed package so nutritional information is clearly listed. To ensure the safety of all children homemade baked or cooked food is not permitted.

***Review daily schedules and program calendars for holidays and other special events occurring at your CYP.***

## Transitions

We recognize the importance of new beginnings – or transitions – in a child's development and to each child's family. Children's needs differ at various times during any transition. Our attention, understanding, and ongoing communication with children as well as parents can ease concerns during this time and facilitate children's adjustments to a new environment.

The first transition families experience is from the home or other child care program to the CYP. During this time, you will receive information about the program as well as a tour of the program. As a parent, you

are encouraged to share information about your child's preferences and schedule with CYP professionals so care can be individualized. Families play a big part in ensuring a smooth and successful transition. Talk with your child at home about the new program and teachers and discuss familiar features of the program (i.e., favorite toys, similar materials). A family member's positive attitude, support, and assurances will make a big difference in a smooth transition. Feel free to talk to CYP employees at any time for guidance or to address any concerns.

Children enrolled in the CDC periodically transition from one classroom to another. Factors considered during the transition decision-making process include classroom availability, child's age, developmental readiness, class compatibility, class composition, and the child's overall characteristics and needs. Classroom placement and transition decisions are individualized, since no one-size-fits-all approach is expected to ensure a successful transition for all children and families. Lead teachers and the Training and Curriculum Specialist carefully monitor each child's growth and communicate with families on a regular basis.

During the transition, your child will be observed carefully to ensure he or she feels comfortable and confident in the new classroom environment. Navy CYP will work with you to develop a transition plan that will best serve your child and your family. While parental input will be carefully considered by Navy CYP staff members, the final decision about the timing of a child's transition is ultimately at the discretion of Navy CYP staff.

## Technology/Social Networking in Youth Programs

We encourage youth to engage in appropriate social networking activities such as staying in communication with deployed or duty–separated parents, connecting with friends that have PCS'd, and connecting with future CY programs (Youth Sponsorship). Computers are available in all facilities to afford youth an opportunity to explore interests in technology.

Parental control software is available at the CYP to prevent youth from accessing inappropriate sites. Parents may be asked to sign "Texting/Email Permission Slips" so that the CYP can send updates to teens about the latest activities scheduled at the Youth program. CYP professionals will not engage in one-on-one relationships with any youth, including e-mailing, texting, becoming Facebook friends or offering rides to youth in personal vehicles.

# Child and Youth Development

## Early Childhood Development

NAEYC states that "young children learn best through direct sensory encounters and not through a formal academic process. Learning should be the outcome of hands-on experience, especially play." Our early childhood curriculum is thoughtfully planned, challenging, engaging, developmentally appropriate, culturally and linguistically responsive, and comprehensive to support school readiness.

CDC programs serving children ages 0-5 use Teaching Strategies, *The Creative Curriculum*® as the standard curriculum. This comprehensive, early childhood curriculum is based on a solid foundation of theory and research and incorporates basic fundamental beliefs about how children develop and learn; aligning with NAEYC Standards. This curriculum approach coupled with Teaching Strategies GOLD® Assessment System enables our CYP professionals to assess the progress of children, adapt the curriculum to meet individual child development needs, and advance all areas of interests through hands-on experiences and play. From social-emotional development to reading, writing, math, and more, *The Creative Curriculum*® addresses school readiness in a way that is consistent with research on how young children learn. Upon enrolling your child in the CDC, you will receive a booklet detailing the curriculum and you are welcome to discuss curriculum specifics with the CY professionals in your program.

All Child Development Homes are required to use a developmentally-appropriate curriculum that meets the needs of the age groups of children in care. Your CDH provider can answer any questions and offer you specific information about the curriculum used in his/her program.

## Youth Development

Youth have the capacity to thrive when presented with the resources for healthy development found in families, schools, and communities. Our School Age, Youth and Teen Programs promote and enhance youth development by instilling a sense of competence, usefulness, belonging and influence and assist youth in learning leadership, citizenship, and life skills. Youth are offered opportunities to participate in programs that build character and leadership development, support their education and career development, expand health and life skills, support emerging technological skills, and incorporate arts, sports, fitness, and recreation. These programs rely heavily on partnerships with the BGCA and 4-H to provide programming options, in which military youth can grow, learn, and thrive.

Youth sponsorship programs are established at each installation to facilitate the integration of dependent children into new surroundings when moving to a new military installation as a result of a family's PCS. This sponsorship program is primarily directed to preteen and teenage youth and includes an outreach component to identify incoming youth, orientation to provide information about programs and activities on the installation and surrounding community, and a peer to peer component to connect current youth with incoming youth.

***More information about installation-specific opportunities for youth is available from your CYP.***

# Parent Involvement

As a parent, your involvement and support is integral to your child's success. A strong partnership between parents and CYP professionals is of utmost importance in supporting your children's healthy growth and development.

## Visit the CYP

You will be provided numerous opportunities to observe your child and participate in CYP. You are welcome to visit your child at any time, unannounced, and join in the daily activities. CYP has an open door policy and always welcomes visitors, input, and questions from parents. Feel free to talk to the CYP professionals or the Director at any time to ask questions or discuss concerns. CYP also encourages and appreciates parent volunteers.

***Talk to the Center Director if you wish to volunteer at your child's CYP.***

## Engage in Your Child's Learning Process

We encourage you to get involved in your child's learning and development at the CYP. Talk to your child about what he or she is experiencing at the program, the activities he or she enjoys, and extend this learning beyond the program to your home.

***Talk to your child's CYP professional about specific strategies for extending CYP learning at home.***

## Communicate with CYP Professionals

You are encouraged to talk to your CYP professionals daily. Those who care for your child each day can provide a wealth of observational information. Likewise, you as parents have valuable information to share with CYP professionals about your child's health, developmental progress, family environment, and much more that can assist them in supporting your child appropriately. Several methods of communication are in place to encourage ongoing dialogue between CYP professionals and parents.

### Daily Notes and Verbal Updates

You can expect regular, verbal and/or written communication with your CYP professional. If your child is under three years old, you will receive verbal and written information on your child's sleeping and eating habits as well as other helpful information on your child's day. If your child is three years old and older, you will receive verbal information about your child during pick-up.

### Parent Information Boards and Newsletters

Parent information boards with information relevant to families are posted throughout CYP facilities and CDHs. Parent newsletters and Facebook pages are also provided to communicate information about special events and parent education classes.

### Resource Library

Each CYP maintains a reference library of resource material for parents that cover a wide range of child and youth topics. In addition, each CYP has a location dedicated as a parent resource area, which contains brochures for various parent support resources.

## Parent Involvement Board

To support the continued well-being of all children in the program and become more formally involved in the CYP, you are encouraged to participate in the Parent Involvement Board (PIB). Members of the PIB provide recommendations for improving services, help plan special events, and discuss other opportunities for parent participation. The PIB is composed of parents of children and youth enrolled in each type of CYP, base personnel, and CYP professionals. We value your ideas and view the PIB as a way to continue to improve the programs and services provided.

***Your local CYP will provide you with information regarding how you can get involved in your PIB.***

## Parent Conferences

Parent conferences are held throughout the year based on the age of your child and provide a venue for sharing information and discussing your child's developmental progress. These conferences provide an opportunity for you to receive feedback as well as offer input about your child. At a minimum, you will be offered a parent conference at the following intervals:

- CDC and 24/7 Centers: Parent conferences are offered three times a year.
- CDH: Parent conferences are offered once a year.
- SAC, Youth, and Teen Programs: Parent conferences are offered as needed.

# Behavioral Guidance

CYP professionals are better able to guide children's behavior when they have a solid understanding of how children develop and learn. Self-regulation, planning and problem solving, and managing feelings are skills that children develop and learn over time. Our CYP professionals promote positive guidance strategies to help children build upon these skills. Through modeling a particular behavior or using appropriate language to scaffold the child's learning, children learn to manage their feelings and behaviors.

## Positive Guidance Strategies

While each program uses specific guidance techniques for the age group(s) served, there are appropriate positive guidance techniques that apply to all children. Some of the strategies our professionals use to promote positive behaviors include fostering trusting relationships; responding to the individual needs of children with respect, acceptance and appreciation; establishing and maintaining a consistent daily schedule; allowing enough time for children to run and play outdoors; anticipating children's physical needs; being specific when speaking with children; and acknowledging children's positive behavior. Children are more responsive to corrective guidance when they are feeling safe and secure in the relationship. Other positive guidance techniques that apply to all children regardless of age include modifying environments to accommodate the needs of individuals and groups of children; promoting positive relationships between children; setting limits by discussing what is allowed and not allowed; and eliminating or lessening waiting times for children to participate in activities.

## Positive Guidance Strategies: Youth

Additional positive guidance techniques relevant to youth include the following:

- Using appropriate positive reinforcement techniques to encourage positive social interactions, promote conflict resolution, and develop self-control, self-motivation, and self-esteem.
- Encouraging children to resolve their own conflicts and assisting if needed to discuss the issues and work out solutions.
- Modeling positive adult interactions.
- Respecting participants' rights not to be touched in ways that make them feel uncomfortable and respecting that touch is initiated by the child and not CYP professionals.
- Not allowing "horseplay," rough, or physical play during program, sports, or swimming pool activities.

# Child Safety

The safety of children is our number one priority. Our programs have numerous processes in place to ensure your child is well protected.

## Quality Assurance/Inspections

CY programs undergo rigorous daily, monthly, and annual inspections to include:

- Daily inspections of the facilities and grounds conducted by CYP professionals.
- Monthly unannounced fire inspections/fire drills and health/sanitation inspections conducted by fire/safety and health/sanitation personnel at center-based programs.
- Four annual inspections:
  - One comprehensive fire and safety inspection conducted by local, qualified fire and safety personnel.
  - One comprehensive health and sanitation inspection conducted by local health/sanitation personnel.
  - One unannounced CYP inspection focusing on all aspects of program operation, including administrative procedures; facility, health, and safety procedures; and programming. This inspection is conducted by Commander, Navy Installations Command (CNIC).
  - One annual local inspection focusing on all aspects of program operation (e.g., administrative procedures; facility, health, and safety procedures; and programming) conducted by a multi-disciplinary team appointed by the commanding officer.

## Emergency and Disaster Plans

Each CYP has a specific evacuation plan for drills as well as actual emergency evacuation plans. Evacuation plans are described next.

An evacuation plan is posted in each room of each facility. Each CYP has a specific evacuation plan for drill as well as actual emergency evacuations. In the event that children must be moved from their current facility to another location, every effort will be made to contact parents as soon as possible logistically possible, and a sign will be posted on the CYP entrance as to the location of the children. Parents are required to remove their children immediately from the CYP when closure of the facility is ordered by the Commanding Office (i.e. hurricane, national emergency, security issue, etc.). CYP professionals will inform parents by the telephone when the facility must be closed. Mobilization and Contingency Plan: In some instances the Commanding Officer will need to assess whether to expand hours of operation and/or provide added childcare services in environments other than the child development and youth centers or child development homes due to conditions that necessitate flexible and responsive options to address the needs of sailors and their families. Areas where provisions may need to be made include: extended hours, long term care, respite care, twenty-four care, and hourly care for unit functions and family support groups.

Parents must sign/swipe child/youth in at reception desk PRIOR to dropping off in classroom/activity area and must pick up child/youth PRIOR to signing/swiping the child/youth out of the facility at the reception desk. When picking up your child, be prepared to show your picture ID. When dropping off or picking up your child, you must shut off and secure your vehicle in the parking lot. Children should never to be left unattended in the parking lot.

Your child will not be permitted to leave with anyone other than you unless written authorization has been provided in advance. The authorized person must present a valid picture ID before your child will be

released. Additionally, your child will not be permitted to leave with anyone younger than what is dictated in the command's self care policy. Information about the command's home-alone policy is provided below. Your child will not be released to anyone who is suspected to be under the influence of alcohol or drugs. If we have reason to believe you or your authorized pick up is under the influence or acts in a manner that may endanger the child's safety, security or police will be called for assistance.

CYP will not be involved in custody disputes. The parent who has legal custody of the child must provide a copy of the court order should questions arise about child custody. Parents will have access to their children, including removing the child from care. Parents will be denied access only in the event that a court order is on file, specifying that legally they may not have access to their child.

# Self Care Policy

The self care policy, also referred to as the home alone policy, provides guidance on the circumstances under which children/youth under the age of 12, residing on or using services provided on a military installation of DoD facility, can be left without supervision. This includes weekends, evenings, or during school breaks in the day. This policy is developed by the local Installation Commanding Officer. The self care policy is described below.

Child, age 0-6, may not be left outside unattended, without sitter in quarters, alone overnight, or left sitting younger siblings or others. Child, age 0-6, may be left in a car accompanied by a person 14 years of age or older. Child, age 6, may walk to and from school accompanied by older siblings or friends. Child, age 6, may be outside up to 2 hours within sight and sound of a supervisor. Child, age 7-9, may not be left: outside after dark or after 8pm, without sitter in quarters, alone overnight, left sitting siblings or others. Child, age 7-9, may be outside unattended up to 2 hours with periodic checks from supervisor. Child, age 7-9, may be left unattended in a car with keys removed from the vehicle. Child, age 10-12, may not be left: outside after dark or after 8pm, without sitter in quarters, alone overnight, left sitting siblings or others. Child, age 10-12, may be left outside unattended up to 6 hours with periodic checks from supervisor. Child, age 10-12, may be left unattended in a car with keys removed from the vehicle. Child, age 12, may not be left alone overnight. Child, age 12, may be left outside unattended until 10pm, may be left without a sitter in quarters up to 12 hours with periodic checks from a supervisor, may be left unattended in a car with keys removed from the vehicle, may be left sitting siblings or others however American Red Cross Babysitting Training is strongly recommended.

# Visitors

Visitors are required to sign the visitor's log located at the front desk of the CYP facility or CDH. Visitors in facilities will be issued a visitor's badge and escorted by a CYP professional. When a visitor is in the CDH, providers will remain with the children in their care at all times, while being fully aware of the visitor's location and actions. CDH providers will remain with the visitor for the duration of the visit. Parents attending events with their children are not considered visitors and therefore are not required to wear visitor badges or sign in.

# Appropriate Touch

CYP professionals are trained to respect the personal privacy and space of others and use appropriate touching with all children and youth. Appropriate touch is gentle and positive and is natural and appropriate within the context of normal, acceptable adult/child interactions for each child's age. For example, appropriate touch with young children may include cuddling, hugging, handholding, stroking, patting backs, and assisting in physical activities. While sitting on laps is appropriate for young children, it is not allowed for school-age children and youth. For older children, side-by-side contact is more appropriate.

Inappropriate touching is not allowed in CYP settings by any individuals. Examples of inappropriate touching include:

- Squeezing of the face or any areas of the body
- Pinching, hitting or punching, slapping, shaking or arm-twisting

- Tickling
- Restricting or physically restraining of the child's movement by any means or in any way, except in limited, supervised circumstances when a child may harm self or others due to special needs.
- Physically restraining a child
- Any form of physical punishment
- Violating laws against adult/child physical/sexual contact
- Forcing of hugs, kisses or other touches on the child.

# Child Abuse Prevention, Identification, and Reporting

CYP professionals are required by law to report any suspected/alleged abuse/neglect directly to the Family Advocacy Representative (FAR) and Child Protective Services (CPS). Substantiating a case of child abuse is the role of child welfare experts, police investigators and/or the court. The FAR initiates an investigation on any allegation once it has been determined it meets the criteria for a child abuse investigation. The FAR will then notify other required authorities as necessary.

If you suspect child abuse or neglect, you should report it immediately to the proper authorities. Your local CYP Director can assist you in reporting your suspicion to CPS and Family Advocacy Program (FAP). Parents may also report alleged child abuse and neglect directly to the DOD child abuse and safety hotline, US and in US Territories -1-877-790-1197 or Overseas-703-604-2549. These hotline numbers are posted in all CYP facilities on parent information boards.

***Your local CYP can provide you with current child abuse reporting numbers and additional information.***

# Closed Circuit Television Systems

The CYP facility may be equipped with closed circuit television systems (CCTV). These systems can serve as a significant child abuse deterrent and prevention mechanism for individuals working in the CYP. Further, CCTV systems also provide you with opportunities to observe your child adjusting to child care without interrupting or distracting from your child's daily routine and activities. CCTV monitors are always available for parents to watch their children in real-time. However, parents are not allowed access to CCTV video recordings without obtaining authorization from the appropriate command authority via the CYP Director.

***Your local CYP can provide you with information about CCTV viewing policies. Contact your CYP Director for information on the process.***

# Accidents/Injuries

We make every attempt to keep your child safe and free from harm. Minor injuries will be treated with appropriate first aid procedures. If your child is injured while participating in our program, we will provide

immediate care for your child, contact you and emergency services if needed, and provide you with an accident/incident report. It is important to keep your child's emergency contact information current so you can be reached as soon as possible in the event of an accident or injury. All CYP Professionals are certified in CPR and Standard First Aid. If the injury involves another child, CYP staff are required to maintain confidentiality of the identity of the other child.

## Biting

Toddlers are not far from infancy in which "mouthing" something was the first way to learn, therefore, it is common for pre-toddlers and toddlers to bite. Some examples for why young children may bite include teething pain, desire for attention, and feelings of being frustrated, threatened, overwhelmed, excited, or confused. As a pre-toddler or toddler learns other ways to communicate, biting generally disappears. CYP professionals will focus on prevention strategies to redirect children to more appropriate situations or behaviors. However, when biting causes continuous harm to other children measures will be implemented to address this concern including a parent/teacher conference. Confidentiality of children's identity will be maintained.

## Reasonable Expectations for Behavior

Although great care is taken to safeguard children, hitting, scratching, throwing objects, falling, and biting occur in group care – even with small group sizes and good supervision. Learning acceptable behavior is part of growing up. If your child is scratched or hit, your child will be comforted and the injury treated if necessary. The other child, depending on the age, will talk with the CYP professional about not hurting friends and will be redirected to acceptable behavior. CYP professionals will write an Accident/Injury report for each set of parents and explain the situation to each parent.

CYP professionals are trained to work with children who display behavioral issues. However, if a child continues to display inappropriate behavior, a conference will be requested with the parents. In extreme cases, when the safety of other children becomes a concern, or a child begins to require one-on-one constant supervision, assistance from the Inclusion Action Team (IAT) may be sought. If all attempts to improve behavior have been exhausted, the child may be removed and an alternative type of child care may be suggested.

***Due to the child's right to privacy, parents are not allowed to confront other parents or children, either verbally or in writing, about incidents between children.***

# Health

CY programs are committed to the health and well-being of your child and the children attending our programs. Good health is a state of physical, mental, social and emotional well-being, not simply the absence of disease. CYP professionals play a key role in keeping children and youth healthy.

## Admission Requirements

As part of the admission registration, you must certify that your child is free from obvious illness and is in good health. No child who is acutely ill will be accepted for care. A CYP professional will conduct a daily health check of each child by direct observation and queries.

## Child Sick Policy

If your child shows any sign or symptom that requires exclusion from the program, you will be notified to pick up your child immediately. Refer to the Appendix for the Signs and Symptoms Chart from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Settings. Third Edition, 2011.*

***Your local CYP will provide you with detailed information about readmission procedures.***

## Medication

CYP professionals are authorized to administer topical, non-prescription products such as diaper rash ointment, sunscreen, and dry skin cream. You will be asked to sign a form authorizing the administration of these products upon enrollment and annually thereafter.

If your child requires prescription medication, the medication schedule should be adjusted when possible so medication does not need to be administered during care by our CYP professionals. However, medication will be administered if necessary. The decision to administer medication will be on a case-by-case basis with consideration given to the needs of the child and family circumstance. Parents will not be required to adjust their work schedule to administer medication.

If medication is to be administered at the CYP, you must submit a "Medication Authorization Form," which includes a signed statement from the prescribing physician specifying medication type, dosage, times and application instructions. CYP professionals responsible for administering medication receive annual training by a health professional on medication administration procedures.
Teens and youth that require lifesaving medications such as Epi Pens or inhalers are allowed to carry their medication with them when participating in activities at the teen center, on field trips, in youth sports, etc. Emergency Action Plans must be on file and indicate that the teen/youth is able to self-administer. Teens/youth may not participate in activities if the medication is not on site.

Parents of youth who do not self-administer their lifesaving medications are responsible for attending all practices and games in order to provide and administer the medication, if needed.

The first dose of any new medicine should not be administered at the program. Medications must be maintained in their original container, and the label must include your child's first and last name, date prescription was filled and expiration date, name of health care provider, instructions for administration and storage and name and strength of medication. If the medication is available over-the-counter, a doctor's order is required to administer the medication. These medications must have a label attached with the same information as prescription medication.

## Immunizations

All children enrolling in the CYP are required to provide written documentation of immunizations appropriate for the child's age prior to admission. Children six months and older who are enrolled in Navy CYPs are required to have received all immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). No child will be admitted without a current immunization record unless proof of medical or religious exceptions is on file. Children enrolled in SAC or Youth programs who are also enrolled in a local public school system that requires proof of current immunizations are excluded from documentation requirements. Current information on immunizations can be found at http://www.cdc.gov/vaccines/recs/acip/default.htm.

## Control of Infectious Disease

Good hygiene is the best method for controlling infectious disease. CYP professionals and children conduct hand washing procedures as prescribed by the Centers for Disease Control and Prevention. CYP professionals also practice universal precautions when handling bodily fluids, and model appropriate respiratory etiquette (i.e., disposing of used tissues, covering mouth while coughing or sneezing, etc.) for children.

## Pets

Any animals present in CYPs must be in good health and appropriately immunized against any disease that can be transmitted to humans. Children must be supervised at all times when exposed to animals and must wash hands after handling animals. In CDHs, litter boxes must not be located in areas accessible to children or where food is prepared or consumed. Ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds (birds of the parrot family), rats, or any wild or dangerous animals will not be present in a CYP facility.

## Smoking Policy

Due to federal and state regulations, there is a no smoking policy in effect at all CYP sites. Parents, visitors, and CYP staff must refrain from smoking on the premises. Smoking and the use of tobacco, including smokeless tobacco products, are prohibited in or near any CYP facility or playground. Smoking is not permitted in the CDH when children are in care. In a Teen Center, your child may be asked to leave the premises if smoking.

# Nutrition and Obesity Prevention

CY programs offer quality nutritional programs in clean and pleasant environments. Healthy eating habits are encouraged by introducing children to components of the basic food groups outlined in the United States Department of Agriculture (USDA) MyPlate. Individual differences and cultural patterns are also recognized to improve the health of children through sound nutrition.

It is widely recognized that teaching children the importance of good nutrition, in combination with regular physical activity and limited time spent using passive media (i.e., screen time), can positively impact the incidence of childhood obesity.

CYP supports these efforts through offering nutritious meals and snacks, regular opportunities for physical play, and placing limits around the content and length of passive media activities.

## Meals and Snacks

CDC, CDH, 24/7 Centers, and SAC programs provide a variety of nutritious meals and snacks based on USDA Child and Adult Care Food Program (CACFP) guidelines. A weekly menu is planned and posted at each CYP facility and CDH.

It is your responsibility to inform the CYP if your child is allergic to any food or beverage or has other special dietary needs. If substitutions are required due to medical reasons, you must provide the CYP with a written statement signed by a medical authority that identifies the food to be omitted and the food to be substituted to meet the child's needs.

Our programs respect the choice of parents to provide the best possible nutrition for their children. Special circumstances that include special diets, vegetarian, or organic home-prepared food will be accommodated. However, it is your responsibility to notify the CYP of any special diets and make appropriate substitutions when the requested food substitution is not due to a disability or medical condition. Examples of non-medical substitutions include: (1) substituting tofu burgers for hotdogs for a family that does not eat pork or (2) substituting glutamate dinner roll for wheat bread for a family that prefers gluten-free foods.

If you choose to prepare food from home, you must develop a written plan in collaboration with the CYP. Food shall be brought in a clean tightly sealed container, dated and labeled with the child's name. Any leftover food will be discarded at the end of meal service and the container returned to you if it is not disposable. "Fast food" items will not be accepted as a meal under any circumstances. Any request for change to normal child feeding guidelines, such as a request for your child not to be served milk, must be accompanied by a physician's order.

## Infant Feeding

The CYP will work with you to ensure the food served is based on your infant's individual nutritional needs and developmental stage. Most CY programs serving infants, including CDH, offer infant formula. If your

child requires a special type or brand, you will be responsible for providing all formula for each day your child attends the program.

Infants requiring bottle feedings will be held during feedings. Bottles will not be propped. Only plastic bottles will be used for children above 6 months. Fresh bottles must be brought in daily and be clean, dated and labeled with the child's name. All used bottles will be rinsed and returned to you at the end of the day. Unused formula or breast milk will be discarded after one (1) hour of being served but not completely consumed. Because most children are weaned by the age of one year, the use of bottles and pacifiers for children over one is highly discouraged; however, exceptions will be made as appropriate.

## Vending Machines and Snack Bars

Food and drinks from vending machines and snack bars may be available at an additional cost for youth and teens during a recreational type program. Healthy snack alternatives will be available.

## Physical Activity

Opportunities for physical activity and outdoor play are available for all children daily, regardless of age, as part of regular programming, weather permitting. Outdoor play areas include a variety of developmentally appropriate equipment and materials and are designed to facilitate exploration in a safe environment.

## Screen Time

Screen time (e.g., non-active video games) and the use of passive media, (e.g., television, audio tapes), are limited and developmentally appropriate. Media viewing and computer use are not permitted for children younger than 2 years.

# Appendix:
## Signs and Symptoms Chart



# Signs and Symptoms Chart[i]

| Symptom | Common Causes | Complaints or What Might Be Seen | Notify Health Consultant | Notify Parent | Temporarily Exclude? | If Excluded, Readmit When |
|---|---|---|---|---|---|---|
| Cold Symptoms | *Viruses* (early stage of many viruses)<br>• Adenovirus<br>• Coxsackievirus<br>• Enterovirus<br>• Parainfluenza virus<br>• Respiratory syncytial virus<br>• Rhinovirus<br>• Coronavirus<br>• Influenza<br>*Bacteria*<br>• Mycoplasma | • Runny or stuffy nose<br>• Scratchy throat<br>• Coughing<br>• Sneezing<br>• Watery eyes<br>• Fever | Not necessary | Yes | No, unless<br>• Fever accompanied by behavior change.<br>• Child looks or acts very ill.<br>• Child has difficulty breathing.<br>• Child has blood red or purple rash not associated with injury.<br>• Child meets other exclusion criteria | • Exclusion criteria are resolved. |
| Cough<br>(May come from congestion any where from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.) | • Common cold<br>• Lower respiratory infection (eg, pneumonia, bronchiolitis)<br>• Croup<br>• Asthma<br>• Sinus infection<br>• Bronchitis | • Dry or wet cough<br>• Runny nose (clear, white, or yellow-green)<br>• Sore throat<br>• Throat irritation<br>• Hoarse voice, barking cough | Not necessary | Yes | No, unless<br>• Severe cough<br>• Rapid and/or difficult breathing<br>• Wheezing if not already evaluated and treated<br>• Cyanosis (ie, blue color of skin and mucous membranes) | • Exclusion criteria are resolved. |
| Diaper Rash | • Irritation by rubbing of diaper material against skin wet with urine or stool<br>• Infection with yeast or bacteria | • Redness<br>• Scaling<br>• Red bumps<br>• Sores<br>• Cracking of skin indiaper region | Not necessary | Yes | No, unless<br>• Oozing sores that leak body fluids outside the diaper | • Exclusion criteria are resolved. |
| Diarrhea | Usually viral, less commonly bacterial or parasitic | • Frequent loose or watery stools compared to child's normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.)<br>• Abdominal cramps.<br>• Fever.<br>• Generally not feeling well.<br>• Sometimes accompanied by vomiting. | For one or more cases of bloody diarrhea or 2 or more children with diarrhea in group within a week | Yes | Yes, if<br>• Stool is not contained in the diaper for diapered children.<br>• Diarrhea is causing "accidents" for toilet-trained children.<br>• Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation.<br>• Blood/mucus in stool.<br>• Abnormal color of stool for child (eg, all black or very pale).<br>• No urine output in 8 hours.<br>• Jaundice (ie, yellow skin or eyes).<br>• Fever with behavior change.<br>• Looks or acts very ill. | • Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by *Shigella*, *Salmonella*, or *Giardia*.<br>• Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents.<br>• Able to participate. |

| Symptom | Common Causes | Complaints or What Might Be Seen | Notify Health Consultant | Notify Parent | Temporarily Exclude? | If Excluded, Readmit When |
|---|---|---|---|---|---|---|
| Difficult or Noisy Breathing | 1. Common cold<br>2. Croup<br>3. Epiglottitis<br>4. Bronchiolitis<br>5. Asthma<br>6. Pneumonia<br>7. Object stuck in airway | 1. Common cold: Stuffy nose, sore throat, cough, and/or mild fever.<br>2. Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in.<br>3. Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down.<br>4 and 5. Bronchiolitis and Asthma: Child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing; whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in.<br>6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions).<br>7. Object stuck in airway: Symptoms similar to croup (2 above). | Not necessary | Yes | Yes, if<br>• Fever accompanied by behavior change.<br>• Child looks or acts very ill.<br>• Child has difficulty breathing.<br>• Child has blood red or purple rash not associated with injury.<br>• The child meets other exclusion criteria | • Exclusion criteria are resolved. |
| Earache | • Bacteria or viruses<br>• Often occurs in context of common cold | • Fever<br>• Pain or irritability<br>• Difficulty hearing<br>• "Blocked ears"<br>• Drainage<br>• Swelling around ear | Not necessary | Yes | No, unless<br>• Unable to participate.<br>• Care would compromise staff's ability to care for other children.<br>• Fever with behavior change. | • Exclusion criteria are resolved. |
| Eye Irritation, Pinkeye | 1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis)<br>2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis)<br>3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis)<br>4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution) | 1. Bacterial infection: Pink color instead of whites of eyes and thick yellow/green discharge. May be irritated, swollen, or crusted in the morning.<br>2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection.<br>3 and 4. Allergic and chemical irritation: Red, tearing, itchy eyes; runny nose, sneezing; watery discharge. | Yes, if 2 or more children have red eyes with watery discharge | Yes | *For bacterial conjunctivitis*<br>No. Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics.<br><br>*For other forms*<br>**No, unless**<br>• The child meets other exclusion criteria<br>Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified. | • *For bacterial conjunctivitis,* once parent has discussed with health professional. Antibiotics may or may not be prescribed.<br>• Exclusion criteria are resolved. |

| Symptom | Common Causes | Complaints or What Might Be Seen | Notify Health Consultant | Notify Parent | Temporarily Exclude? | If Excluded, Readmit When |
|---|---|---|---|---|---|---|
| Fever | • Any viral, bacterial, or parasitic infection<br>• Overheating<br>• Reaction to medication (eg, vaccine, oral)<br>• Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy) | Flushing, tired, irritable, decreased activity<br>Notes<br>• Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks.<br>• Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures.<br>Warning: *Do not* give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver). | Not necessary | Yes | No, unless<br>• Behavior change.<br>• Unable to participate.<br>• Care would compromise staff's ability to care for other children.<br>Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for children older than 4 months are<br>• 100°F (37.8°C) axillary (armpit)<br>• 101°F (38.3°C) orally<br>• 102°F (38.9°C) rectally<br>• Aural (ear) temperature equal to oral or rectal temperature<br>**Get immediate medical attention when** infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour. | • Able to participate<br>• Exclusion criteria are resolved. |
| Headache | • Any bacterial/viral infection<br>• Other noninfectious causes | • Tired and irritable<br>• Can occur with or without other symptoms | Not necessary | Yes | **No, unless**<br>• Child is unable to participate<br>Note: **Notify health professional** in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her "belly button" (putting chin to chest)—different from soreness in the side of the neck. | • Able to participate |

| Symptom | Common Causes | Complaints or What Might Be Seen | Notify Health Consultant | Notify Parent | Temporarily Exclude? | If Excluded, Readmit When |
|---|---|---|---|---|---|---|
| Itching | 1. Ringworm<br>2. Chickenpox<br>3. Pinworm<br>4. Head lice<br>5. Scabies<br>6. Allergic or irritant reaction (eg, poison ivy)<br>7. Dry skin or eczema<br>8. Impetigo | 1. Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp.<br>2. Chickenpox: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable.<br>3. Pinworm: Anal itching.<br>4. Head lice: Small insects or white egg sheaths (nits) in hair.<br>5. Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes.<br>6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction).<br>7. Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbows, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red, or oozing, think about infection.<br>8. Impetigo: Areas of crusted yellow, ooz ing sores. Often around mouth or nasal openings. | For infestations such as lice and scabies; if more than one child in group has impetigo or ringworm; for chickenpox | **Yes** | For chickenpox, scabies, and impetigo<br>**Yes**<br>For ringworm and head lice<br>**Yes, at the end of the day**<br>• Children should be referred to a health professional at the end of the day for treatment.<br>For pinworm, allergic or irritant reactions, and eczema<br>**No, unless**<br>• Appears infected as a weeping or crusty sore<br>Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives. | • Exclusion criteria are resolved.<br>• On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to lesions or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable. |
| Mouth Sores | 1. Oral thrush (yeast infection)<br>2. Herpes or coxsackievirus infection<br>3. Canker sores | 1. Oral thrush: White patches on tongue and along cheeks<br>2. Herpes or coxsackievirus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips<br>3. Canker sores: Painful ulcers on cheeks or gums | Not necessary | **Yes** | **No, unless**<br>• Drooling steadily related to mouth sores.<br>• Unable to participate.<br>• Care would compromise staff's ability to care for other children. | • Able to participate.<br>• Exclusion criteria are resolved. |
| Rash | Many causes<br>1. Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others<br>2. Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria)<br>3. Severe bacterial infections: meningococcus, pneumococcus, *Staphylococcus aureus* (MSSA, MRSA). | • Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks.<br>1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance.<br>2. Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, pus.<br>3. Severe bacterial infections: Rare. These children have fever with rash and may be very ill. | For outbreaks | **Yes** | **No, unless**<br>• Rash with behavior change or fever<br>• Has oozing/open wound<br>• Has bruising not associated with injury<br>• Has joint pain and rash<br>• Unable to participate<br>• Tender, red area of skin, especially if it is increasing in size or tenderness | • Able to participate in daily activities.<br>• On antibiotic medication at least 24 hours (if indicated).<br>• Exclusion criteria are resolved. |

| Symptom | Common Causes | Complaints or What Might Be Seen | Notify Health Consultant | Notify Parent | Temporarily Exclude? | If Excluded, Readmit When |
|---|---|---|---|---|---|---|
| Sore Throat (pharyngitis) | 1. Viral—common cold viruses that cause upper respiratory infections<br>2. Strep throat | 1. Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion.<br>2. Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection. | Not necessary | **Yes** | **No, unless**<br>• Inability to swallow.<br>• Excessive drooling with breathing difficulty.<br>• Fever with behavior change.<br>• The child meets other exclusion criteria | • Able to swallow.<br>• Able to participate.<br>• On medication at least 24 hours (if strep).<br>• Exclusion criteria are resolved. |
| Stomachache | 1. Viral gastroenteritis or strep throat<br>2. Problems with internal organs of the abdomen such as intestine, colon, liver, bladder | 1. Viral gastroenteritis or strep throat: Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache, and possible fever. If cough or runny nose is present, strep is very unlikely.<br>2. Problems with internal organs of the abdomen: Persistent severe pain in abdomen. | Not unless multiple cases in same group within 1 week. | **Yes** | **No, unless**<br>• Severe pain causing child to double over or scream<br>• Abdominal pain after injury<br>• Bloody/black stools<br>• No urine output for 8 hours<br>• Diarrhea<br>• Vomiting<br>• Yellow skin/eyes<br>• Fever with behavior change<br>• Looks or acts very ill | • Pain resolves.<br>• Able to participate.<br>• Exclusion criteria are resolved. |
| Swollen Glands (properly called swollen lymph nodes) | 1. Normal body defense response to viral or bacterial infection in the area where lymph nodes are located (ie, in the neck for any upper respiratory infection)<br>2. Bacterial infection of lymph nodes that become overcome and infected by bacteria they are responding to as part of the body's defense system | 1. Normal lymph node response: Swelling at front, sides, and back of the neck and ear, in the armpit or groin, or anywhere else near an area of an infection.<br>2. Bacterial infection of lymph nodes: Swollen, warm lymph nodes with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected. | Not necessary | **Yes** | **No, unless**<br>• Difficulty breathing or swallowing<br>• Red, tender, warm glands<br>• Fever with behavior change | • Child is on antibiotics (if indicated).<br>• Able to participate.<br>• Exclusion criteria are resolved. |
| Vomiting | • Viral infection of the stomach or intestine (gastroenteritis)<br>• Coughing strongly<br>• Other viral illness with fever | Diarrhea, vomiting, and/or cramping for viral gastroenteritis | For outbreak | **Yes** | **Yes, if**<br>• Vomited more than 2 times in 24 hours<br>• Vomiting and fever<br>• Vomit that appears green/bloody<br>• No urine output in 8 hours<br>• Recent history of head injury<br>• Looks or acts very ill<br>• Vomit that appears green/bloody | • Vomiting ends. |

[i] American Academy of Pediatrics, American Public Health Association, & the National Resource Center for Health and Safety in Child Care and Early Education. (2011). "Appendix A - Signs and Symptoms Chart" in *Caring for our children: National health and safety performance standards: Guidelines for out-of-home child care programs, Third edition*. Retrieved March 2, 2012 from http://nrckids.org/CFOC3/index.html.