



child development center
Air Force Services

PARENT HANDBOOK

Joint Base San Antonio
Child Development Program

CURRENT AS OF: 23 August 2016

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JOINT BASE SAN ANTONIO (JBSA) CHILD DEVELOPMENT PROGRAM FACILITY LOCATIONS



JBSA-Fort Sam Houston (FSH)

FSH Child Development Center Main
2530 Funston Rd, Bldg. 2530
Monday - Friday 0530-1730
Phone: (210) 221-5002

FSH Child Development Center Annex
1720 Dodd Blvd, Bldg. 1720
Monday - Friday 0600-1730
Phone: (210) 221-3788/3835

JBSA-Lackland (LAK)

Gateway Child Development Center
1555 Holloman Ave, Bldg. 3220
Monday - Friday 0600-1800
Phone: (210) 671-1040/1052

Kelly Child Development Center
3002 General Hudnell Dr, Bldg. 61
Monday - Friday 0600-1730
Phone: (210) 952-5747/3851

Lackland Child Development Center
2310 Kenly Ave, Bldg. 8206
Monday - Friday 0600-1800
Phone: (210) 671-3675/3168

JBSA-Randolph (RAN)

Child Development Center Main
1072 New B Street West, Bldg.1072
Monday - Friday 0630-1745
Phone: (210) 652-4946

Child Development Center Annex
734 H Street East, Bldg. 734
Monday - Friday 0630-1745
Phone: (210) 652-1140



JBSA-Fort Sam Houston/Randolph

Family Child Care Program
2530 Funston Rd. Bldg 2530
Monday - Friday 0700-1600
(210) 221-3820

JBSA-Lackland

Family Child Care Program
1531 Connally St, Bldg. 6629
Monday -Friday 0700-1600
(210) 671-3376/3379

WEBSITE: <http://www.myjbsa-fss-mwr.com/nm/templates/?a=27>

All programs are closed on federal holidays and AETC Family Days.

Mission Statement

(NAEYC 10.A.01)

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

(NAEYC 10.A.01, 3.B.01, 3.B.02, 3.B.03)

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 interests, 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 task of nurturing children. We advocate for children, families, and the early childhood professionals within our programs.

Program Goals

(NAEYC 10.A.01, 3.B.01, 3.B.02, 3.B.03)

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

Program Descriptions

Full Time Child Care:

Child Development spaces are primarily utilized for full time child care.

Part Day Enrichment Program

To provide social opportunities for children 3-5 years of age. The activities are planned to encourage cooperative play, positive peer relationships, understanding the needs of others and ability to handle and express feelings in an acceptable manner, all of which contribute to the child's social, emotional, cognitive, and language development.

Hourly Child

Hourly care is offered on a space available basis. Availability and reservations can be made by contacting each CDC.

Parent's Night Out (PNO)

Special weekend hours once a month providing parents the opportunity to utilize the expertise and professionalism of the Child Development Programs while taking time for themselves. Advance registration and payment is required.

Give Parents A Break (GPAB)

The Air Force Aid Society (AFAS) recognizes families are subject to unique stresses due to the nature of military life – deployments, remote tours of duty, extended working hours, TDY's, PCS moves, and other unique circumstances or hardships. Families are often separated from spouses as well as extended family who might otherwise offer support. In effort to help these families, the AFAS, in cooperation with JBSA Child Development Programs has agreed to provide funding for child care under GPAB. The purpose of the program is to offer eligible parents a few hours break from the stresses of parenting. This program is offered monthly in conjunction with Parent's Night Out. To be eligible for the program, families must be referred by commanders, first sergeants, family advocacy, medical professionals, chaplains or program personnel. Certificates of eligibility are obtained at the Airman and Family Readiness Center. Children using this program must be registered through the age appropriate child care facility.

Note: This only applies to Active Duty Air Force members.

Part Day Enrichment

The Part Day Enrichment Program is designed for three to five year old children who are not in need of full time child care. The focus of the program is to provide children the opportunity to experience the social skills needed for a successful transition to school. The program varies in hours and day of the week. The Randolph Field Independent School District calendar and operates from August through June.

Air Force Guidance and Instruction

Air Force Child Development Programs are designed to be affordable and available and maintain quality standards. Air Force Instructions (AFI) 34-144, *Child and Youth Programs*, 2 March 2015 and Department of Defense Instruction (DoDI) 6060.02, *Child Development Programs*, 5 August 2014 guide program development and execution. Programs are monitored through four annual inspections, including a Headquarters Air Force Unannounced Inspection. Air Force programs are also required to be accredited by a national accrediting body. National Association for the Education of Young Children (NAEYC) is our accrediting organization. NAEYC is highly regarded for their expertise and knowledge of early childhood education.

Accreditation

(NAEYC 6.A.01)

Joint Base San Antonio (JBSA) Child Development Programs are nationally accredited early childhood programs certified by the National Association for the NAEYC offering top quality developmental child care services for JBSA's youngest members. NAEYC Accredited programs must adhere to the highest standards (outlined below).

- Promote **positive relationships** for all children and adults to encourage each child's sense of individual worth.
- Implement a **curriculum** that fosters all areas of child development: cognitive, emotional, language, physical, and social.
- Use developmentally, culturally, and linguistically appropriate and **effective teaching approaches**.
- Provide **ongoing assessments** of a child's learning and development and communicate the child's progress to the family.
- Promote the **nutrition and health** of children and protect children and staff from illness and injury.
- Employ and support a **teaching staff** that has the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.
- Establish and maintain collaborative relationships with each child's **family**.
- Establish relationships with and use the resources of the **community** to support achievement of program goals.
- Provide a safe and healthy **physical environment**.
- Implement strong personnel, fiscal, and program management policies so that all children, families, and staff have **high-quality experiences**.

(Taken from NAEYC Accreditation Brochure)

Professional Ethics

Standards and ethical behavior in early childhood care and education are based on commitment to the following NAEYC Core Values.

- Appreciate childhood as a unique and valuable stage of the human life cycle.
- Base our work on knowledge of how children develop and learn.
- Appreciate and support the bond between the child and family.
- Recognize that children are best understood and supported in the context of family, culture,* community, and society.
- Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague).
- Respect diversity in children, families, and colleagues.
- Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect.

Child Care Priorities

Priority for child care is based on guidance found on Department of Defense Instruction (DoDI) 6060.02, *Child Development Programs*, 5 August 2015 and Air Force Instruction (AFI) 34-144, *Child and Youth Programs*, 2 March 2016. Eligible patrons include Active duty military personnel, Department of Defense (DoD) civilian employees paid from either appropriated funds (APF) or non-appropriated funds (NAF), Reserve Component military personnel on

active duty or inactive duty training status, Combat related wounded warriors, Surviving spouses of Military members who died from a combat related incident, those acting in loco parentis for the dependent child of an otherwise eligible patron, eligible employees of DoD contractors, and Others authorized on a space available basis. To the extent possible, CDPs shall be offered to the qualifying children of eligible patrons.

Priority 1 The highest priority for full-time care shall be given to qualifying children from birth through age 12 years of age of combat related wounded warriors, child development program direct care staff, single or dual active duty Military Service members, single or dual DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons. With the exception of combat related wounded warriors, ALL eligible parents or caregivers residing with the child are employed outside the home.

Priority 2 The second priority for full-time care shall be given equally to qualifying children from birth through 12 years of age of active duty Military Service members, DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons, where a non-working spouse, or in the case of a DoD civilian employee with a same-sex domestic partner, is actively seeking employment. The status of actively seeking employment must be verified every 90 days.

Priority 3 The third priority for full-time care shall be given equally to qualifying children from birth through 12 years of age of active duty Military Service members, DoD civilian employees paid from APF and NAF, surviving spouses of military members who died from a combat related incident, and those acting in loco parentis on behalf of the aforementioned eligible patrons, where a non-working spouse, or in the case of a DoD civilian employee with a same-sex domestic partner, is enrolled in an accredited post-secondary institution. The status of post-secondary enrollment must be verified every 90 days.

Space Available after meeting the needs of parents in priorities 1, 2, and 3, CDPs shall support the need for full-time care for other eligible patrons such as active duty Military Service members with non-working spouses, DoD civilian employees paid from APF and NAF with non-working spouses or same-sex domestic partners, eligible employees of DoD Contractors, Federal employees from non-DoD agencies, and military retirees on a space available basis. In this category, CDPs may also authorize otherwise ineligible patrons in accordance with 10 U.S.C. 1783, 1791 through 1800, 2809, and 2812 to enroll in the CDP to make more efficient use of DoD facilities and resources.

Working spouse is defined as having a job outside the home or a home based business or spouses who are FULL Time Students (12 credit hours being taken, proof of registration required).

A contractor is defined as an individual working for the primary company hired to fulfill a contract on a JBSA base. This does not include subcontractors hired to fulfill a contract for the primary contractor.

Enrollment

Parents on the waiting list are contacted when a child care space becomes available. Once the initial offer is made, a parent is given 24 hours to accept or decline the position. Parents who do not respond within 24 hours and those declining the offer will be removed from the waiting list and be required to submit a new DD Form 2606 if care is needed in the future. If no contact is made within 24 hours or the space is refused by the sponsor, the space will be offered to the next family on the waiting list.

Upon accepting care, an appointment will be scheduled to complete the following:

- AF Form 1181 (Air Force Youth Flight Program Patron Registration)
- Guidance Policy
- Transportation Permission (see AF Form 1181-Authorization for Field Trips)
- U.S. Department of Agriculture Child and Adult Care Food Program Meal Benefits Income Eligibility Form
- DD Form 2652 (Application For Department of Defense Child Care Fees)
- Credit Card Automated Payment Authorization Form
- Child Development Program Parent Agreement
- Annual Authorizations Form
- Verification of Mission Essential Personnel

The following additional information is required to complete enrollment

- Current pay statements for all employed adults in the household.
- Fees are based on total family income (TFI) and apply to all children who attend CDC programs on regular basis. Combat related wounded warriors are assessed Fee Category I regardless of TFI. All military members and federal employees must supply most recent 1st of the month Leave and Earnings Statement. Civilians must supply most recent pay statement. Newly employed parents must submit verification of employment. The document must indicate anticipated gross yearly income or hourly wage with estimated number of hours per week worked. If the information is not provided, fees will be set in the highest fee category. Programs will verify patron TFI annually and adjust fees accordingly.
 - Proof of student status every 90 days, if applicable.
 - Child's immunization record. See Center for Disease Control and Prevention (CDC)/Advisory Committee on Immunization Practices (ACIP)
 - If records indicate immunizations are missing, you must contact your physician and provide the CDP a schedule to catch up. The plan must be submitted to the CDP prior to the start date, otherwise enrollment will be suspended. Parents will be responsible for all fees from the scheduled start date.
 - Current Health Assessment
 - Names and phone numbers for two local emergency contacts within 1 hour distance.

Notes: -Enrollment is not final until all paperwork is completed and submitted to the corresponding child care facility for your child. Additionally, the first payment must be made for the 1-15 or 16-31 of the month. Failure to complete enrollment by start date will result in loss of care.

-If your child no longer requires our services, a termination notice is required. A written termination notice must be provided to front desk personnel or management two weeks in advance. Assessment of fees will continue until a two week written notice is received.

-Throughout the year, parents must keep vital registration and contact information correct.

-Annually, reenrollment is completed and required documentation is to be re-accomplished to remain enrolled in the program.

Request for Care

Families wishing to use any of the child development, family child care, or school age programs should visit the facility that corresponds to the program of interest for information regarding child care options, availability, and to complete the required enrollment documents.

Each JBSA site manages a wait list, makes parent contact, and completes enrollment into the Child Development Programs, Family Child Care, or School Age Care.

The first step in obtaining care is the submission of the DD Form 2606, *Request for Care Record*, which can be dropped off or emailed to the appropriate child care facility. In order to remain on the waiting list, families must contact the child care registration office every 2 months to keep information current.

Children are placed on the waiting list based on an established priority system and contacted when vacancy becomes available.

Coming Fall 2016!!! DoD-wide online request for care system. JBSA is in the process of transitioning to Military Child Care dot com (mcc.com). This secure Department of Defense website provides a single gateway for you to find comprehensive information on military-operated or military-approved child care programs worldwide. With MilitaryChildCare.com, you create an account and maintain a family profile that you can access at any time from any location.

Fees and Charges

Fees and charges for the Child Development Programs are based on annual guidance from the DoD and applies to all branches of service.

Fees are set within income categories. DoD provides a fee range within each category allowing installations flexibility for establishing fees based on local cost of living.

During the registration process, proof of income is required to calculate total family income (TFI). Income is verified by reviewing military members' most recent Leave and Earnings Statement. Base pay, Basic Allowance for Subsistence, and Basic Allowance for Housing (BAH) and other select special duty pays are used for determining TFI. For DoD civilians or non-active duty spouse's leave and earnings statement are used. Dual military families will only be assessed BAH of the highest ranking parent. Failure to submit the required documents will result in placement in the highest fee category.

Quarters allowances mean the basic allowance for housing received by military personnel (with respect to grade and status). The amount of BAH used is determined by the BAH II Chart. Military families must include basic housing allowance because it is considered part of the military family income whenever an individual is applying for any type of federally subsidized program, such as the earned income tax credit and college scholarships. Child support income will not be used to compute the family income.

Fees are determined at the time of enrollment. TFI will be reviewed and fees set annually. Emergencies dealing with payments must be submitted in writing to the program director and will be handled on an individual basis. If a long term hardship arises, a fee reduction may be requested. Fee reductions are approved by the Mission Support Group Commander. Fee Reduction Requests are submitted through the child care registration office. Detailed information is available at the child care registration office or the program.

Families who need assistance in paying for care, may apply with state and federal agencies. Families requesting social services vouchers are responsible for payments until county approval has been received. Parents are responsible for checking the status of their application. Contact may also be made with the Air Force Aid Society and the Airman and Family Readiness Center.

Note: -Programs accept cash, checks, Visa and Master cards.

-TFI includes all earned income including wages, salaries, tips, long-term disability benefits, retirement and other pensions and voluntary salary deferrals before deductions for taxes, social security, etc. Quarters and subsistence allowance received by military member and anything else of value, even if not taxable, that was received for providing services is also included.

Program Payment Schedule

Payment in full is due on the 1st of each month. If payment is not received by the 2nd of the month, the credit or debit card on file will automatically be charged for the full amount owed plus applicable late fees. If credit/debit card transaction is denied, child care services will be suspended until payment is received. Fees and charges will continue to be assessed while care is suspended. If payment is not made or if payment arrangements have not been made with the program director, wage garnishment paperwork will be processed.

Families with consistent late payment fees may be terminated.

OTHER FEES AND CHARGES

Care provided after closing will be assessed at the rate of \$5.00 for the 1st five minutes and \$3.00 per minute after.

Adjusted fees are based on income category and program enrollment.

Note:

-If the 1st falls on a weekend or holiday, payments will be due on the previous business day.

Refunds

Patrons may request a refund verbally or in writing to CDC management. All customer refunds must have management or supervisor approval before issuance. Customer refunds will only be approved if they include complete customer identification, (name, address, and telephone number) along with a cash receiving signature on the AF Form 1401. Include the amount, item, and reason for refund on the form.

At no time will cash refunds be made for charged sales (i.e. club account); credit a customer's account for refunded charge sales. Under no circumstances will cash refunds be made from change funds.

When refunds are payable with a check, coordination must be made between the Nonappropriated Accounting Office (NAF AO) and the Shared Service Center for payment. Allow a minimum of two working days for the check to be processed.

Commercial card credits must be approved by the activity manager, and at no time will any individual process a refund against his/her own personal account.

Termination and Suspension of Care

Child care may be terminated for the following reasons: 1) not following program's policies and procedures; 2) exhibiting inappropriate guidance techniques while at the program; 3) displaying unprofessional behavior toward CDP personnel; 4) using inappropriate language; 5) ineligibility of services; 6) inaccurate credit card authorization information; 7) continuous tardiness on payments and neglecting to adhere to closing times. Termination of services may occur when families fail to provide required information that is vital for the program, to include Medical Profiles, immunizations, and school enrollment forms.

Special Event Fees

Parents Night Out and Give Parents A Break occur during special weekend hours once a month providing parents the opportunity to utilize the expertise and professionalism of the CDP while taking time for themselves. Advance registration and payment (\$25) is required.

Late Pick Up Procedures

Parents who are unavoidably detained should make alternate pick up arrangements and notify the program prior to closing. If a child is picked up after closing, a fee of \$5 will be assessed after a 4 minute grace period with an additional fee of \$3 for each additional minute. Failure to contact the program prior to closing will result in notification of emergency contacts. It is important that an alternate authorized adult be available to pick up your child. If you are more than one hour late or your emergency contact cannot be located, Security Forces will be notified. Consistent late pick-ups are an indication that our program is not meeting your needs and you may need to seek care in an alternate program.

Sign In/Sign Out Policy and Procedures

(NAEYC 10.D.06)

For the safety and well-being of children we maintain strict accountability standards. It is imperative that parent's follow established sign in/sign out procedures. Under no circumstances will outsiders be permitted in the facility without being escorted or signed in.

Upon arrival:

- At the front desk, sign child in CDP using AF Form 1182 or electronic system equivalent.
- In the classroom, sign child in using AF Form 1930 annotating child's name, arrival time and daily contact information in comments column. **Do not sign in the parent's signature column upon arrival.**

Upon departure:

- In the classroom, sign child out using AF Form 1930, departure time. **Parent signature is required.**
- At the front desk, sign child out of CDP using AF Form 1182 or electronic system equivalent.

AF Form 1182/electronic equivalent and AF Form 1930 are utilized to maintain accountability throughout the day. During emergency situations, the AF Form 1182/electronic equivalent and the AF Form 1930 are compared to ensure all children and staff have been evacuated. Failure to use AF Form 1182/electronic equivalent or the AF Form 1930 results in delayed accountability of children. Delayed accountability increases the likelihood of danger to children, staff and emergency responders. Failure to follow these procedures could result in suspension from the program.

Children will not be released to adults who appear to be intoxicated or under the influence of drugs. An alternate authorized adult will be called to pick up the child. If an authorized adult is not available Security Forces will be called.

Note: -Only adults authorized on the AF Form 1181 may sign children in/out of the program.

-Photo identification is required by emergency contacts.

Transportation

Transportation of children at the CDP for field trips will be by walking, stroller, or wagon. If at any time, transportation of children is necessary via government vehicle, only authorized staff will be permitted to drive. Staff free of driving violations will be authorized to drive and have their State Driving Record on file. State guidelines for child restraints will be followed as applicable.

Note: Transportation of child for field trips must have signed permission on file.

Age Groups and Ratios – Adults to Children

(NAEYC 10.B.12)

Developmentally appropriate teaching staff-to-child ratios facilitate adult-child interaction and constructive activity among children. Teaching staff to child ratios within group size are maintained during all hours of operation; including indoor time, outdoor time, and during transportation and field trips.

Age Group	Number of Children		Number of Adults
Infants (6 weeks to 12 months)	4	PER	1
Pre-Toddlers (12-24 months)	5	PER	1
Toddlers (24-36 months)	7	PER	1
Preschool (3 to 5 years)	12	PER	1

Program Orientation

(NAEYC 10.B.08)

Parents are provided a program orientation prior to first day of care. The orientation prepares for, orients, and welcomes children and families. The orientation includes information on program philosophy, curriculum goals and objectives, guidance and discipline, ongoing communication procedures, support of special needs children, health and safety precautions and requirements, techniques used by the program to negotiate difficulties and differences that arise in interactions between families and program staff; payment, meals and snacks, and sleeping arrangements, confidentiality of child and family information, etc.

Curriculum

(NAEYC 2.A.01, 2.A.02, 2.A.03, 2.A.10)

The curriculum is based on the well-established “Creative Curriculum” which focuses on meeting the needs and interests of the whole child using an individualized lesson plan. Children learn to care for pets in every room and develop self-help skills through hands-on experiences. Our diverse staff offer introduction to various languages and Sign Language. Long-term projects and studies give children an opportunity to explore and learn in-depth. One of the more popular studies is the garden project which has continued for several years and includes studies on soil, insects, composting and a variety of seeds and plants. Daily outdoor activities and a state of the art playground offer large motor development and play, something all children enjoy.

The program curriculum is based on Developmentally Appropriate Practices (DAP). DAP refers to applying child development knowledge in making thoughtful and appropriate decisions about childhood practices using the research and data about how children develop and learn at various ages and stages. Every child’s work is play! Play time is not just a game for small children. It is a job that consumes your child’s every waking hour.

Developmentally appropriate programs promote children’s active exploration of their environment. Children manipulate real objects and learn through hands-on, direct experiences. We know through research that young children learn best through “hands on” play oriented activities. Therefore, we create an environment rich with materials that encourage children to experiment, explore, and pursue their interests while interacting, and communicating with other children and adults. Our curriculum offers children opportunities to make choices, provides freedom to explore the environment, values ideas and encourages problem solving and appropriate risk taking. The staff plan and implement activities to enhance physical, social/emotional, cognitive, language and creative development. Field trips of an exciting, fun and educational nature are an extension of the program curriculum. Teaching staff observe children, their activity choices and interactions with others throughout the day. The information gathered during observations is used in future planning to meet the individual needs and interests of children.

We regard caring for children as a partnership with parents and families and invite families to participate in our program. A Training and Curriculum Specialist is available in each facility to answer any specific questions you may have regarding our curriculum.

Conferences

(NAEYC 7.A.04, 7.A.06, 7.A.08, 7.A.09, 7.A.10, 7.B.05, 7.C.01, 7.C.02)

The “Getting To Know You” child profile form provides teaching staff with information regarding children’s interests, approaches to learning, and developmental needs. Parent orientation offers the opportunity to share concerns and goals for their children. This information is incorporated into ongoing classroom planning. Teaching staff use a variety of methods such as new family orientations, small group meetings, individual conversations, and written questionnaires to gain input from families about curriculum activities throughout the year. Teaching staff work with families on shared child care giving issues, including routine separations, special needs, the food being served and consumed, and daily care issues.

Daily informal conferencing regarding children’s activities, developmental milestones and other information affecting the well-being and development of children is conducted through one on one conversations and daily care sheets.

Formal parent and teaching staff conferences are scheduled twice a year and as children move to the next age group. Formal conferences provide parents and staff the opportunity to exchange information about each child and to establish goals. This information is also used in planning a curriculum to help each child develop to his/her fullest potential. Additional conferences may be requested at any time.

Assessments

(NAEYC 7.B.03, 7.B.05, 7.C.03)

Children are assessed regularly through formal and informal observations. With the information obtained, teaching staff and parents develop goals for their child’s successful development. Teaching staff offer resource information for any suspected developmental delays or other special needs. Program staff encourage and support families to make the primary decisions about services that their children need, and they encourage families to advocate to obtain needed services.

Parent Communication

(NAEYC 1.A.01, 4.E.03, 7.B.01, 7.B.05, 7.B.06, 10.B.08)

Parents are encouraged to talk with teaching staff daily regarding their child’s daily activities and development. When concerns arise regarding curriculum, environment or teaching staff interactions, parents can direct their questions to the Training and Curriculum Specialist. The director and assistant director have an open door policy and are available to address your concerns regarding fees, program policies and other concerns that may arise. As with any chain of command issue handling at the lowest level is the most effective. However should an issue arise that cannot be resolved, the Military and Family Services Flight Chief may be contacted.

Interactive Customer Evaluation (ICE) program is a computer based customer comment card system available for positive and negative feedback. Tell us how we are doing at <http://ice.disa.mil/>

Parent Involvement

(NAEYC 7.A.11)

Parent involvement is encouraged and supported in all programs. Monthly center wide activities such as snack time with parents, parent and child arts and craft projects are scheduled to encourage parent involvement. Individual parent involvement activities such as reading stories to the class, sharing a special talent or activity, sharing a family tradition is encouraged. A Parent Advisory Board (PAB) is established to further the connection between home, your child, the center, and the classroom. Parents are welcome to visit any time.

Parent Advisory Board

(NAEYC 7.A.12, 7.A.13, 7.A.14)

The purpose of the (PAB) is to build a strong relationship between families and the CDP and utilize this relationship to foster an enriching experience for children and families. The PAB meets the second Tuesday or Wednesday of each month at 11:30 AM to discuss parent involvement activities and plans, yearly program events (portrait day, Harvest Festival, Spring Fling, Scholastic Book Fair, Caregiver Appreciation Week, food/clothing drives, etc.), parent education and training events, and current events of the CDP. Please get details for locations at your child's CDP.

Professional Development

(NAEYC 6.A.03, 6.A.07, 6.A.08, 6.A.09, 6.A.10, 6.A.12, 8.C.02)

Department of Defense and Air Force policy require all staff be highly trained. Program management staff are required to have a bachelor's degree. Training and Curriculum Specialists (T&C) have bachelor's degrees in early childhood education. The T&C's responsibility is to ensure staff have continuous training on early childhood topics and review classroom activity plans.

Teaching staff must be 18 years old and have a high school diploma or equivalent. Some teaching staff possess (or obtain during employment) an associate's degree, a bachelor's degree, or a Child Development Associate credential. New teaching staff are given an initial orientation on program philosophy, values, and goals; expectations for ethical conduct; health, safety, and emergency procedures; individual needs of children they will be teaching caring for; accepted guidance and classroom management techniques; daily activities and routines of the program; program curriculum; child abuse and neglect reporting procedures; program policies and procedures; NAEYC Early Childhood Program Standards; regulatory requirements. During the first six months of employment, the teaching staff must complete 3 learning module, pediatric first aid, rescue breathing and food handles training and another 12 modules in the next 12 months. The module are age specific and cover the following topics: Safety, Health, Learning Environments, Physical, Cognitive, Communication, Creative, Self, Social, Guidance, Families, Program Management, and Professionalism. They are given extensive training in child abuse prevention, identification and reporting, and positive guidance techniques. The staff are also provided the opportunity to attend various courses in the local community.

Special Needs

(NAEYC 7.C.05)

Our program makes every effort to serve children with special needs. A special needs information sheet, completed by a medical personal, is necessary to begin the review process for developmentally appropriate program placement. For timely identification of your child's unique needs, an information sheet should be requested during the application process. Should a special need be identified after enrollment, a special needs information sheet should be submitted to ensure your child's needs are met.

The Multidisciplinary Inclusion Action Team (MIAT) reviews parental, medical and/or educational documentation (i.e. Individual Education Plan or Individual Family Support Plan, etc.) to determine the best possible environment for children. The team consists of Medical Advisors, Program Directors, T & C, and other subject matter experts as required. Parents are encouraged to attend.

In some cases our program may not be equipped to meet your child's unique needs. Program personnel will provide information about other available programs and services.

The Air Force Aid Society "Give Parents A Break" program is available for children with special needs and parent needing respite care.

See page [27](#) for additional information.

Special Needs is a term used to describe children who have, for example; but not limited to:

- Developmental delays or disability
- Attention Deficit Hyperactivity Disorder (ADHD)
- Behavioral /emotional disorders
- Diabetes
- Asthma
- Uses mobility aids (wheelchair, brace, etc.)
- Deaf or hard of hearing
- Low vision/legally blind
- Food Allergies
- Illness or physical condition limiting participation or requires continuous monitoring.

Transitions

(NAEYC 10.B.14)

Moving from one age group to another is a big step for every parent and child. Our goal is to provide a smooth transition plan allowing success for children, parents and teaching staff. Children's readiness for transition is based on age and developmental milestones. The age appropriate milestones are noted on the accompanying chart. The milestones are guidelines for children at each age interval and are not the sole factor in determining children's ability to transition. Children who achieve the milestones prior to their chronological age may transition early, while others may need a little

extra time to ensure a successful transition. Teaching staff work diligently with parents and children in preparation for the next age group. These steps ensure challenging activities are consistently supporting children’s growth a development.

Age Group	Developmental Goals
Infants (6 weeks to 12 months)	<ul style="list-style-type: none"> • Child is scooting or crawling • Child is sitting up • Child is rolling over
Pre-Toddlers (12-24 months)	<ul style="list-style-type: none"> • Child is walking • Child attempts to hold spoon • Child can drink from a sippy cup • Child sleeps on a cot
Toddlers (24-36 months)	<ul style="list-style-type: none"> • Child uses some words • Child plays alongside others • Child has some self-help skills (washes hands, eating, serving, drinks from open cup) • Child engages in activities for short periods of time
Preschool (3 to 5 years)	<ul style="list-style-type: none"> • Child displays verbal skills and expresses him/herself • Child engages in activities and plays with others

Elementary School Transition

(NAEYC 7.C.06, 7.C.07)

Our curriculum encourages and supports your child’s transition into the formal school environment. As your child nears kindergarten age, program personnel will provide information on local school districts. Our program partners with Independent School Districts on the installation and in the community to ensure our curriculum best prepares children for a school environment with regards to cognitive, social, and self-help skills.

Positive Guidance

(NAEYC 1.B.09)

Child Development Programs use redirection as a positive guidance technique. Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion.

One aspect of the curriculum is to introduce and encourage socially appropriate behavior. Positive guidance is utilized to redirect inappropriate behavior. The goal is to replace an inappropriate behavior with a desired behavior, focusing on what the child should do rather than on what the child should not do.

Children who continue to exhibit disruptive behaviors will be closely monitored. The teaching staff and parents will work together in formulating a plan to help the child become successful in the program.

If positive guidance techniques or the formulated plan are ineffective parents may be requested to pick-up their child for the remainder of the day or longer. Fees will not be refunded or pro-rated during this time.

If after a reasonable amount of time, the behavior continues, the parent may be asked to make alternate childcare arrangements. Assistance in locating alternate childcare arrangements may be requested from the Family Child Care (FCC) Program. Program enrollment may be terminated for behavior causing harm or injury to other children, staff or property.

Children will not be disciplined utilizing corporal punishment in any facility or program. Violation of this policy by parents or other adults may be considered child maltreatment. Program staff are mandated reporters of suspected child maltreatment and therefore will report all cases of suspected child maltreatment to the family advocacy office.

Child Abuse Protection and Reporting

(NAEYC 6.A.03, 6.A.04, 10.D.03, 10.E.02)

To minimize the risk of child abuse in military child care programs, Department of Defense has implemented strong management practices that include:

- Extensive staff and volunteer background checks and screening procedures.
- View panels in all doors and large interior window.
- Video monitoring equipment.
- Classroom accountability procedures.
- Positive guidance and child abuse prevention, identification and reporting procedures training.
- Unannounced inspections.
- An “Open Door Policy.”
- All incidents which may be reflective of child abuse or neglect are evaluated by the management team, the base Family Advocacy Office is contacted as needed.

If you suspect child abuse, child neglect, or a safety violation, report it to the installation: Family Advocacy Office (FAO):

Fort Sam Houston 210-539-6350

Randolph 210-652-6308

Lackland 210-292-5967

Base Safety Office: 210-652-1842

Department of Defense Child Abuse and Safety Violation Hotline:

1-877-790-1197

Safety

(NAEYC 5.A.06, 10.D.01)

Your child's safety and well-being is our utmost importance. Established policies and procedures ensure your child's safety. Programs conduct daily and monthly safety, fire, and health inspections. JBSA fire prevention office conducts and monitors monthly fire drills. An independent annual comprehensive review of safety, fire, and health requirements is conducted by subject matter experts. JBSA conducts regular exercises regarding emergency situations, such as shelter in place and hazardous weather. The child development programs participate in these exercises.

All teaching staff are trained in pediatric first aid and rescue breathing and select staff are certified infant and child CPR. A CPR trained staff member is present at all times. In the event a child is injured, appropriate first aid will be administered and parents contacted immediately. Parents will also be notified of minor incidents not requiring medical attention.

Outdoor play is a vital part of the curriculum. During extreme weather conditions (when weather, air quality, or environmental safety conditions do not pose a health risk) alternate gross motor activities will be available indoors. Sunscreen will be approved by the medical advisor and provided by the program.

All facilities and program areas are tobacco, alcohol and drug free. Firearms are prohibited in all program areas.

Health Policies

(NAEYC 5.A.01, 5.A.04, 5.A.07, 10.D.01)

The ability to maintain a healthy environment for your child is one of our primary goals. The following health practices are established to assist us in meeting the goal.

A current health record must be provided within four weeks of enrollment. And as age-appropriate thereafter. When a child is overdue for any routine health services, parents or legal guardians will provide evidence of an appointment for those services as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption.

Child Health Records include:

- Current health insurance information and individuals authorized access to the information.
- Current health examination and immunizations.
- Supporting documentation for an under-immunized child due to a medical condition (documented by a licensed health professional) or the family's religious beliefs.
- Current emergency contact information.
- Instructions for any of the child's special health needs such as allergies or chronic illness (e.g. asthma, hearing or vision impairments, nutritional needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes).

Signs and Symptoms of Possible Severe Illness:

- Lethargy
- Uncontrolled coughing

- Inexplicable irritability
- Persistent crying
- Difficult breathing
- Wheezing
- Other unusual signs for the child

If an illness prevents your child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children, your child will be made comfortable in a location where she or he is supervised by a familiar caregiver. If your child is suspected of having a contagious disease, she or he can be picked up by the family; the child is located in the isolation room to limit exposure.

- The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom requiring exclusion from the program. In the event of a serious illness or a suspected contagious disease, a physician's statement is required for return.

- A child is excluded promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

- **Parents must pick up their child within one (1) hour of notification.** IF the parent is unable to pick up child, alternated arrangements must be made by contacting emergency contacts. The sponsor's commander/supervisor may be notified for delays in picking up ill children.

- Child may return to program with medical approval or symptom free for 24 hours.

Symptoms and Illnesses:

- Fever, 101 degrees or higher
- Diarrhea, defined by more watery stools
- Vomiting illness (two or more episodes of vomiting in the previous 24 hours)
- Persistent abdominal pain (continues more than 2 hours)
- Mouth sores with drooling
- Rash with fever or behavior change
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge)
- Blood in stools not explained by dietary change, medication, or hard stool
- Pediculosis (head lice)
- Scabies
- Tuberculosis
- Impetigo
- Strep throat
- Rubella
- Varicella-Zoster (chickenpox)
- Mumps
- Pertussis
- Measles
- Hepatitis A virus

Medication Procedures

(NAEYC 5.A.11, 10.B.08, 10.D.10)

The program maintains strict safeguards when administering medications to your child.

- Medications will be administered by trained staff.
- Staff administer both prescription and over-the-counter medications to a child if the child's record documents the parent or legal guardian have given the program written permission
 - The child's record includes instructions from the licensed health provider who has prescribed or recommended the medication.
 - Medications must be labeled with the child's first and last name, the date the prescription was filled or the recommendation was obtained from the child's licensed health care provider, expiration date of the medication or the period of use of the medication, manufacturer's instructions or the original prescription label that details the name and strength of the medication, and the instructions on how to administer and store it. Medication must be in original containers.
 - Medications will only be administered when the prescription frequency is at least **three** times a day.

Daily Medications:

- Parent must sign AF Form 1055 each day medication is to be administered.

As NEEDED Medications (inhalers, EpiPen):

- AF Form 1055 must be on file and updated every 6 months.
- In case of emergency, approval will be requested via phone or fax, with signature on AF Form 1055 at time of pick up.

Over the Counter Medications:

- Aspirin, aspirin like products, antihistamines, decongestants, cough syrups, insect repellent.
- Administered **ONLY** with a doctor's permission, stating physician's name, child's name, name of medication, medication expiration date and dosage (a form is available). Form must be updated every 6 months.
- AF Form 1055 must be signed each day medication is to be administered.

The program protects your child against weather related illness and insect-borne disease by:

- Children wearing clothing that are dry and layered for warmth in cold weather.
- Children have the opportunity to play in the shade. When in the sun, children wear sun-protective clothing, applied skin protection, or both. Sun protection applied to the skin will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher. Sunscreen will be approved by the medical advisor and provided by the program.
 - When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease. Staff apply insect repellent no more than once a day and only with written parental permission.

Note: Annual written permission will be used for sunscreen, lip balms, diaper ointments, salves and over the counter hand lotions.

Alcohol, Drug, and Tobacco

All facilities and program areas are alcohol, drug and tobacco (including electronic cigarettes) free. Children will not be released to adults who appear to be intoxicated or under the influence of drugs. An alternate authorized adult will be called to pick up the child. If an authorized adult is not available Security Forces will be called.

Emergency Procedures

(NAEYC 10.B.08)

Accident Reporting Procedures: If your child gets hurt while in the program, First Aid will be administered and the accident will be documented on AF Form 1187. Parents will be notified immediately by phone of any injury occurring above the neck or for any injury that staff believe warrants additional evaluation by a parent. Notification of minor scrapes, bumps or bruises will be made at the time of pick up. Notification(s) will be annotated on AF form 1187 and available for the parent's review and signature at the time of pick up.

Drill Procedures: Fire drills are conducted once per month. The building is required to be evacuated in 2 minutes to be considered successful. Evacuation plans, review and approved by the Fire Department, are available in key locations throughout the facilities. Shelter in Place drills are conducted twice per year.

Weather/Natural Disasters Procedures: All children and staff will shelter in place when notified severe weather is imminent. Children will not be released to parents or guardians until the "All Clear" is sounded. As the situation allows, parents will be notified of the situation via telecom. Parents are also encouraged to monitor the JBSA website, the Youth Program Facebook page and other local media outlets. Occupants will remain sheltered in place until notified by the emergency response authorities that the situation has been resolved or that an evacuation has been ordered.

Emergency Closing Policy: It is our goal to support the mission by providing quality child care that meets the needs of the community. Parents will be notified via telecom and/or a variety of local media outlets should an emergency situation require unexpected closure or as ordered by the installation commander.

Active Shooter: In the event of an active shooter situation in the immediate area we will immediately turn off the lights, lock all of the doors and crouch below window lines until the all clear is given. If an active shooter enters the facility, we will take the make every effort to evacuate all children and staff to a safe location. Children and staff will shelter in place if unable to evacuate safely. If in a classroom, all windows will be covered, lights turned off and doors blocked with heavy equipment. As the situation allows, parents will be notified of the situation by telecom and/or local media outlets. Program management and staff will call parents to notify them of the situation and inform them where they can pick their child/ren up from security and police personnel say we can. Children and youth will not be released to parents/family members until authorized by the onsite commander. Facility and program access is strictly monitored and controlled as a child abuse preventive measure. Access is limited to parents, children and staff. Others needing access (i.e. civil engineers) are required to sign in. Visitors (i.e. grandparents) are welcome, but must also be signed in. Adults, other than parents, picking up children are required to provide photo identification, which will be compared with names listed on the AF Form 1181.

Dental Hygiene

(NAEYC 5.A.13, 5.A.16)

At least once daily, children older than one year are provided the opportunity for tooth brushing and gum cleaning to removed food and plaque. Parents are responsible for providing the necessary supplies (the use of toothpaste is not required).

After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth used only for one child and laundered daily) to removed liquid that coats the teeth and gums.

Clothing

Children should be dressed to participate fully in all indoor and outdoor activities such as playing in the sandbox, painting or water play. While children's clothes will be covered during messy activities, the program is not responsible for damages. Parents' are encouraged to dress children in "play-wear". Children must wear closed toed shoes for safety. During season changes, due to temperature fluctuation, children should dress in layers. Outdoor play is part of the daily curriculum and outdoor weather gear (coat, gloves, and hat) is required.

Nutrition and Food Service

(NAEYC 5.B.01, 5.B.02, 10.B.08)

Your child is provided breakfast, lunch and an afternoon snack which are nutritious and delicious. Food low in sugar, salt and saturated fat and high in vitamins and minerals are the primary components. The food program meets United States Department of Agriculture (USDA) Child and Adult Care Food Program guidelines. The program takes steps to ensure food safety. Only food prepared in the facility is served. Parents are asked not to bring any food into the center. Meals are served in the classroom in a family style dining setting. Children are encouraged to help set the table, serve themselves and clean up as part of experience new foods and to practice good table manners. Parents are invited to join their child for breakfast, lunch, or snack.

The program posts written menus on the parent bulletin board in the lobby and has copies available for families. All menus have been approved by a licensed dietitian. The program serves meals and snacks at regularly established times. Meals and snacks are at least two hours apart but not more than three hours apart.

Breakfast is served from 8:00 AM to 9:00 AM, lunch from 11:00 AM to 12:00 PM, and an afternoon snack is served from 2:00 PM to 3:00 PM.

For each child with special health care needs. Food allergies or special nutrition needs an individualized care plan is needed from the child's health care provider. The required health assessment must include any food allergies. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy. If consent is given, the information will be posted in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.

Infant Feeding

Program staff works with families to ensure food is based on the infants' individual nutritional needs and developmental stage.

The program provides 1 standard infant formula (Similac Advance Organic) as part of the USDA food program. Clean bottles and supplies must be provided daily for each feeding. Parents may provide their preferred formula brand or human milk in premade bottles.

- Teaching staff who are familiar with the infant feed him or her whenever the infant seems hungry. Feeding is not used in lieu of other forms of comfort.
- Parents provide infant formula or human milk in fully prepared single serving bottles labeled with the child's name and date.
- The program supports breastfeeding by accepting, storing, and serving expressed human milk for feedings in ready-to-feed sanitary containers labeled with the infant's name and date.
- Mothers' are supported with a comfortable area for breastfeeding and program staff coordinate feedings with the mothers' schedule.
- Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice.
- To promote food safety staff discard, after one hour any formula or human milk, which is served but not completely consumed or is not refrigerated.
- The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children or ages 12-24 months.
- As babies mature solid foods are introduced. Program provides a variety of Stage 2 baby foods. Only foods previously introduced at home will be served.
- Table food is gradually introduced based on previous home experience.

Note: For all infants and for children with disabilities who have special feeding needs, program staff provide a daily care sheet documenting the type and quantity of food consumed.

Sudden Infant Death Syndrome (SIDS)

(NAEYC 5.A.12, 10.D.01)

Your child's well-being is our primary concern and current research pertaining to SIDS indicates the following to be best practices for sleeping infants.

- Infants are placed on their backs to sleep on a firm surface.
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than eight months.
- If a blanket is used, the infant is placed at the foot of the crib with a thing blanket tucked around the crib mattress, reaching only as far as the infant's chest.
- The infant's head remains uncovered during sleep.
- After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

Diapering and Toilet Training

(NAEYC 5.A.08)

For children who are unable to use the toilet consistently:

- Parents must supply disposable diapers or pull-ups unless there is medical documentation stating the need for cloth diapers.
- For children who require cloth diapers, the diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.
- Cloth diapers and clothing soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home for laundering.
- Parents must provide additional clothing to include shoes and socks.
- Toilet training is a collaborative effort between parents and teaching staff.
- An individualized approach will be used with a child who demonstrates the developmental readiness skills.

Community Resources

(NAEYC 7.C.03, 8.A.01)

Programs maintain a current list of child and family support services available in the community (e.g. health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention-special education screening and assessment services, and basic needs such as housing and child care subsidies). Resources are available in the child care registration office and the parent information area of the center.

Closed Circuit Television (CCTV)

CCTVs are used in CDC activity rooms and viewable at the front desk by and/or managers where personnel can clearly view and regularly observe each room. Depending upon the facility, some of the CCTVs have the capability to record and the in the spirit of openness and transparency, parents/guardians may come to CYP and view their child participating in events in real-time on the CCTV monitor unless contraindicated by a Collective Bargaining Agreement (CBA) covering CYP employees, in which case, approval for reviewing must be made through the Freedom of Information Act (FOIA) Requestor Service Center and must include a review by the installation legal office. Once CCTV recordings are made, the recording becomes an official Government record. Requests by parents/guardians for viewing a CCTV recording may be made to the CDC Director. Parents/guardians should be informed that such requests to view CCTV recordings will be acted upon as soon as the system has the capabilities and staffing and other factors permit. Oftentimes, such viewing may occur after the CDC has closed for the day. CDC personnel do not have authority to make release determinations and must direct the requesting individual to the installation FOIA Requestor Service Center. Release determinations in these cases are made consistent with the Privacy Act and, as applicable, the FOIA. Unofficial release of video recordings may violate the FOIA, and Privacy Act (when a portion or complete of the video is maintain in a Privacy Act system of records), could possibly violate the privacy rights of all the other children/youth and CYP personnel in the recording. In addition to on-going training and the monitoring of the direct involvement and personal care provided by CDC personnel

and volunteers, CCTV may be utilized to help monitor children as well as to identify personnel training needs and other requirements necessary for maintaining a safe and secure environment.

Family Child Care

Another Quality Child Care Option

FCC is a quality alternative to center-based childcare, provided by spouses of active duty military members in on base housing. The FCC Program office and other base agencies certify both the individual providing services and the occupied quarters. Each home is monitored on a monthly basis by the FCC Coordinator. There are also, unannounced visits by representatives from fire, safety, public health, and other related bases agencies.

The FCC philosophy is to nurture the child through care, understanding, love and affection. We believe in providing a relaxed atmosphere where a child can develop to his/her full potential. We encourage children to grow intellectually. Physically, socially and emotionally through a daily routine of play and recreation. FCC further believes the child's world should be as happy and as free of fears and pressures as possible.

Individuals interested in becoming a licensed FCC provider must apply and be approved before they are licensed to provide childcare. All applicants must be at least 18 years of age, possess a high school diploma or GED equivalent, have the ability to read, speak and write English, be physically and mentally capable of providing care, be willing to complete the required training and have the ability to obtain the required insurance. In addition, background checks are completed on all individuals living in the home who are over 12 years of age.

The next step in becoming a licensed provider is to complete a basic orientation that includes child development, child guidance techniques, working in a multi-age setting, fire safety procedures, safety procedures, health procedures, business practices, child abuse identification and reporting and First Aid and CPR. All classes offered through the FCC office are free of charge.

Other Important Information Regarding FCC

- FCC offers care for children ages 2 weeks through 12 years; of active duty members and Department of Defense civilians.
- Each licensed FCC home is distinguished with a sign placed in the front door or window.
- Fees and hours of operation are a matter of private negotiation between providers and parents.
- Providers are required to maintain training standards throughout their licensing period
- The FCC program offers equal opportunities to staff, children and providers.
- We accept individuals into our program of various backgrounds, religious affiliations and those with chronic health problems.
- The FCC program also affiliates state licensed providers who are family members of active duty or retired military members.

Family Child Care Special Programs

The programs listed below are provided through the Randolph AFB Family Child Care Program. To utilize the program, contact the Family Child Care office.

Air Force Expanded Child Care (ECC) Program is unique in its ability to tailor short-term care to the unique needs of the children and their families in contracted FCC homes. To be eligible for an ECC program, at least one parent must be a member of the U.S. Military Service: Active Duty; Reserve or Guard member in activated status; dual employed (military married to a civilian), or DoD civilian employee assigned to or working on the installation. ECC is a privilege, not a right, and the JBSA FCC program will retain final approval authority on whether or not a child is accepted for care. The ECC program is administered through the Military and Family Services Flight and is currently provided at no cost to families. First priority is given to parents whose children are currently enrolled in the JBSA Child Development, School-Age, and/or FCC Programs. An EDC Parent Statement with verification from parent(s)' supervisor(s) verifying that the duty hours are in support of the mission is required each time EDC program services are requested. Home Community Care, Returning Home Care, PLAYpass Pre-Deployment Child Care, PLAYpass Deployment Child Care, Medical Care, Wounded Warrior Care, Child Care for Fallen Warriors, and Permanent Change of Station (PCS) Child Care fall under this program.

Air Force Extended Duty Child Care Program (EDC) assists Military and their families in obtaining high-quality child care from Air Force licensed or affiliated providers at or near the base when weekly parental workloads increase due to extended duty hours, exceed the their typical 50 hours per week child care arrangements (typically 10 hours a day or 5-day work week). This program is for families that are already in child care programs on or off base. Families should establish a plan to meet all their child care needs, e.g., short-term TDYs, shift work care where shift work is the typical assignment, family days, deployments, etc. The EDC program should be considered the "back-up plan".

Air Force Home Community Care (HCC) Program is designed to provide care for ANG/AFR members during their scheduled UTA (drill) weekend. ANG/FR dual military parents, single military parents, and military parents married to a civilian working spouse are eligible to use the program. At least one ANG/AFR parent must report for training during the time care is being provided. In dual parent families, the non ANG/AFR parent must also be working. If another parent is available, the HCC program may not be used. This program is available for primary UTA weekends through the year. HCC may not be used to support school attendance, off-duty employment, or for any other child care needs other than official duty. Care for the HCC program is provided by an EDC FCC home.

Air Force Returning Home Care (RHC) Program provides child care for children ages 12 and under. Up to 16 hours of care per child per six-month period is available to those active duty members, Air National Guard, and Air Force Reserve members returning to their home stations after deployments of a minimum of 30 calendar days or to personnel who routinely deploy on a short-term basis (cumulative of 30 days in a six month period) in support of contingency operations, and to members returning for a 2-week R&R leave. Care for the RHC program is provided by an EDC FCC home. The program is designed to provide an opportunity for the deployed parent to become reacquainted with his/her family. The 16 hours of care should be used within 30 days from returning to the home station but not longer than 60 days. The RHC program is offered exclusively in an EDC FCC home.

Air Force Pre-Deployment Child Care (PDCC) provides child care for children ages 12 and under. Up to 16 hours of care per child is available to those Active Duty, National Guard, and Reserve members assigned to an Air Force or Joint Base Air Force led installation prior to deploying in support of contingency operations for more than 30 days. Care for PDCC is provided in a JBSA FCC Home participating in the JBSA FCC ECC program. The 16 hours must be used prior to deployment. To request care, the parent must complete the JBSA FCC ECC Registration and submit it with a copy of their orders to their installation's FCC office.

Air Force Deployment Child Care (DCC) Program provides child care for children ages 12 and under. Up to 16 hours of care per child is available to those Active Duty, National Guard, and Reserve members assigned to an Air Force or Joint Base Air Force led installation during the member's deployment in support of contingency operations of more than

30 days. Care for DCC is provided in a JBSAFCC Home participating in the JBSA FCC ECC Program. The 16 hours must be used during the deployment. To request care, the parent must complete the JBSA FCC ECC Registration and submit it with a copy of their orders to their installation's FCC office.

Air Force Permanent Change of Station Child Care Program is intended to help relieve some of the stress felt by families in the process of a PCS move either to or from an AF base. The Air Force Aid Society pays up to 20 hours of child care (per child) in AF certified FCC homes on the base or in AF affiliated homes off base. Families with PCS orders can obtain a certificate for care at both the base from which they are departing and at their new base. Families may use the 20 hours of child care within 60 days before the family's departure from a bases and within 60 days after arriving at the new base.

Air Force Family Child Care Subsidy Program assists military affiliated parents with affordable child care by sharing the cost of parent's child care fees. Parents must qualify and apply for this program. Fees are calculated and based on TFI. The subsidy program is intended to help support military spouse's employment, education, or special medical circumstances. It is also provided to families for up to 60 days when a spouse is seeking employment. If for any reason the subsidy program is unavailable, the regular provider fees apply until Subsidy qualifications are resolved with the FCC office.

Child Care for Volunteer Program is available for those who volunteer through the Red Cross, Military Aid Society and Family Support Center are eligible to receive free child care for twenty or more hours a week in a licensed FCC home. Certificates are issued by the Military and Family Readiness Center.

The following are examples of programs that DoD considers quality care:

- National Association for the Education of Young Children (NAEYC) or National Accreditation Commission (NAC) accredited child care centers
- National After School Association (NAA) accredited school-age programs
- National Association of Family Child Care (NAFCC) accredited family child care homes
- Child Development Associate (CDA) credentialed FCC provider or Early Childhood Education or Child Development degreed FCC provider.

Appendix A – Key Personnel

JBSA-Lackland (LAK)

Gateway Child Development Center, Bldg 3220

Ms. Sherrie Walker, Director
Ms. Elida Loreda, Assistant Director
Ms. Vina Stroud, Assistant Director
Ms. Jessica Neely, Training & Curriculum Specialist
Ms. Lucy Sadler, Training & Curriculum Specialist Ms.

Kelly Child Development Center, Bldg 61

Ms. Barbara Parish, Director
Ms. Kimberly Whatley, Assistant Director
Ms. Leslie Thompson, Training & Curriculum Specialist

Lackland Child Development Center, Bldg 8206

Ms. Rose Mary Bottomley, Director
Ms. Michele Wright, Assistant Director
Ms. Leti Cuellar, Training & Curriculum Specialist

Lackland Pre-K Before & After School, Bldg 8210

Ms. Rose Mary Bottomley, Director
Ms. Michele Wright, Assistant Director
Ms. Leti Cuellar, Training & Curriculum Specialist

Family Child Care Program, Bldg 8210

Ms. Lynn Salazar, Coordinator