

Child Development Homes

Naval Support Unit Saratoga Springs New
York



PARENT HANDBOOK



Welcome to the Child Development Home (CDH) Program. This Parent Handbook will provide answers for many of your questions about our in home day care program, while also acquainting you with program rules and regulations. OPNAVINST 1700.9 series and local standard operating procedures provide guidance for the CDH program.

Naval Support Unit (NSU), Saratoga Springs, established the CDH Program in February, 90. On December 13, 1990, NAU initiated the first military, in home, off-base childcare program by signing a Memorandum of Understanding (MOU) with New York State. This MOU affords military families living in the civilian community the opportunity to offer and receive the same quality childcare as military families living in government quarters. Our off-base program is so successful that all other military branches are using this MOU to expand their programs as well.

To meet the requirements of the MOU, CDH providers must successfully complete extensive training. Emphasis is on setting up and maintaining a safe and nurturing home environment that promotes the physical, social, emotional, and intellectual development of young children. When parents visit a CDH home, they will see:

- frequent, positive, warm interaction among providers and children
- planned learning activities appropriate to the child's age and development
- a healthy and safe environment for children
- nutritious meals and snacks that comply with USDA guidelines and
- positive communication between providers and parents

The CDH Office is located in the Navy Community Center, 279 Washington Street, Saratoga Springs, NY 12866. The office telephone and fax numbers are (518) 584-3579 and (518) 584-1576 respectively. Office hours of operation are MON-FRI 8:00 a.m. - 4:30p.m. During off-duty hours, a list of current providers is available on voice mail. If you have any questions or need additional information about the program, leave a message and we will promptly respond.

I look forward to working with you and am committed to making your CDH experience a positive one. Your participation and comments are strongly encouraged and we believe vital to maintaining our "quality program" that your children so deserve. Please feel free to call or visit the CDH office.

Sincerely,

**Betsy DeCerbo Coffey
CDH Director**

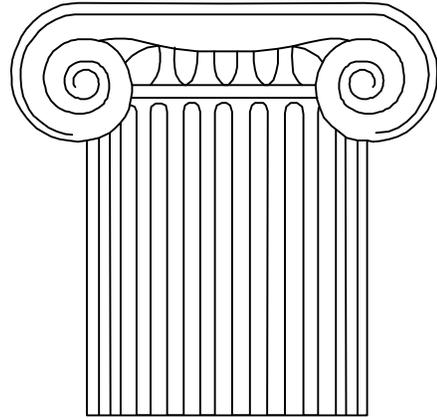
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CDH PROGRAM PHILOSOPHY

As the CDH director, I believe that children have the right to a healthy, safe, and nurturing environment where they can feel comfortable and secure. Children shall have the opportunity to develop to their maximum abilities. CDH providers have the responsibility to provide opportunities for this development.



In the CDH program, each child is an individual, and will develop at his/her own pace. Differences between children are accepted and respected. These differences range from ethnic and racial backgrounds to developmental and physical differences. Every child in the CDH program shall have the same opportunities to develop as every other child.

Children have the right to develop a positive self-image and to feel good about their accomplishments. We hope that in treating each child with love and respect, that they in turn will learn to treat others the same.

We believe that children learn best through active participation in a positive environment with defined boundaries. This offers a variety of opportunities and experiences to promote growth and development. Providers strive to plan activities that follow early childhood principles to meet the developmental needs of the children in their care.

The family is the primary unit in a child's development. Children are largely dependent on their families for identity, security, care and a general sense of well being. We know that to reach our goals, parents and providers must work together in a partnership. With your support, providers can establish and maintain a positive, healthy and loving environment where children will feel safe and happy.

CDH PROGRAM OVERVIEW

By offering the best possible care and support for parents and their children, our CDH program hopes to improve the quality of life for the military families. Several different child care options are available including; before and after school, part-time, full-time, mildly ill, extended hours and drop-in care. Our child care program also considers shift work as another child care option since the majority of families in the CDH program are affiliated with the Nuclear Power Training Unit (NPTU), Ballston Spa.

Physical

We want children to take pride in their physical appearance and take care of their bodies by establishing a pattern of healthy physical routines. Providers show children how to develop physical skills by providing healthy practices such as proper hand washing, serving nutritionally sound meals and snacks, brushing teeth after eating, and daily exercise.

Children learn to control the use of their bodies. Providers offer safe and secure environments to enable children to explore the space around them through free play, and creative movement.

Development of fine and gross motor skills are achieved through active manipulation of materials, indoor and outdoor play and child/provider directed activities.

Cognitive

To develop a love of learning, children are encouraged to ask questions, put ideas or objects into relationships by noting similarities and differences and use available resources effectively. Providers achieve this by creating a safe environment rich with opportunity to explore, construct and extend learning for children.

Children will feel comfortable and effectively use language as a means of communication in all forms; written, oral, poetry, art, song, puppetry, and finger play. Providers promote a language rich environment through activities such as: reading, speaking, singing, and painting.

CDH providers set up their learning environments to include: books, educational toys, and activities, such as sand and water play, cooking, art, music and movement, to encourage creativity.

Educational



CDH offers experiences that allow children to use their imaginations. A lending library located in the CDH Office has books, toys and equipment for providers to use when establishing their programs. Providers also receive funds to purchase additional supplies and materials from the Child Care Coordinating Council when they participate in the USDA food program. Providers learn through training how to select toys, games and activities that are appropriate in meeting the developmental needs of the children in their care. Everything is stored on low, open shelves to advocate self-help skills for children. Providers conduct a safety check on all toys and regularly sanitize them with bleach and water.

The CDH program requires providers to plan daily and weekly routine schedules to maintain a fun learning environment. Scheduled daily activities offer a balance of child initiated and adult

directed experiences. We encourage independence by asking children to participate in age appropriate tasks such as, setting the table, making meals and snacks, and cleaning up after eating. Providers must exhibit emotional stability and through healthy interactions help children develop positive relationships with their peers and adults. This begins by showing children how to respect one another. Practicing self-discipline and encouraging positive self-esteem are essential for success.

We want children to live compatibly with other people and understand that everyone's needs and beliefs are important. To encourage this, providers must teach children the art of problem solving, consensus building and positive conflict resolution.

Providers discuss cultural differences to ensure children understand that although people of the world look different, use different languages, and have a wide variety of values and customs, these differences do not make them any more or less valuable. These concepts of cultural diversity are part of the daily curriculum.

Children need to feel comfortable with emotion, to be capable of managing feelings of anger, sorrow, fear, and joy in a healthy manner. Providers must accept children's emotional outbursts, guide children in redirecting unproductive reactions, and help children to verbalize their feelings.

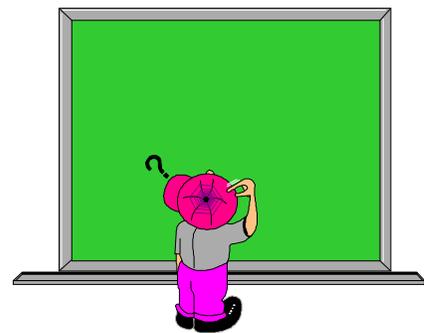
We teach children to learn that although work is not always easy, they must use perseverance and determination to find the answer. To encourage this, providers help children work through frustration by offering age appropriate learning experiences and supporting them individually in their work.

Providers will inform parents of their child's progress daily.

****Appropriate Activities****

- Move from simple to complex, based on realistic expectations of children at each age level.
- Move from simple to complex.
- Relate new experiences and skills to what the children already know. They must be concrete, real and relevant to the lives of the children.
- Begin with the here and now; start with the child, the family and the child's daily environment.
- Promote child choice, exploration and problem solving.
- Allow children to learn by using their bodies and all of their senses to interact with people and things in their world.
- Establish firm daily routine schedules, observing the needs and interests of children individually.
- Recognize the role of the environment in promoting learning and self-discipline.

****In An Appropriate Family Child Care Environment****



- The home is child-protected.
- Areas that are off-limit to children are inaccessible.
- Furnishings are child-size and appropriate.
- Some areas are rearranged daily for use by the children.
- Spaces are available to accommodate routines and learning needs of the children.
- Each child has a personal storage area.
- Outdoor play space is accessible for daily use.
- Providers and parents meet often to discuss accomplishments or problems with children.
- Displays on walls and ceilings contribute to children's learning.
- Children's artwork is displayed on walls or refrigerators at children's eye level.
- Toys and materials are accessible to children. Storage areas have labels and pictures with written signs to facilitate independent use.
- The environment looks and feels like a home.

****Developmental Appropriateness Checklist****

1. Provider interacts frequently with children, showing affection.
2. Provider is responsive to children and speaks to them in a friendly, courteous manner.
3. Provider speaks with individual children and encourages children of all ages to use language.
4. Provider uses positive approaches to help children behave constructively.
5. Provider does not use physical punishment or discipline methods that hurt, frighten or humiliate children.
6. Overall, sound of children in the FC home is pleasant most of the time.
7. Children are generally comfortable, relaxed, happy and involved in play and other activities.
8. Children are encouraged to talk about feelings and ideas instead of physically harming others.
9. All children play outside daily, weather permitting.
10. Infants and toddlers are on individualized feeding and napping schedules.
11. There is a balance of child/provider-initiated activities. Because we encourage independence, we do not want providers always directing children as to what to do next. For example, when the provider is reading, children may listen to the story or play independently.
12. Sufficient developmentally appropriate materials/equipment and hands on activities are available for children of all ages.
13. Children are encouraged to think, reason, question and experiment.
14. Provider offers materials and time for children to select their own activities.
15. Provider conducts smooth and unregimented transitions between activities.
16. Provider is flexible enough to change planned activities.
17. Mealtime is a pleasant social and learning experience for children.
18. Provider organizes environment to provide rich learning experiences for children.
19. A schedule of developmentally appropriate activities is prepared each week to promote a positive learning environment.

Ratios And Group Size

A provider may care for a maximum of six children. . The provider’s own children are included in this total. Children under eight are not counted in the maximum group size.

In a multi-age group, no more than two children at one time can be under the age of two.

If at any time children in attendance are all under the age of two (whether they are the patron’s or the provider’s) the group size will not exceed three children.

When caring for children with special needs, it may be necessary for the provider to reduce the total number of children in care according to the recommendations of the CDH Director and other professionals.

No children in the program may be under the age of four weeks old. Only one infant may be under two months old.

If a home is a before and after school home there will be no more than eight children present at a time. All children must be over five years of age including the providers own.

The providers shall post ratio information for parents to see. **MAXIMUM GROUP SIZE MUST BE ADHERED TO AT ALL TIMES. FAILURE TO COMPLY WITH THESE REGULATIONS MAY PUT CHILDREN IN AN UNSAFE ENVIRONMENT.** If at any time your provider is over capacity limits, please contact the CDH office immediately. Disregard for program regulations will be cause to suspend the CDH license and close the home.

Infant Care	Mixed Ages
1 Under two months	2 Under two years (Max)
2 Under two years	4 Ages two to twelve
3 Total	6 Total

Touch Policy

It is important for parents to know that their child is in a safe and loving environment. Appropriate physical contact between child and adult is a part of the nurturing and growing process. Appropriate touching signifies that children deserve respect for privacy and personal space. Sometimes appropriate touching is necessary when the safety and well being of the child is challenged, for example, holding hands when crossing the street.

Samples of appropriate touching are hugs, lap sitting, reassuring pats on the shoulders and naptime back rubs for the tense child. Some children may require much physical contact, such as

holding an infant when eating, and rocking the infant to sleep. At no time will children feel uncomfortable or ill at ease.



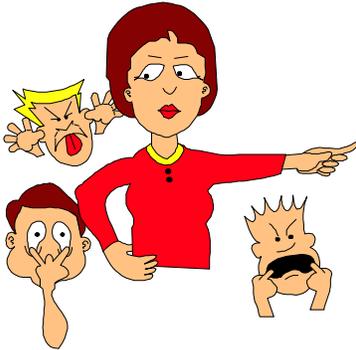
Inappropriate touching constitutes the coercion or other forms of exploitation of the child's lack of knowledge. If touching involves the satisfaction of adult needs at the expense of the child, or violates a cultural taboo against sexual contact between adults and children it is inappropriate.

Examples of inappropriate touching include: forced goodbye kisses, corporal punishment, slapping, pinching, fondling, prolonged tickling, molestation or any attempt to change a child's behavior with adult physical force.

Child Guidance Policy

POSITIVE GUIDANCE

Positive guidance is a means of guiding children to achieve acceptable behavior and helping them develop inner controls necessary to function as positive, productive individuals. Positive guidance helps children learn the consequences of their action and is not a punishment.



It is the policy of the CDH Program that under no circumstances will physical punishment be used, nor are parents allowed to administer punishment to their children while at the CDH Provider's home.

CORPORAL PUNISHMENT OR ANY HUMILIATING OR FRIGHTENING PUNISHMENT BY A PROVIDER IS STRICTLY PROHIBITED. This includes physical punishment such as spanking, hitting, pinching, hair pulling, verbal abuse, threats, or derogatory remarks about a child or the child's

family. Restricting the child's movements, placing the child in a confined space, or punishing the child for lapses in toilet training is forbidden. Additionally, providers are restricted from withholding or forcing meals, snack, or naps.

- ACCEPTABLE GUIDANCE TECHNIQUES.

Providers use, redirection, logical consequences, and reminders of rules as appropriate guidance techniques. Children learn self-control or self-discipline when adults treat them with dignity and use positive methods to guide them. Usually, a misbehaving child is a discouraged child who needs encouragement to help guide him or her into a more acceptable behavior pattern.

CDH Providers will practice positive guidance techniques such as these (written by Jane Nelson Positive Discipline, and Elenor Reynolds Guiding Young Children) to help children:

1. Active (Reflective) Listening: Providers will use this to help children understand their feelings. The provider listens and then interprets what the child is expressing. Example: It sounds like _____.” Or “I hear you saying that _____.” Or “Are you saying that you feel _____?” Once provider and child determine the feeling, they can work on a solution.
2. Negotiation: The provider acts as a facilitator when children have a problem. The provider brings the children together, helps them identify the problem, and asks how they think they can solve the problem. Provider offers suggestions that will help children find a resolution.

“I hear two children and it sounds like they have a problem. Billy, tell Susie what you think the problem is. (Billy has his turn to talk.) Susie, tell Billy what you think the problem is.” (Susie has her turn to talk.) Provider acknowledges that indeed, this is a problem. Then, provider asks how they think this problem can be solved. (Children have time to offer suggestions.) Provider tells children they have a good solution to the problem and asks if they think they can work it out by themselves. Once children work together, provider praises the children for getting along.

3. Setting Limits: Providers set clear consistent, fair limits for behavior. Providers help the older children set their own limits. Limits are set in the following ways:

- a. I - messages: Provider uses this to express how he or she feels about the child’s behavior, and explains why the behavior is inappropriate.

“It scares me when I see you climbing on the table because if you fall you may hurt your head.”

- b. Giving Information: The provider will guide the child through problems by offering simple suggestions to help the him or her control the problem.

“I see that your puzzle is on the floor.” (Wait for a response, if the child does not answer, ask.) “Do you remember where the puzzle belongs?” (If no response say) “The puzzle belongs on the shelf.” (If no response again.) Ask the child to put the puzzle on the shelf.

- a. Natural and Logical Consequences: A consequence is the result of a specific action. The provider will remain neutral. Providers use natural and logical consequences teaching children how to be responsible for their actions.

Natural consequences are the result of the behavior without intervention. Example: “When you stand in the rain, you get wet.”

Logical consequences are the result of the behavior with intervention and consequences. Responses must be related, respectful, and reasonable. Example: “Oh look, you spilled your milk. No problem, we can clean up the spill with this sponge.”

- b. Contingencies: Providers use contingencies when a child needs to complete a task before he or she can do something else.

“When your puzzle is put away, you may play with another toy.”

- e. Choices: Children learn how to make decisions. Provider guides children by allowing them to choose between two items or situations.

“All children wear smocks while they are painting. You may wear the red or the blue smock. You choose the color.”

- 4. Reinforcement, Noticing and Giving Strokes: Everybody has a basic need to feel important. Children can change their behavior simply by receiving positive reinforcement from an adult.

Reinforcement is rewarding positive behavior. Example: “I am so proud that you remembered to put the puzzle back on the shelf.

Noticing is simply acknowledging the child is there. Example: “You look happy today.”

Strokes are any positive statements or non-verbal communication that the provider uses to build a child’s self-esteem. A wink, a smile, a pat on the back, or making comments such as; “I think you’re special.” are some effective ways to acknowledge children .

- 5. Redirection: The provider uses redirection to get the child away from the distressing situation.

When sharing is a problem, the provider can explain that it’s Tommy’s turn to play with the keyboard. He has 5 minutes, then it’s Susie’s turn. Susie, I need some help counting these paper plates. Can you help me? Providers use logical consequences, choices, and negotiation to redirect the child.

- 6. Modifying the Environment: Providers must be aware of the signs that indicate a poor environment. Some of these cues are restlessness and fighting. When assessing the home providers must consider the following: Is there enough space for the number of children in care? Are there enough toys and are they developmentally appropriate? Is the daily routine schedule working, and does it include enough activities to encourage independent self-help skills? Is there enough child size furniture for the children to use? An environment that meets the physical, emotional, and intellectual needs of the children, is one where children will succeed.

When the previous methods are not effective for changing behavior problems, providers may Try the following techniques.

- 1. Separation or Removal from Group or Activity: If a child displays unruly or inappropriate behavior,, the child is separated from the others, but within the provider’s sight. The child

may rejoin the group when ready as long as he or she behaves appropriately. Provider may have to give the child another activity choice if the behavioral problem continues. The provider may also remove the child from the group for a short period of time such as “Time Out” (temporary removal of the child from a stressful situation). Length of time depends on the child’s age i.e., three minutes for a three-year-old to sit in a calming chair in view of the provider. The providers lets the child know when the time is up or sets a timer for the child to see when it’s time to go back to the group activity. The child must always be within the provider’s sight.

2. Restraint or Gentle Bear Hug: The provider may use a gentle bear hug as a last resort when there is danger of physical harm or a child is too upset to talk or listen. Providers use this if a child is emotionally out of control. The provider will also use words acknowledging that he or she understands, but cannot allow the child to hurt themselves or others.
3. Revocation of Privileges: After other measures have failed to achieve appropriate behavior, privileges to use certain toys or play in a specific area are taken away from the child.

THE CDH HOME WILL BE SHUT DOWN IMMEDIATELY IF A PROVIDER DISCIPLINES CHILDREN BY USING CORPORAL PUNISHMENT, THREATS, HUMILIATION OR SCARE TACTICS.

Providers will post their child guidance policies and review them with parents during the interview and before children are accepted into the home.

Time Out Summary

What is a time out?

A time out is a technique used to interrupt unacceptable behavior by removing the child from the “scene of action”.

When and where do I use a time out?

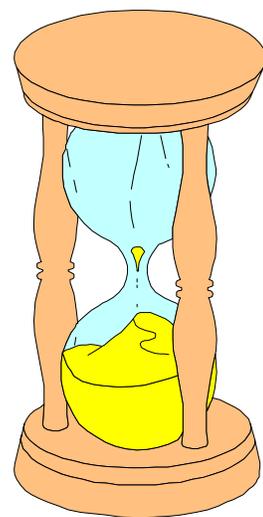
Use time outs for stopping inappropriate behavior before it reaches oppressive or violent proportions. The time out should be short (a minute or less for young children). Once the time out is over, allow the child to return to the original situation and let him/her demonstrate acceptable behavior.

What is the procedure for using time outs?

- Before using a time out, see if your child understands the concept of “wait” and “quiet” (this usually occurs at 3 years and above.)
- Then choose an appropriate location.

First few times:

1. Explain a time out to the child.
2. Explain when you will use time out.



3. Walk the child through the steps when a rule is broken.
4. Keep track of the time the child is quiet. Inform the child that time spent crying or whining does not count.
5. Tell the child when the time is up.
6. Return the child to the situation, and reinforce the appropriate behavior.

- **Example of how not to do it.**

Tommy is provoking Joey at the dinner table and interrupting Mom and Dad’s conversation. Mom pleads, “Come on boys, eat your dinner. If you finish a little more you can have cake.” Dad threatens, “Shut up and eat or you’ll go to your room for the rest of the night.” The behavior continues and Dad drags Tommy to the next room shouting “Take a time out right here! Sit here until you’ve calmed down!” Tommy blasts back, “I didn’t do it. Joey did!” Dad argues, “I don’t care what he did or what you did. Now sit down and shut up!” The argument continues until Tommy whines, “O.K., I’ll behave now.” His Dad lets him return with a command to, “Sit there like a human and eat!” Mom places the dessert on the table and soon both boys are bickering again.

- **Example of how to correctly administer a time out.**

Tommy is provoking Joey and interrupting Mom and Dad’s conversation. Tommy’s Dad asks him to please wait until he is finished talking to Mom. After asking Tommy several times to please wait, Dad tells him to go and sit on the couch. Tommy complains and peeks around the corner to provoke his brother Joey, so the time out never starts. Mom and Dad remind Tommy that the time out begins only when he is quiet. When the time out is over, Dad goes to Tommy and says, “Tommy, we sent you to time out on the couch because you were acting silly at the dinner table. You took your time out so you can come back and eat now.” As he picks up his knife to butter his bread, Mom follows up with, “That’s good Tommy. I like the way you are eating your dinner. As soon as you finish you may have a piece of cake.”

Nap Time

Nap and rest time is an important part of the daily routine. This allows some quiet time for the provider while allowing children time to rest and restore their energy. Children do not have to sleep, however, they must rest at least one hour. Children not interested in taking a nap or children arriving at nap time, who have just had a nap at home, will be allowed to play with a quiet toy or read a book on a cot.

Each child has a clean place to sleep or rest that is at least 4 inches above the floor. Providers will sanitize and cover all sleeping areas. Family members bedding will have waterproof covers, and clean linens before use. Crib slats will not be more than 2 ³/₈” apart. Providers cannot use playpens. (Porta-cribs are



acceptable for nap or rest time **only**. Children under three years of age cannot use pillows.

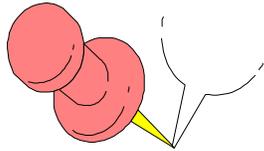
Special Needs Homes

These CDH homes offer care to one or more children with disabilities or handicapping conditions. The following requirements apply to special needs homes:

If the provider is caring for a child who is retarded, emotionally disturbed or handicapped and requires more than usual care, the ratio of adult to child shall not exceed one to three.

Prior to admission of any handicapped child, the provider shall meet and obtain information from the parents, physicians, state, and local agencies regarding any problems that may influence the child's emotional and physical development. Additional training may be necessary to develop the appropriate curriculum that meets the needs of each child in the provider's care.

CDH EMERGENCY RESPONSE PLAN



Emergency Telephone Numbers - Providers must post the following numbers in a conspicuous location near the telephone:

- Emergency Fire/ Police.....911
- Poison Control Center.....(800) 336-6997
- Navy Branch Clinic.....885-4011
- Family Child Care Office.....584-3579



Fire Evacuation – A complete a floor plan ensuring all exits in the home are identified and posted at children's eye level. Conduct fire drills on a monthly basis with children. The CDH Director may hold periodic drills.



Serious Injury - Immediately call 911 and follow instructions. Providers must notify the CDH office as soon as the situation safely permits.



Ingestion of Poison - Immediately call 911 and the Poison Control Center. The Navy Branch Clinic may also be of assistance. Providers must notify the CDH office as soon as the situation safely permits.



Severe Weather/Natural Disaster - Provider will discuss the importance of having at least two authorized adults other than themselves to pick up their children if they are unavailable and a disaster or severe weather occurs. In the

event of a natural disaster, the CDH Office will secure and direct the providers and the children in their care, to evacuate to the Navy Housing Community Center. Providers will leave posted notification of the evacuation on the front door of their homes. Parents must be aware of this plan and provide support to avoid confusion and ensure the safety and welfare of all concerned.

Telephone - Telephone services will be available in the provider's home at all times. This means that during childcare hours, CDH providers or anyone living in the home may **not at anytime use the telephone line to connect to the internet.** The phone must be available for CDH staff and parents to contact the provider in the event an emergency occurs.



Transportation

Providers will adhere to the following policies when transporting children:



- Automobile insurance is current.
 - Written permission regarding transportation of children by the CDH provider must be obtained at the time of enrollment and annually thereafter.
 - When transporting children, the same adult/child ratio will apply as is required in the CDH home for the ages and number of children enrolled.
 - The provider must obey all state and local laws and regulations pertaining to vehicles.
- All vehicles transporting children must have the following: evidence of compliance regarding vehicle safety-locking devices on doors, a spare tire ready for service, useable jack, infant car seats.

PROVIDER PROFILE

The CDH provider is a family member of a military member at least 18 years of age, who has completed certification requirements which includes: two hours of initial training and fire/safety, health inspections, and final approval from the Officer in Charge. To ensure “quality” the CDH program is monitored and maintained by the CDH Director through monthly home visits and training.

In an effort to prevent child abuse, the CDH office conducts thorough background checks and in-home family interviews to screen individuals and family members for any past experiences that might affect their suitability to care for children.



CDH providers use the Family Day Care Rating Scale (FDCRS), and Navy CDH Providers Training Program to create a safe, healthy, nurturing and developmentally appropriate environment. By completing both FDCRS and the 13 training modules, providers are able to improve the quality of their homes by recognizing weaknesses and using these tools to correct problem areas.

PROVIDER RESPONSIBILITIES

Providers must meet the following requirements to participate in the CDH program. These regulations are necessary for the safety, health and welfare of the children in their care. If at any time, you feel that your CDH provider is not meeting program requirements, it is your responsibility to discuss the problem first with the provider. If you cannot resolve the situation, please contact the CDH office immediately.

Substitute For Back-Up Care

Each provider will identify a back-up provider to substitute for the regular CDH provider on an occasional basis within the approved CDH guidelines. These individuals must meet the following criteria:

- **CPR and First Aid certified,**
- **Child Abuse and Prevention/Identifying and Reporting,**
- **18 years of age and**
- **Pass local background checks.**

The provider will notify the CDH Director when a back-up provider is used. The provider and parent will work together to arrange substitute care and financial reimbursement.

Providers will have more than one back-up provider. Spouses may not be back-up providers.

Providers will use back-up providers only for emergencies or for scheduled appointments when conflicting with the provider's normal routine.

Parents are responsible for meeting with the back-up provider. We recommend that parents meet (with their children) and interview at least two back-up providers to ensure children and back-ups are comfortable with each other. If for any reason you are not satisfied with a back-up provider, your primary provider or the CDH Director can suggest other available substitute care.

All back-up care is to take place in a certified CDH home **only!** It is the provider's responsibility to inform parents 24 hours in advance. The only exception to this rule is an emergency or sudden illness.

Parents must complete emergency consent forms and child registration cards for the back-up providers.

Supervision

CDH providers are to remain on the premises when children are in the CDH home. Providers are responsible for continuous supervision of children at all times. This means:

- remaining on the premises when children are in the CDH home,
- remaining in close proximity to children during periods of activity,
- observing napping children periodically and
- direct outdoor supervision

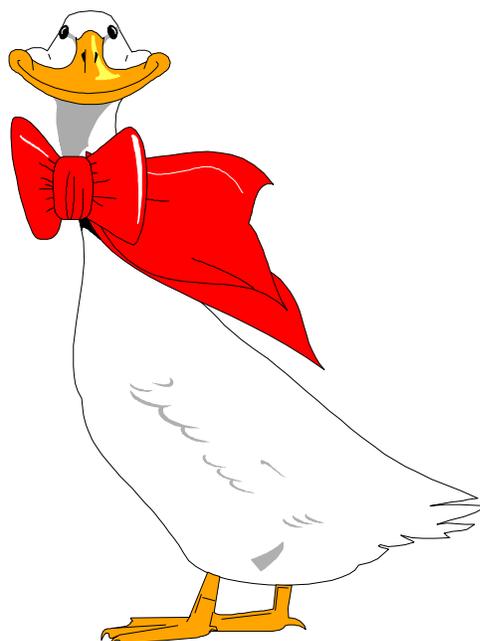
Pets

CDH Providers may include animals in the home providing:

- their presence is in accordance with housing regulations,
- they are friendly companions for children and
- A veterinarian regularly examines them.

Dogs or cats, where allowed, must be immunized for any disease that can be transmitted to humans and must be on a flea, tick and worm control program.

CDH homes must remain sanitary at all times. Litter boxes must be inaccessible to children. Providers will use reasonable precautions to prevent injury to children and animal(s). Ferrets, turtles, birds (of the parrot family), reptiles or wild or dangerous animals are not acceptable. Parents shall be given written notification at registration that animal(s) is/are present. Children cannot be alone with the animals at any time.



Nutrition



All CDH providers participate in the United States Department of Agriculture (USDA) food program to ensure they serve nutritious meals and snacks. Unless your child has food allergies, we ask that you not bring food from home. It is very difficult for children to understand why another child is eating something different, and often want to know why they cannot have some of that child's food. Also, this makes it difficult for providers to practice family style meal service where children serve themselves, when different foods are being served and not offered to everyone. This self-help method encourages even those finicky eaters to be better eaters. Providers shall post weekly menus for parents to review, and if at any time there are questions regarding menus please feel free to discuss these concerns with your provider.

EXAMPLES OF DAILY/WEEKLY ROUTINE SCHEDULES

7:00-8:00	Greet the children. Allow children to rest or play quietly.
8:00-8:30	Set the table. Eat breakfast.
8:30-9:30	<u>Group Activity</u> -shapes, colors, numbers, building blocks, games.
9:30-10:30	Outside play.
10:30-11:00	Snack-time.
11:00-11:30	Story-time.
11:30-11:45	Clean-up.
11:45-12:45	Set table. Eat lunch. Clean-up.
12:45-2:00	Nap-time.
2:00-3:00	Special project or activity.
3:00-3:30	Outside play.
3:30-4:30	Dramatic play.
4:30-5:00	Clean-up. Get ready to go home.
0600-0730	Children arrive, quiet play with floor toys and books.
0730-0815	Transition to Handwashing/Family style breakfast.
0815-0830	Group get together (stories, fingerplays, songs)
0830-0930	Inside children's choices (reading/language, manipulative, pretend play, blocks, math/science, creative art, cooking, computer, space to be alone) Older children use bathroom and drink water as needed. Diapering children as needed, feeding infants as needed.
0930-0945	Clean-up transition to handwashing/bathroom and family style snack.
945-1100	Outside children's choices (climbing, sand play, wheel toys, balls, dramatic play, water play, creative gardening, science)
1100-1130	Wash hands drink water; Inside choices (music, books, manipulative, dramatic play, floor toys) Provider prepares lunch, some children may help.
1130-1215	Clean up transition to bathroom/diapering/handwashing and family style lunch/clean-up, tooth brushing.
1215-1230	Stories read aloud as children lay down on cots
1230-1400	Nap/rest time
1400-1430	Wake up, cots away, bathroom, transition to family style snack as children choose
1430-1530	Outside children's choices (climbing, sand play, wheel toys, balls, dramatic play, water play, creative gardening, science)
1530-1545	Children wash hands, bathroom/diapering, drink water
1545-1730	Inside children's choices (reading/language, manipulatives, dramatic play, blocks, math/science, creative art, cooking, computer, space to be alone) Make sure shoes are on, children's faces and hands washed, diapers changed, belongings gathered as parents arrive and allow parents time to come in and play with or read to the children.



HEALTH REQUIREMENTS FOR ROUTINE CHILD CARE AND SICK CHILD POLICY

Admission Denial Policy:

Providers will closely screen children showing signs of illness. Children may not attend the CDH home if the following symptoms appear:

- temperature in excess of 100 degrees Fahrenheit or
- signs of illness such as:
 1. Impetigo - red oozing lesion capped with a golden yellow crust that appears “stuck on”
 2. Scabies - crusted wavy ridges and tunnels in the webs of fingers, hands, wrists and trunk
 3. Ringworm - flat, spreading, ring shaped lesions
 4. Chicken Pox - crops of small blisters on a red base that become cloudy and crusted in two to four days
 5. Head Lice - nits (white dots) attached to the hair
 6. Culture - proven strep throat that has not been under treatment for at least 48 hours
 7. Conjunctivitis (pink eye) - red watery eyes with thick yellowish discharge
 8. Persistent cough, severe diarrhea, or vomiting
 9. Symptoms of other contagious diseases such as measles, mumps, hepatitis, scarlet fever and strep throat infection.

Readmission Policy:

Children may attend the CDH home after an illness only when their presence will not endanger the health of other children.

A child will return to the program when the child feels well enough to participate in the usual daily activities and one or more of the following conditions exist:

1. The fever has been absent for 24 hours.
2. Nausea, vomiting or diarrhea has subsided for 24 hours.
3. Child takes antibiotics given over a 24-hour period for known strep throat or other bacterial infection.
4. Chicken pox lesions crust, usually 5 to 6 days after onset.
5. Scabies is under treatment.
6. Lice are treated.
7. Pinworm treatment has occurred 24 hours before return.
8. Lesions from impetigo are no longer weeping.
9. Conjunctivitis has diminished to the point the eyes are no longer weeping.
10. The child has completed the stage of illness.

11. The child had a communicable illness, but a medical facility or physician signs a release authorizing child to return to day care.

The provider may care for a mildly ill child. The provider must obtain the consent of all parents.

NOTE In cases involving chicken pox a mandatory quarantine is imposed on the provider's home. The provider will only to care for children, previously exposed to chickenpox. This requirement will go into effect after the diagnosing of the disease and will last for 14 days.

Medical Care After Admission

Parents are immediately notified if their child develops a condition that requires prompt medical attention. Should the child exhibit any of the following symptoms: Convulsions, marked difficulty in breathing, unconsciousness, severe lacerations, injury to extremity with vomiting or altered consciousness, providers will call 911 to transport the child to the appropriate medical facility.

Providers will handle minor health problems in the following manner:

1. The provider will notify the parent or parent designee should the child become injured or ill during the time in care. Parents must pick their child up as soon as possible, no longer than one hour after notification.
2. If there is question about the course of action, the provider will consult the CDH office.

Administering Medication

Providers must follow strict guidelines regarding administering medications: ALL MEDICATIONS INCLUDING OVER THE COUNTER MEDICATIONS MUST BE PRESCRIBED BY A PHYSICIAN WITH SPECIFIC INSTRUCTIONS SUCH AS DATE, TIME, DOSAGE AND DURATION OF ADMINISTRATION. PROVIDERS MAY NOT ADMINISTER ANY TYPE OF ORAL MEDICATION AT ANY TIME FOR ANY REASON WITHOUT A PHYSICIAN'S WRITTEN PRESCRIPTION, EVEN IF THE PARENT(S) ASK THEM TO DO SO. PROVIDERS MUST DOCUMENT DATE, TIME AND AMOUNT OF MEDICATION THEY DISPENSE. PHYSICIANS MAY SIGN A SPECIAL NEEDS FORM WHEN CHILDREN REQUIRING MEDICATIONS ON AN AS NEEDED BASIS SUCH AS ASTHMA, ALLERGIES ETC. ENABLING PROVIDERS TO ADMINISTER MEDICATION WHEN NECESSARY.



COMMUNICABLE DISEASE

Providers will notify parents when children have exposure to the following: Bacterial meningitis (H flu); Neisseria meningitis; Pertussis; Streptococcal infections; Chicken pox; Lice or scabies; Giardia lamblia diarrhea; Hepatitis A virus infections.

Disease	Incubation period	Early signs of illness	Exclusion from CDH home
Chicken Pox	2-3 Weeks	Slight fever. Fine blisters appear first on scalp, then on face and body.	Exclude from CDH home until all scabs crust over.
German Measles (3 Day Measles)	10-21 Days	Slight head cold. Swollen tender glands at back of neck. Changeable rash.	Exclude from CDH home at least 4 days after onset of symptoms. Permission slip required.
Measles	7-14 Days	Runny nose, watery eyes, fever, cough, blotchy rash appears 4 th day.	Exclude from CDH home for 7 days after appearance of rash.
Mumps	12-26 Days	Pain in cheeks, increased by chewing. Swelling over the jaw and in front of ears.	Exclude from CDH home until swelling disappears. Permission slip required.
Pink Eye (Conjunctivitis)	24-72 Hours	Red eyes, discharge from eyes, crusted lids.	Exclude from CDH home until eyes are no longer weeping. Permission slip required.
Streptococcal	2-5 Days	Fever sore throat.	Exclude from CDH home until 24 hours after treatment. Must have approval from Dr. to return to daycare.
Whooping cough	7-10 Days	Tight, dry cough which becomes more severe. Cough, whooping and vomiting.	Exclude from CDH home until released from hospital.

Meningitis (Epidemic)	Varies from 2-10 days. Commonly 3-4 days.	Sudden onset of headaches fevers nausea, stiff neck and spotted rash.	Exclude from CDH home until clinical recovery. Permission slip required.
Infectious Hepatitis	15-20 Days. Usually 25 days.	Nausea, vomiting, extreme fatigue, often pain in upper abdomen followed by jaundice.	Exclude from CDH home until clinical recovery. Permission slip required.
Pin Worm		Rectal itching.	Exclude from CDH home until 24 hours after treatment.
Impetigo		Small blisters on skin which later crust and contain pus.	Exclude from CDH home until adequately treated and the sores no longer drain.
Pediculosis		Excessive scratching of head. White eggs (nits) on hair that will not flick off.	Exclusion from CDH home until under treatment.
Ringworm of the Body		Flat, spreading ring-shaped bald spots.	Exclusion from CDH home is necessary until treatment has begun. Permission slip required.
Scabies		Small raised reddish areas or blisters with connecting grayish-white lines. Marked itching. Most commonly, found in folds of skin.	Exclude from CDH home until adequately treated. Permission slip required.
Scarlet Fever	2-5 Days	Fever, sore throat, fine red rash over body similar to sunburn.	Exclude from CDH home until 24 hours after treatment. Permission slip required.

PARENT RESPONSIBILITIES

By enrolling your child in the CDH Program you have committed to a relationship with a child care professional. You are responsible for following the rules and regulations of the program. If you have any questions concerning policies or procedures, please feel free to contact the CDH Director.

Tell Us About Your Child

It is important to let your provider know about your child. You can do this by answering the following questions and adding any additional information to assist your provider in meeting the needs of your child.

- Does your child have any special interests or hobbies?
- Does your child have any food or drug allergies?
- Are there any things that appear to be very sensitive to your child? Security items such as blankets, pacifiers, stuffed animals? Does your child fear of monsters, the dark, or loud noises?

Enrollment And Administrative Procedures:

Before enrolling your child in a CDH home, please make sure the home is certified. Look for the window emblem on the door and a current certificate posted in the home. If you do not see these two items, your provider is not certified. You may call the CDH office to obtain a current list of certified providers. Once your child is accepted for care, parents and guardians must complete and sign all of the CDH forms including contract, emergency consent, trip permission, child registration card, etc.

All parents must designate at least two people responsible for picking up their children in the event an emergency occurs and provider cannot contact parents. Please do not designate your spouse as an emergency contact person.

Obtain copies of current immunization records for provider's files. **PLEASE MAKE SURE YOUR PROVIDER RECEIVES COPIES OF YOUR CHILD'S UPDATED SHOTS IMMEDIATELY. THE CLINIC WILL MAKE A COPY AT THE TIME THE SHOTS ARE ADMINISTERED. ** Providers cannot accept your children without a current copy of their shot record. ** PLEASE DO NOT BRING ORIGINAL SHOT RECORDS.**

Parents are responsible for informing the provider of changes in home address, home and work telephone numbers, and any other pertinent information. Parents will notify the provider when changes to the daily schedule will occur such as absence or early and late arrival, etc. as soon as possible. Parents or designees are required to sign children in and out daily.

Authorization To Pick Up Children:

Children enrolled in the CDH program will arrive and leave the CDH home by the parent or parent designee. Unless there are prior arrangements in writing, providers can release children only to those designated on the child registration cards. Providers may only release children to siblings under the age of 13 if there is prior approval by the CDH office. Every decision will be on a case by case basis.

School-aged children may not leave a CDH home alone without permission from the parent (i.e., when events such as sports, scouts etc. take place.).

All parents will have access to their children unless a copy of the custody agreement restricting such parental rights is on file in the provider's records, and the CDH office. The non-custodial parent may pick up the child from the CDH home only when the custodial parent provides written permission.



Clothing

Parents should provide a change of clothing in a labeled tote bag whether a child is or is not in the process of toilet training. Children shall wear washable, comfortable clothes that are suitable for outside play and messy activities. Sandals and flip-flops do not stay on small feet. Many times children stub unprotected toes, therefore sneakers and closed-toed shoes are safer and more practical.

If you have an infant, bring a light blanket for covering while sleeping. Your toddler may want to bring a favorite blanket or stuffed toy for naptime.

Child Abuse And Neglect

The law requires providers to report any suspicious cases of child abuse. Providers report to the Family Advocacy Representative (FAR), New York State (NYS) Child Abuse Hot Line, and the CDH Director. Parents must show the provider any existing cuts, bruises or injuries. Providers will complete an accident/incident report whenever an injury occurs. Children not meeting normal standards of hygiene may indicate neglect and providers by law must report this to the proper authorities.

Suspected Child Abuse

Parents are required to report any suspicions of child abuse or neglect by a CDH provider by contacting the Family Advocacy Representative (FAR) immediately 583-2900. If the FAR is not available, contact the CDH Office. When an allegation of abuse is against a provider, the children will be removed from the home and the certificate suspended until the investigation is complete.

The CDH office will assist parents in finding alternative care while the investigation is taking place. The provider may resume the childcare operation if the allegations are unfounded.

Each CDH home has a DOD Hot Line number posted with instructions on reporting procedures. If you feel NAU has not satisfactorily resolved the allegations of abuse, you have the right to call the number listed on the poster.

CHILD ABUSE IDENTIFICATION

There are four kinds of abuse. Below are some indicators to help you recognize an existing or potential problem of abuse.

PHYSICAL ABUSE:

INDICATORS OF PHYSICAL ABUSE:

Bruises, burns abrasions, lacerations, or swelling caused by other than accidental means.

Belt buckle marks, handprints, bite marks and pinches.

Child states injury caused by abuse.

Injury unusual for a specific age group.

Unexplained injuries; conflicting explanations or reasons for injury.

Child excessively passive, complains, or fearful of someone.

Caretaker attempts to hide injuries.

NEGLECT:

INDICATORS OF NEGLECT:

Child lacking adequate medical or dental care.

Child is always sleepy or hungry.

Child is always dirty or inadequately dressed for weather conditions.

There is evidence of poor supervision.

Conditions in home are extremely or persistently unsafe or unsanitary.

SEXUAL ABUSE:

EVIDENCE OF SEXUAL ABUSE:

Child reports sexual activities to a trusted person.

Child exposed to sexually explicit material and behavior. Child shows interest in sexual behavior.

Child wears torn, stained bloody underclothing.

Child is victim of other forms of abuse.

EMOTIONAL ABUSE:

INDICATORS OF EMOTIONAL ABUSE:

Child is withdrawn, depressed or apathetic.

Child “acts out” and is a behavioral problem.

Child is overly rigid in conforming to instructions of teachers, doctors, and other adults.

Child displays other signs of emotional problems such as repetitive actions, inordinate attention to details, not communicating with others.

Child makes comments such as “I’m bad, I’m stupid, Nobody likes me” etc.

DEPENDENT CARE FORM

The Dependent Care Form pertains to Single and Dual Active Duty Military Parents. Any parent in this group must complete the Dependent Care Form before receiving care by a CDH Provider. A copy will be on file in the provider’s home, and the CDH Office.

Please check your military records to make sure you have a current copy on file. You must also give a copy to your CDH provider and the CDH office.

PARENT INVOLVEMENT

Your provider has made a strong commitment to the care and education of your child. You can demonstrate that same commitment through communication and active involvement in the CDH program. Your participation will create a strong bond between you and your child, the provider and your child, and you and your provider, resulting in a balanced relationship of mutual respect that meets the needs of everyone involved.

Benefits Of Parent Involvement

We can achieve an effective program for children where there is shared consideration and cooperation between parents and providers. Although children may be in the CDH home for the majority of their waking hours, parents exert the primary influence on their children's lives. Open communication and active involvement by parents in the CDH home support the bond between parent and child. In turn, this positive relationship increases job satisfaction for the provider. The result allows the provider and children to form a strong relationship, which is essential to the development of a child's positive self-esteem.



How To Form A Partnership

Below are suggestions for being supportive of your provider and becoming involved with the program.

Discuss the daily schedule with your provider. Try to be consistent with these routines at home. Children like to know what to expect and parents practicing a common schedule at home, gives your child the uniformity necessary to develop independence.

You have the right to know such things as the day-to-day experiences of your child in the CDH home. For infants and toddlers it is particularly important for both parents and providers to discuss daily information including food intake, diapering/toilet training naps general health and disposition.

Devote time to developing trust and open communication with your provider. Read the notes; posted menus, schedules and messages on the bulletin board. Occasionally take the time to have a telephone conversation or conference where there is opportunity for longer discussion. When discussing children, parents and providers will demonstrate sensitivity and cooperation to establish a positive a solution.

Communicate to your provider any special dietary, cultural, religious or other preferences. In turn, become involved when your provider introduces you to child development books, articles, television programs and upcoming workshops. Your provider or CDH Director can also help you make use of community resources to meet your needs.

Parents are welcome to visit the home at any time and participate in activities whenever possible. Children feel important when parents share some of their own interests such as playing guitar, reading a story, or sharing a hobby with other children. Take part in helping with activities, providing materials, assisting on field trips etc. We encourage parents to plan a time when all the families can to get together for social interaction. Always feel free to make suggestions for new activities with your provider.

Attend Quarterly CDH Pot Luck Dinners. This is a time for parents to meet other providers and learn about developmental program issues. It is also a time to discuss future plans such as; training classes for parents, field trips, fairs and provider appreciation night.

Parental involvement is the key for ensuring quality in any childcare program. We appreciate you taking the time to read this Parent Handbook. We have an open door policy and you are welcome to stop by the CDH office or call at any time to meet the staff, discuss program issues, or just to chat.

HOW THE CDH OFFICE CAN HELP YOU

As the CDH Director, I will assist you with any problems or concerns you may have. If necessary, I will arrange conferences with parents and providers to discuss disputes and explain program policies and regulations.

Occasionally, I conduct surveys to assess the quality of service in the CDH homes. Please take the time to complete the survey below and return it to the CDH office. Once aware of existing problems, I can take steps to correct them. Your suggestions for program improvement are always welcome.

PLEASE

COMPLETE

CUSTOMER

SURVEY

BELOW

CDH - CUSTOMER SATISFACTION SURVEY

Provider's Name: _____ Date: _____

How do you feel about the quality of care your children receive from your provider?

Do you feel that you communicate well with your provider? YES NO Please circle one. If not, please explain.

Have you as a parent had any concerns or problems involving the Family Child Care Program that could not be resolved by your provider? YES NO Please circle one. If yes, please briefly describe below.

Would you recommend Family Child Care to other military families living in the area? YES NO Please circle one. If not please explain below.

Do you feel you can communicate with the CDH Director? YES NO If no, please explain below.

Do you have any suggestions to improve the CDH Program, or any comments that you would like to make?



T A P T T Y