



NAVY CHILD AND YOUTH PROGRAM REGISTRATION FORM 1700/04

Start Date (MM/DD/YY):					Requiring Directive OPNAVINST 1700.9					
Child's Name (Last, First, Middle):				<input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate (MM/DD/YY):		Age:		
Name of Child's School (if applicable):						Child's School Grade Level (if applicable):				
Registering for:	<input type="checkbox"/> CDC <input type="checkbox"/> CDH	<input type="checkbox"/> 24/7 Center	<input type="checkbox"/> SAC <input type="checkbox"/> YP	Type of Care:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Part-Day Enrichment	<input type="checkbox"/> Hourly Care <input type="checkbox"/> Before School <input type="checkbox"/> After School	<input type="checkbox"/> Before & After School <input type="checkbox"/> Camp			
Sponsor's Name (Last, First, Middle):				Rank/Rate:		Branch:		Status:	<input type="checkbox"/> ACT <input type="checkbox"/> RET <input type="checkbox"/> RES	<input type="checkbox"/> CIV DoD <input type="checkbox"/> CTR <input type="checkbox"/> COM CIV
Home Address (include city and zip code): <input type="checkbox"/> Lives on base <input type="checkbox"/> Lives off base										
Home Phone (include area code):				Cell Phone (include area code):				Email Address:		
Duty Station/Place of Employment (include address, city, and zip code):						Work Phone:		PCS Date (if known/applicable; MM/DD/YY)		
Family Type:	<input type="checkbox"/> Single Parent Military <input type="checkbox"/> Dual Military		<input type="checkbox"/> FT Working Spouse <input type="checkbox"/> PT Working Spouse		<input type="checkbox"/> Student Spouse <input type="checkbox"/> Unemployed Spouse		If Spouse is Military:	Branch:		Rank/Rate:
Spouse's Name (Last, First, Middle):										
Spouse's Work Phone (include area code):				Spouse's Cell Phone (include area code):				Spouse's Email Address:		
Does child have sibling enrolled in another CY program: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," child's name and program (if more than one child is enrolled, list all children and their programs):								
Emergency Notification Contacts: These individuals will be contacted in case of an emergency when the parent cannot be reached. They are authorized to pick up the child in emergency and non-emergency situations. (At least 2 local emergency contacts other than the child's parent(s) or legal guardians required; provide as many phone numbers as possible)										
Name		Relationship to Child		Cell Phone		Home Phone		Work Phone		
(OPTIONAL) Non-emergency Authorized Release/Pick Up Contacts: These individuals are authorized to pick up the child, but will not be contacted for emergency situations.										
Name		Relationship to Child		Cell Phone		Home Phone		Work Phone		

Consent for Ambulance for Emergency Care: I hereby give my consent for an authorized Navy CYP Professional to call an ambulance for my child, _____, in case of a medical or dental emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to transport. Treatment may take place at any medical facility. Any expense incurred will be borne by me.

Name of Child's Medical Insurance Co.:		Policy/Grp. # (not needed for Active Duty):		Name of Policy Holder:		Name of Child's Physician/Phone:	
SIGN HERE Sponsor's Consent for Ambulance for Emergency Care and Date:							
SIGN HERE Sponsor's Signature and Date (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)				CYP Representative Signature and Date (Signature indicates the CYP Professional has reviewed the registration form and verified the family's eligibility and priority type)			

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.



NAVY CHILD AND YOUTH PROGRAM REGISTRATION FORM 1700/04

INSTRUCTION PAGE

For all programs:

1. A separate registration form shall be completed for each child who is being registered.
2. The parent shall complete all the applicable information about the family and/or child.
3. The parent shall select the program(s) and types of care for which the child is being registered: Child Development Center (CDC), Child Development Home (CDH), 24/7 Center, School Age Care (SAC), Youth Program (YP) and/or Youth and Sports Fitness (YSF).
4. For the "Status" blocks, check any category that applies to the status of sponsoring parent and/or military spouse, if applicable (ACT - Active Duty, RET - Retired, RES - Reservist, CIV - DoD Civilian, CTR - DoD Contractor, COM CIV - Community Civilian).
5. All families **must** provide at least two local emergency contacts who will be contacted in case of an emergency if a parent cannot be reached. Emergency contacts are also authorized to pick the child up from care in non-emergency situations.
6. Non-emergency authorized release/pick up contacts are optional (i.e., families are not required to provide non-emergency authorized release/pick up contacts). If the family chooses to provide non-emergency authorized release/pick up contacts, those listed as such will be authorized to pick the child up from care, but will not be contacted for emergency situations unless they are also listed as an emergency notification contact in the emergency notification contact section.
7. After completing the form, the parent(s) must sign and date all required signature blocks. This is the sponsor's verification that all information is correct and validates the agreement to allow transport for medical or other types of emergencies.
8. If information becomes outdated during the year (before the next year's annual registration), the family may cross out the incorrect or outdated information and write in ink the new updated information. The parent(s) must initial and date any updated information on the form.
9. Annually, a new form shall be completed, signed, and dated.
10. All "outdated" registration forms shall be kept on file for one additional year (e.g., the 2014 registration form must not be purged until the end of 2015).
11. A CYP Professional (e.g., Operations Clerk, Director, CDH Provider, etc.) shall sign and date in the CYP Professional signature box as witness to the parent's signature and date.
12. Medical insurance policy numbers are not required by the CYP for parents who are active duty. Social security numbers are used to identify the military member for medical and insurance purposes and should not be collected.
13. The original Navy CYP Registration Form (CNICCYP 1700/04) shall be kept in the Emergency Registration Binder. This binder shall be maintained in an easily accessible location.
14. Emergency information for all children must be maintained at all times and readily accessible in a portable file to be taken outside in case of emergency or during an evacuation drill, along with the daily sign-in sheet and classroom Inclusion Support Plan Binder (for identified/medical needs). The portable file may be a CYMS report of all children and their emergency information or the Emergency Registration Binder (which includes all children's original registration forms). A portable file, with emergency information for all children, and the classroom Inclusion Support Plan Binder must also be taken on each field trip or whenever children are transported.

For Child Development Homes (CDH)

1. CDH Providers shall maintain the original Navy CYP Registration Form for each child in the home. Form shall be kept in an easily accessible location for emergency contact or evacuation purposes.
2. The CDH office shall maintain an alphabetized binder with a current copy of each child's Navy CYP Registration Form for each child enrolled in the CDH program. Forms shall be kept in an easily accessible location for emergency contact or evacuation purposes.



NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

Child's Name (Last, First, Middle):	Sex:	Birthdate (MM/DD/YY):	Age:
Sponsor's Name (Last, First, Middle):			

SPONSOR ACKNOWLEDGEMENTS, PERMISSIONS, AND RELEASES

PART A: IDENTIFICATION OF CHILD/YOUTH MEDICAL AND/OR DIETARY NEEDS										
<i>(Some of these questions may require additional documentation. Please refer to the instructions on Page 2.)</i>										
1.	Does your child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list these foods.									
2.	Does your child suffer from other allergies or allergic reactions (e.g., seasonal hay fever, bee stings, hives, rashes, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the allergies/allergic reactions.									
3.	Is your child allergic to any medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the medication(s).									
4.	If you answered "yes" to any of the above questions, please describe the reaction that your child experiences.									
5.	Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the medication(s) and how often your child takes the medication.									
6.	Will your child need to take medication while in care at the CYP? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please list the medication your child will need to take while in care at the CYP.									
7.	Does your child require in Epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe when your child might need an Epi-pen.									
8.	Does your child have any food intolerances that require food substitutions (e.g., lactose intolerant)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please describe:									
9.	Does your child have asthma (Reactive Airway Disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
10.	Does your child have any medical needs that require assistance while in care? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please check all that apply below. <table border="0"><tr><td><input type="checkbox"/> Blindness/visual problems</td><td><input type="checkbox"/> Diabetes</td><td><input type="checkbox"/> Kidney problems</td></tr><tr><td><input type="checkbox"/> Hearing problems</td><td><input type="checkbox"/> Heart Problems</td><td><input type="checkbox"/> Other chronic medical needs</td></tr><tr><td><input type="checkbox"/> Physical disability</td><td><input type="checkbox"/> Epilepsy</td><td>(describe below in #11)</td></tr></table>	<input type="checkbox"/> Blindness/visual problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney problems	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Other chronic medical needs	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Epilepsy	(describe below in #11)
<input type="checkbox"/> Blindness/visual problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney problems								
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Other chronic medical needs								
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Epilepsy	(describe below in #11)								
11.	If you checked "other chronic medical needs" in #10 above, please briefly describe your child's chronic medical needs.									
12.	Briefly describe any type of assistance your child will need while in care. If your child will not require any type of assistance while in care, indicate "None."									



NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

PART B: OTHER NEEDS REQUIRING ASSISTANCE WHILE IN CARE

13. Check any of the following needs that your child may need assistance with while in care:

- | | |
|--|---|
| <input type="checkbox"/> Communication (e.g., speech/language delay) | <input type="checkbox"/> Social/emotional (e.g., anxiety disorder) |
| <input type="checkbox"/> Behavior (e.g., oppositional defiant disorder) | <input type="checkbox"/> Developmental (e.g., autism spectrum disorder) |
| <input type="checkbox"/> Learning and attention (e.g., attention-deficit hyperactivity disorder) | |

14. If you checked any boxes in #13, briefly describe the type of assistance your child will need while in care.

PART C: EARLY INTERVENTION AND SPECIAL EDUCATION

15. Is your child receiving services through an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)?

☐ Yes ☐ No

PART D: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

16. Is your child enrolled in the EFMP? ☐ Yes ☐ No

I acknowledge that all the above information is true and accurate. I understand that I must immediately report any changes in my child's health or other needs to the CYP so that the staff can keep my child safe and healthy and provide the best possible care. Changes to my child's health information may require additional medical documentation and meeting with the Navy CYP Inclusion Action Team (IAT).

SIGN HERE

Sponsor's Signature and Date (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge)

SIGN HERE

CYP Professional's Signature and Date (Signature indicates the CYP Professional has reviewed the information provided on this form and will alert the CYP Director immediately to ensure any necessary accommodations are made for the child)

This form must be reviewed by the parent(s) each year during the annual registration process. If there are no changes to be made, the parent(s) may simply initial and date the form. If there are changes to be made, a new form must be completed.

Sponsor's Initials and Date:

Sponsor's Initials and Date:

Sponsor's Initials and Date:

Sponsor's Initials and Date:

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) with information about your child's overall health and needs that may affect his/her care at the CYP.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The information may also be shared with members of the command Inclusion Action Team (IAT) for the purpose of identifying any accommodations your child may need.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.



NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

INSTRUCTION PAGE

1. Answer “yes” if your child has any food allergies. Please list any food allergies (see definitions at the bottom of the page) which require food substitutions. An Identified Needs Intake package containing a CYP Emergency Action Plan (EAP), (or a current EAP from your child’s physician may be used), and a CYP Medical Statement to Request Special Meals and/or Food Substitutions form completed by the child’s physician is also required.
2. Answer “yes” if your child has any other allergies or allergic reactions, then list the allergies/allergic reactions. An Identified Needs Intake package containing a CYP Emergency Action Plan (EAP), (or a current EAP from your child’s physician may be used) will be required (completed and signed by your child’s physician).
3. Answer “yes” if your child is allergic to any medication(s), then list the medications. An Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) (or a current EAP from your child’s physician may be used) will be required (completed and signed by your child’s physician).
4. If you answered “yes” to Questions 1, 2, or 3, please describe the allergic reactions your child may have if exposed to the allergen.
5. If your child takes any medications, list the medications your child takes and how often he/she takes the medication(s).
6. If your child will require medication while in care at the CYP, answer “yes,” then list the medication. If you answer “yes,” an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP), (or a current EAP from your child’s physician may be used) and a Medication Administration Form completed by the child’s physician is required.
7. Answer “yes” if your child needs an Epi-pen, and if CYP staff will need to use it for the child. Describe the type of situation when an Epi-pen might be needed. If you answer “yes,” an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP), (or a current EAP from your child’s physician may be used), and a Medication Administration Form completed by the child’s physician is required.
8. Answer “yes” if your child has any food intolerances (see definitions at the bottom of the page) that require food substitutions. If “yes” is entered, provide a short description of the child’s food intolerance (e.g., lactose intolerant, gluten intolerant). If you answer “yes,” your child’s physician must complete a CYP Medical Statement to Request Special Meals and/or Food Substitutions Form before any food substitutions can be made for your child.
9. If your child has asthma (reactive airway disease), answer “yes.” If the answer is “yes,” an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) (or a current EAP from your child’s physician may be used) and a Medication Administration Form completed by the child’s physician is required.
10. If your child has medical needs that require assistance while in care, answer “yes.” If the answer is “yes,” check all of the boxes that apply. If you answer “yes” to this question, an Identified Needs Intake package containing a CYP Emergency Action Plan (EAP) (or a current EAP from your child’s physician may be used) and a Medication Administration Form (if your child will need medication while in care) completed by the child’s physician is required.
11. If “Other chronic medical needs” is checked in Question #10, provide a brief description.
12. Provide a short description of any type of assistance your child will need.
13. Check any of the boxes applicable for any other types of assistance your child may need while in care.
14. Provide a brief explanation of any support your child will need while in care to address the areas answered in Question #13 (or indicate “None”).
15. Answer “yes” if your child is receiving services through an IFSP or IEP. If the answer is “yes,” you should provide a copy of your child’s IFSP/IEP so that we can best support his/her needs.
16. Answer “yes” if your child is enrolled in the EFMP. If the answer is “yes,” you may wish to provide the EFMP Enrollment Letter for your child’s file.

Definitions:

Food Allergy—When a child has a food allergy, his/her body responds to food as if it were a threat. The body’s immune system response can be mild or, in rare cases, associated with a severe and life-threatening reaction called anaphylaxis. Allergic reactions are highly unpredictable. The severity of one attack does not predict the severity of the next attack. The only way to prevent a life-threatening reaction is strict avoidance of the allergen.

Food Intolerance—When a child has a food intolerance, it is a reaction of the digestive system and is not dangerous. Although a child may experience gas, bloating, abdominal pain and/or diarrhea, the reactions will pass and the child is not in danger. Children with food intolerances likely do not have prescribed medications for their condition and do not need an EAP. Some common food intolerances are lactose and gluten.



NAVY CHILD AND YOUTH PROGRAM PERMISSION STATEMENTS 1700/43

Start Date (MM/DD/YY):		Requiring Directive OPNAVINST 1700.9	
Child's Name (Last, First, Middle):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (MM/DD/YY):	Age:
Sponsor's Name (Last, First, Middle):			

SPONSOR ACKNOWLEDGEMENTS, PERMISSIONS, AND RELEASES

Field Trip/Transportation Acknowledgement: I acknowledge that field trips are an important part of the CYP in that they enhance my child's experience with the CYP. CDC and CDH field trips may include walking in the immediate CYP and CD home surroundings (infants may be transported in a buggy/stroller) or on the military installation. Some preschool trips may require bus or other vehicle transportation, either in a CYP vehicle or a chartered vehicle or bus. YP field trips may include transportation via a CYP-operated or chartered vehicle or bus to and from schools and field trip locations in the surrounding areas. The YP may also offer excursions within walking distance of the CYP facility and military installation.

INITIAL HERE Sponsor's Initials and Date of Acknowledgement: _____

Topical Non-Prescription Product Application Permission: I understand there might be occasions when my child may need a topical non-prescription product—for his/her own health, safety, and comfort—such as diaper cream, sunscreen, insect repellent, etc. I understand that I must provide these types of topical products and I grant permission for CYP Professionals to apply such products to my child when needed to prevent diaper rash, sunburn, bug bites, etc. If I choose topically applied products with which the CYP is not familiar, a Materials Safety Data Sheet will be required for each product.

INITIAL HERE Sponsor's Permission and Date: _____ Sponsor **Denied** Permission and Date: _____

Media Release: I grant permission for my child to be included in the use of the following formats for the purpose of education and publicity of the CYP community without further permission from me—photographs, video, and audio recordings used in the CYP facility and media such as social media (e.g., Facebook, Twitter), military installation website, CNIC CYP website, etc. I have listed below any exceptions to this release (e.g., "Pictures of my child may be posted in center, but may not be posted or published anywhere outside of the center." Or, "My child may have his picture taken, but I do not want him to be videotaped.")

Exceptions (list any exceptions to the media release; if none, enter "None"):

INITIAL HERE Sponsor's Release and Date: _____ Sponsor **Denied** Release and Date: _____

Acknowledgement of Receipt of the Navy CYP Parent Handbook: I have received and understand the policies contained in the Navy CYP Parent Handbook.

INITIAL HERE Sponsor's Initials and Date: _____

Acknowledgement of Revocation or Invocation of Any of the Above Permissions or Releases: I understand that I may revoke or invoke any of the above permissions or releases in writing at any time. If I choose to revoke or invoke a permission or release, it is my responsibility to provide written notification to the CYP requesting the revocation or invocation.

INITIAL HERE Sponsor's Acknowledgement of Permission/Release Revocation or Invocation and Date: _____

Hold Harmless Release: I agree to release and hold harmless the United States, its officers, its agents, and its instrumentalities, against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon his/her participation in any Navy MWR/CYP activity, use of facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner, caused or contributed to by the United States, its officers, its agents, or its instrumentalities.

INITIAL HERE Sponsor's Hold Harmless Release and Date: _____

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

PURPOSE: To provide Child and Youth Programs (CYP) with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSN is necessary so that the Child and Youth Programs can identify the individual and his/her records. Information furnished may be disclosed to any DoD component, and upon request, to other federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.



NAVY CHILD AND YOUTH PROGRAM PERMISSION STATEMENTS 1700/43

INSTRUCTION PAGE

For all programs:

1. Separate permission statements shall be completed for each child being registered.
2. The parent shall complete all the information about the family and/or child.
3. The parent(s) must initial and date all permissions, releases, and acknowledgements. This is the sponsor's confirmation that he/she agrees with the statements.
4. Annually, a new permission statement form shall be completed, initialed, and dated.
5. All "outdated" permission statements shall be kept on file for one additional year (e.g., the 2014 form must not be purged until the end of 2015).
6. The original Navy CYP Permission Statements Form (CNICCYP 1700/15) shall be kept in the child's administration file.



NAVY CHILD AND YOUTH PROGRAM YOUTH AND FAMILY PROFILE

The Navy Child and Youth Program (CYP) Youth and Family Profile is designed to help CYP Professionals get to know the children, and youth enrolled in our School Age Care programs. The information gathered will be used by CYP professionals to develop relationships and activities to better serve our customers.

Depending on the age of the child or youth, this document can be completed at home between the sponsor and the youth, at the CYP facility between the CYP professional and the youth, or solely by the youth. If needed, the document can be handwritten or word processed and emailed to the CYP Manager. Please complete the sections below as fully as possible.

PARENT/GUARDIAN INFORMATION			
NAME OF SPONSOR/PARENT:		DATE COMPLETED	
NAME OF SPOUSE (IF APPLICABLE)		PERSON COMPLETING FORM	

YOUTH INFORMATION – BASIC		
NAME (LAST, FIRST, MI):	NICKNAME:	AGE:
CHILD'S PRIMARY LANGUAGE:	OTHER LANGUAGES SPOKEN IN THE HOME:	
SCHOOL ATTENDING:		

FAMILY INFORMATION			
SIBLINGS	AGE	EXTENDED RELATIVES/OTHERS (living with the youth)	RELATIONSHIP

YOUTH INFORMATION – DETAILED
What things do you do with your family for fun? What is your favorite family activity and why?
What things do you do with your friends for fun? What is your favorite activity to do with your friends and why?



NAVY CHILD AND YOUTH PROGRAM YOUTH AND FAMILY PROFILE

YOUTH INFORMATION – DETAILED

What activities do you like to do alone? What is your favorite activity to do alone and why?

What kinds of foods do you like to eat?

How would you describe your friends?

What activity have you never done but would like to try?

Describe your special talents.

What kinds of chores do you do at home?

Do you like sports? If so, which ones?

What is your favorite subject in school?



NAVY CHILD AND YOUTH PROGRAM YOUTH AND FAMILY PROFILE

YOUTH INFORMATION – DETAILED

Do you have a favorite teacher at school? Why is s/he your favorite?

Do you have a hero or someone you look up to and admire? If so, who is it and why?

What else you would like to tell us about yourself?

FAMILY INFORMATION – OPTIONAL FOR PARENTS TO COMPLETE

Please describe some of your favorite activities to do as a family.

Please describe special events your family celebrates and what those celebrations might include.

Are there things from home that are special to the family that you would be willing to share? (e.g., family recipes, traditions, etc.)

Are there any special skills and talents that members of your family might contribute to the program?

Is there anything else that you would like us to know about your family?



NAVY CHILD AND YOUTH PROGRAM YOUTH AND FAMILY PROFILE

FAMILY ENGAGEMENT OPPORTUNITIES

Child & Youth Programs strives to strengthen the practice of engagement through continuous program improvement. As a component of that philosophy, Navy CYP believes family relations are an essential component of quality child care, the CYP and the military community. Our programs promote engagement by inviting family members to share interests, talents, abilities, knowledge, and skills as inclined. There are a myriad of opportunities available for parent participation throughout the year from participating on the Parent Involvement Board (PIB) to assisting on field trips or during a CYP event.

Please check the activities that you might be interested in participating in. Or, add other skills and talents that you would like to contribute to our CYP program!

- ☐ PIB Chairperson
- ☐ Program PIB Representative
- ☐ Field Trip Volunteer
- ☐ Attending a CYP sponsored parent education event
- ☐ Making educational materials
- ☐ Reading books to children
- ☐ Assisting with projects such as art projects or carpentry/building projects
- ☐ Creating bulletin board displays
- ☐ Facilitating or assisting with special activities like planting and maintaining a garden
- ☐ Volunteering as a Youth Sports and Fitness Coach

Other:

- ☐ _____
- ☐ _____

Parent Signature

Date



DEPARTMENT OF THE NAVY
U.S. NAVY REGION CENTER, SINGAPORE
FPO AP 96534

NRCSINST 1754

N00

10 Nov 15

NAVY REGION CENTER SINGAPORE INSTRUCTION 1754

Subj: SUPERVISION OF CHILDREN AND SELF CARE POLICY

Ref: (a) DOD Directive 1342.22
(b) DOD Directive 6400.1
(c) OPNAV 1700.9E

Encl: (1) Navy CYP Self-Release Parental Permission Form

1. Purpose. To provide guidance to the Navy Region Center, Singapore (NRCS) community on the standards of child supervision. This policy establishes responsibilities and procedures for the supervision of minors in the Sembawang U.S. Military Community. Reference (a) and (b) provide guidance and responsibility for DoD personnel to ensure compliance with the family support systems. It applies to U.S. military and DoD civilians who utilize the facilities at NRCS.

2. Cancellation. SACINST 1754 dated 22 May 2012.

3. Definitions

a. Sponsor. For the purpose of this document the word "Sponsor" may also be defined as follows: A qualified Military or DoD sponsor, eligible for space-required, tuition-fee enrollment of eligible dependents in a DoD school, is a military service member serving on active duty and stationed overseas on Permanent Change of Station (PCS) orders; or a civilian employee of the Department of Defense who is employed on a full-time basis, stationed overseas, is either a citizen or a national of the United States, and who is authorized to transport dependents to or from an overseas area at government expense and is provided an allowance for living quarters in that area.

b. Dependent. A command sponsored dependent is a minor residing with the active duty military or full-time DoD civilian sponsor at an OCONUS location where an accompanied-by-dependent tour is authorized; the sponsor is authorized to serve that tour, and where the dependents meet the following criteria:
(1) The dependent is eligible for travel to or from the member's permanent duty station; (2) The dependent is authorized by the appropriate authority to be at the member's permanent duty station;

Subj: SUPERVISION OF CHILDREN AND SELF CARE POLICY

and (3) As a result of the dependent's residence in the vicinity of the sponsor's permanent duty station, the sponsor is entitled to station allowance at the "with family" rate.

4. Applicability. This policy is applicable to all military members, civilian employees and their family members assigned to or visiting NRCS including all tenant commands within NRCS, Paya Lebar and Changi Naval Base.

5. Policy. Establishes acceptable parameters and provides guidance to parents, enforcement agencies, health care providers and the general community concerning minimum acceptable standards of supervision for children in the NRCS community. Sponsors are responsible for ensuring the health, welfare and safety of minor family members and dependents at all times and ensuring that such persons obey the provisions of this policy. Repeated or particularly egregious violations may provide a basis for referral to Family Advocacy and/or revocation of command sponsorship for the family.

a. The following policy applies to all minors:

Age of Child	Left Unattended In Quarters	Left Alone Overnight	Left in Neighborhood Play Areas Unsupervised	Left in Car Unsupervised	Unattended in Public Areas	Live-in Aide
0-6 yrs	N	N	N	N	N	Y
7-9 yrs	N	N	Y*	N	N	Y
10-12 yrs	Y**	N	Y	Y	Y	Y
13-15 yrs	Y	N	Y	Y	Y	Y
16-18 yrs	Y	Y	Y	Y	Y	Y

*ADULT WITHIN HEARING OR VISUAL CONTACT

**FOR NOT MORE THAN FOUR HOURS

b. Children between the ages of ten and twelve can sign themselves in and out of the CYP program only if their legal guardian has signed a self-release parental permission form. CYP will maintain a list of children who can check-in and self-release.

c. Children under 13 years of age will not baby-sit other children, including their siblings. Baby-sitters under the age of 16 may supervise until 2400 but are not allowed to baby-sit all night.

Subj: SUPERVISION OF CHILDREN AND SELF CARE POLICY

d. Personality, environment, development progress and maturity levels are factors parents must use to determine when children are ready to accomplish activities with little or no supervision. Parents should assess their children's maturity and, if necessary, raise the minimum age limits outlined above.

6. Intervention by Family Advocacy Program (FAP)

a. The mission of the Family Advocacy Program is the prevention and treatment of child and spouse maltreatment. The FAP Navy program collaborates with all US military commands in Singapore. In the event of a referral for a suspected case of maltreatment, a FAP clinician at Atsugi, Sasebo or Yokosuka would direct data collection by an appointed representative and then review the case. The FAP is comprised of helping agencies chartered to develop treatment plans for families. FAP evaluates each referral on its own merit. The FAP is given discretion in evaluating an incident and recommending treatment plans. In making a determination, the FAP considers factors including, but not limited to age, maturity level, and number of children, amount of time/frequency left unattended, parent-child relationship, family dynamics, environment, previous history, precautions taken and any actual injury and/or property damage.

b. The FAP uses this document as a guide, along with applicable DoD directives and Navy instructions, to make their final determination and recommendations based on the need for the safety of all of its family members and appropriate actions of a reasonable prudent adult. Substantiated cases can create a permanent record for the responsible adults.

7. Parents who have questions about this policy may contact the Child and Youth Program Director at Commercial: 6752-8451, DSN 315-421-8451 or by e-mail at paula.cabrera@fe.navy.mil.



S. W. MURDOCK

Distribution:
Lists I & II



Child and Youth Programs

Navy Region Center Singapore
PSC 470 Box 2975
FPO, AP 96534
+65.6752.8273

Self-Release Parental Permission Form

I am giving my consent for my child to sign-in/out of the Navy Region Center Singapore Youth and/or Teen Center. If my child is not signed in to the program, I fully understand that the Navy Region Center Child and Youth Program staff will not be responsible for my child's care. My child meets the Supervision of Children Policy Statement requirements. S/he is required to sign in upon entering the building and out when leaving each day. I understand it is my responsibility to know the whereabouts and monitor all activities of my child.

Name of Child: _____

Name of Parent: _____

**Please initial and/or complete each box below to indicate your parental permission for self-sign-in/out:*

Supervision of Children Policy Statement

Children ten years of age and over may sign themselves into and out of the age-appropriate CYP program in accordance with the Navy Region Center Singapore Supervision of Children Policy Statement. A Self-Release Parental Permission form must be completed annually by the sponsor / parent prior to self-release.

Signature of Sponsor/Guardian

Date

Youth/Teen Signature

Date

****Additional Instructions:**

Navy Child and Youth Programs

Parent Handbook



Installation and Program Contact

Date Updated: 17 November 2015

Installation Information

- NAVY REGION CENTER SINGAPORE
- Commanding Officer: Captain Scott Murdock (65) 6750-2515
- Region Director: Mr. Steve Maronick (65) 6750-2057
- Director, Fleet and Family Readiness Mrs. Susan Carey (65) 6750-2411
- Director, Fleet Readiness Mr. Gregory Brown (65) 6750-2733

Child and Youth Programs (CYP) Information

- Child and Youth Programs (65) 6752-8273 cypsingapore@gmail.com
213 Lagos Circle
- Hours of Operation – May vary based on programs and activities scheduled
 - ***Preschool Programs: As scheduled
 - ***Open Recreation for youth in grades K-6: Monday-Friday 1500-1800
 - ***Summer Day Camp for youth in grades K-6: Monday-Friday 0900-1500
 - ***Teen Center for youth in grades 6-12: Monday-Thursday 1500-1800, Fridays 1500-2200
 - ***Teen Trips for youth in grades 6-12: As scheduled

Closed on Sundays and US Public Holidays

- CYP Director: Paula Cabrera (65) 6752-8451 paula.cabrera@fe.navy.mil

Other Important Information / Contacts

- School Liaison Officer (SLO): Paula Cabrera (65) 6752-8451
 - Family Service Office Director: Kathy Vail (65) 6750-2945 315-421-2945
-

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Welcome

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

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

Philosophy

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

Goals

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

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

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

Our CYP Professionals

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

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

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

Program Administration

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

Eligibility

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

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

Priorities

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

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

Central Waiting List

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



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

Fees

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

TFI Definition

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

Family Household Definition

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

TFI Exemptions

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

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

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

Discounts

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

Multi-child Discount

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

Vacation Discounts

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

Summer Camp Registration and Discount

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



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

Late Pick Up

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

Withdrawal Procedures

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

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

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

Inclement Weather

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

We pay close attention to the outside temperatures and weather alerts. Decisions to shorten or cancel outdoor play due to inclement weather are at the discretion of CYP staff, based upon heat stress information, severe weather warnings, and haze conditions.

GREEN FLAG: Outdoor activities authorized as long as water is provided or easily accessible.

YELLOW FLAG: Outdoor activities authorized in 45-minute increments; water is available.

RED FLAG: Outdoor activities are limited to 30-minute increments; water is provided and rest periods in shaded area are encouraged.

BLACK FLAG: Outdoor activities are not authorized and should be limited to walking from one facility to another for programming purposes. Water is available at all times.

Patron Satisfaction and Concern Procedures

We are committed to providing your child with the best possible care. However, we know there may be times when you have suggestions and comments. Concerns or questions will be handled on a case by case basis and can be directed to the front desk or by contacting your CYP Director. Information about the local process for handling command/program complaints is listed next.

We consistently evaluate our practices and welcome your thoughts, comments or compliments. Please feel free to share these with the CYP Director in person, via telephone, or email. Additionally, thoughts, comments or compliments may be submitted via ICE.

Programs and Services

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

Inclusion of All Children

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

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

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

Child Development Centers

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

Child Development Homes

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

24/7 Care

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

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

School-Age Care

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

Youth and Teen Programs

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

Youth Sports and Fitness Program

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

Child and Youth Education Services

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

Hourly Care

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

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

General Program Operations

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

Daily Schedule / Program Calendar

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

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

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

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

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

Transportation

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

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

Field Trips

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

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

Personal Belongings

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

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

Dress Attire

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

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

Holiday Celebrations and Birthdays

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

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

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

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

Transitions

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

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

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

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

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

Technology/Social Networking in Youth Programs

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

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

Child and Youth Development

Early Childhood Development

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

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

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

Youth Development

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

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



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

Parent Involvement

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

Visit the CYP

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



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

Engage in Your Child's Learning Process

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



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

Communicate with CYP Professionals

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

Daily Notes and Verbal Updates

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

Parent Information Boards and Newsletters

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

Resource Library

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

Parent Involvement Board

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

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

Parent Conferences

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

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

Behavioral Guidance

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

Positive Guidance Strategies

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

Positive Guidance Strategies: Youth

Additional positive guidance techniques relevant to youth include the following:

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

Child Safety

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

Quality Assurance/Inspections

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

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

Emergency and Disaster Plans

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

All CYP professionals are trained in CPR, First Aid, Fire Prevention and Safety. Should emergency action be needed, the parent(s) will be called immediately. If we are unable to contact either parent, the authorized emergency contacts will be called. If the child's parents/guardians or emergency contacts cannot be located or contacted, medical assistance will be called and your child may be transferred by ambulance to the nearest civilian medical facility. The child registration form including the "Authorization for Medical Treatment" will accompany the child. A CYP professional will stay with your child until you arrive. Please ensure that your phone numbers and emergency contacts are kept current.

EVACUATION PLAN: Navy Region Center Singapore CYP programs will evacuate their buildings for fire and any other emergency identified by subject matter experts/first responders as requiring evacuation. Youth will not be accepted into programs during an evacuation. Youth center patrons will evacuate to the primary muster point located at the Durban Road parking area.

If the building is evacuated for an extended period of time, or if the evacuation is away from the facility, the following communication avenues will be used to inform parents of the location of their children and whether the program is sending them home: email and/or phone calls.

Sign-In/Out Procedures

Children attending the CDC, CDH, 24/7 Center, or SAC program must be signed or swiped in and out of the program daily. When picking up your child, be prepared to show your picture ID. When dropping off or picking up your child, you must shut off and secure your vehicle in the parking lot. Children should never be left unattended in the parking lot.

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

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

Self Care Policy

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

All children ages nine (9) under must be signed in and out by a parent or authorized designee. Children between the ages of ten and twelve can sign themselves in and out of the CYP program only if their legal guardian has signed a self-release parental permission form. Children thirteen years of age and over may sign themselves into and out of the program.

Visitors

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

Appropriate Touch

CYP professionals are trained to respect the personal privacy and space of others and use appropriate touching with all children and youth. Appropriate touch is gentle and positive and is natural and appropriate

within the context of normal, acceptable adult/child interactions for each child's age. For example, appropriate touch with young children may include cuddling, hugging, handholding, stroking, patting backs, and assisting in physical activities. While sitting on laps is appropriate for young children, it is not allowed for school-age children and youth. For older children, side-by-side contact is more appropriate.

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

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

Child Abuse Prevention, Identification, and Reporting

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

If you suspect child abuse or neglect, you should report it immediately to the proper authorities. Your local CYP Director can assist you in reporting your suspicion to CPS and Family Advocacy Program (FAP). Parents may also report alleged child abuse and neglect directly to the DOD child abuse and safety hotline, US and in US Territories -1-877-790-1197 or Overseas-571-372-5348. These hotline numbers are posted in all CYP facilities on parent information boards.

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

Closed Circuit Television Systems

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

1 Your local CYP can provide you with information about CCTV viewing policies. Contact your

CYP Director for information on the process.

Accidents/Injuries

We make every attempt to keep your child safe and free from harm. Minor injuries will be treated with appropriate first aid procedures. If your child is injured while participating in our program, we will provide immediate care for your child, contact you and emergency services if needed, and provide you with an accident/incident report. It is important to keep your child's emergency contact information current so you can be reached as soon as possible in the event of an accident or injury. All CYP Professionals are certified in CPR and Standard First Aid. If the injury involves another child, CYP staff are required to maintain confidentiality of the identity of the other child.

Biting

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

Reasonable Expectations for Behavior

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

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

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

Health

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

Admission Requirements

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

Child Sick Policy

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



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

Medication

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

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

If medication is to be administered at the CYP, you must submit a “Medication Authorization Form,” which includes a signed statement from the prescribing physician specifying medication type, dosage, times and application instructions. CYP professionals responsible for administering medication receive annual training by a health professional on medication administration procedures.

The first dose of any new medicine should not be administered at the program. Medications must be maintained in their original container, and the label must include your child’s first and last name, date

prescription was filled and expiration date, name of health care provider, instructions for administration and storage and name and strength of medication. If the medication is available over-the-counter, a doctor's order is required to administer the medication. These medications must have a label attached with the same information as prescription medication.

Immunizations

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

Control of Infectious Disease

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

Pets

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

Smoking Policy

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

Nutrition and Obesity Prevention

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

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

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

Meals and Snacks

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

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

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

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

Infant Feeding

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

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

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

Vending Machines and Snack Bars

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

Physical Activity

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

Screen Time

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

Appendix:

Signs and Symptoms Chart



Signs and Symptoms Chart

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Cold Symptoms	<ul style="list-style-type: none"> <i>Viruses</i> (early stage of many viruses) <ul style="list-style-type: none"> Adenovirus Coxsackievirus Enterovirus Parainfluenza virus Respiratory syncytial virus Rhinovirus Coronavirus Influenza Bacteria <ul style="list-style-type: none"> Mycoplasma 	<ul style="list-style-type: none"> Runny or stuffy nose Scratchy throat Coughing Sneezing Watery eyes Fever 	Not necessary	Yes	No, unless <ul style="list-style-type: none"> Fever accompanied by behavior change. Child looks or acts very ill. Child has difficulty breathing. Child has blood red or purple rash not associated with injury. Child meets other exclusion criteria 	<ul style="list-style-type: none"> Exclusion criteria are resolved.
Cough (May come from congestion anywhere from ears to lungs. Cough is a body response to something that is irritating tissues in the airway.)	<ul style="list-style-type: none"> Common cold Lower respiratory infection (eg, pneumonia, bronchiolitis) Croup Asthma Sinus infection Bronchitis 	<ul style="list-style-type: none"> Dry or wet cough Runny nose (clear, white, or yellow-green) Sore throat Throat irritation Hoarse voice, barking cough 	Not necessary	Yes	No, unless <ul style="list-style-type: none"> Severe cough Rapid and/or difficult breathing Wheezing if not already evaluated and treated Cyanosis (ie, blue color of skin and mucous membranes) 	<ul style="list-style-type: none"> Exclusion criteria are resolved.
Diaper Rash	<ul style="list-style-type: none"> Irritation by rubbing of diaper material against skin wet with urine or stool Infection with yeast or bacteria 	<ul style="list-style-type: none"> Redness Scaling Red bumps Sores Cracking of skin in diaper region 	Not necessary	Yes	No, unless <ul style="list-style-type: none"> Oozing sores that leak body fluids outside the diaper 	<ul style="list-style-type: none"> Exclusion criteria are resolved.
Diarrhea	Usually viral, less commonly bacterial or parasitic	<ul style="list-style-type: none"> Frequent loose or watery stools compared to child's normal pattern. (Note that exclusively breastfed infants normally have frequent unformed and somewhat watery stools, or may have several days with no stools.) Abdominal cramps. Fever. Generally not feeling well. Sometimes accompanied by vomiting. 	For one or more cases of bloody diarrhea or 2 or more children with diarrhea in group within a week	Yes	Yes, if <ul style="list-style-type: none"> Stool is not contained in the diaper for diapered children. Diarrhea is causing "accidents" for toilet-trained children. Stool frequency exceeds 2 or more stools above normal for that child, because this may cause too much work for the teacher/caregivers and make it difficult to maintain good sanitation. Blood/mucus in stool. Abnormal color of stool for child (eg, all black or very pale). No urine output in 8 hours. Jaundice (ie, yellow skin or eyes). Fever with behavior change. Looks or acts very ill. 	<ul style="list-style-type: none"> Cleared to return by health professional for all cases of bloody diarrhea and diarrhea caused by <i>Shigella</i>, <i>Salmonella</i>, or <i>Giardia</i>. Diapered children have their stool contained by the diaper (even if the stools remain loose) and toilet-trained children do not have toileting accidents. Able to participate.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Difficult or Noisy Breathing	<ol style="list-style-type: none"> 1. Common cold 2. Croup 3. Epiglottitis 4. Bronchiolitis 5. Asthma 6. Pneumonia 7. Object stuck in airway 	<ol style="list-style-type: none"> 1. Common cold: Stuffy nose, sore throat, cough, and/or mild fever. 2. Croup: Barking cough, hoarseness, fever, possible chest discomfort (symptoms worse at night), and/or very noisy breathing, especially when breathing in. 3. Epiglottitis: Gasping noisily for breath with mouth wide open, chin pulled down, high fever, and/or bluish (cyanotic) nails and skin; drooling, unwilling to lie down. 4. and 5. Bronchiolitis and asthma: Child is working hard to breathe; rapid breathing; space between ribs looks like it is sucked in with each breath (retractions); wheezing: whistling sound with breathing; cold/cough; irritable and unwell. Takes longer to breathe out than to breathe in. 6. Pneumonia: Deep cough, fever, rapid breathing, or space between ribs looks like it is sucked in with each breath (retractions). 7. Object stuck in airway: similar to croup (2 above). 	Not necessary	Yes	Yes, if <ul style="list-style-type: none"> • Fever accompanied by behavior change. • Child looks or acts very ill. • Child has difficulty breathing. • Child has blood red or purple rash not associated with injury. • The child meets other exclusion criteria 	<ul style="list-style-type: none"> • Exclusion criteria are resolved.
Earache	<ul style="list-style-type: none"> • Bacteria or viruses • Often occurs in context of common cold 	<ul style="list-style-type: none"> • ever • Pain or irritability • Difficulty hearing - Blocked ears • Drainage • Swelling around ear 	Not necessary	Yes	No, unless <ul style="list-style-type: none"> • Unable to participate. • Care would compromise staff's ability to care for other children. • Fever with behavior change. 	<ul style="list-style-type: none"> • Exclusion criteria are resolved.
Eye Irritation, Pinkeye	<ol style="list-style-type: none"> 1. Bacterial infection of the membrane covering the eye and eyelid (bacterial conjunctivitis) 2. Viral infection of the membrane covering the eye and eyelid (viral conjunctivitis) 3. Allergic irritation of the membrane covering the eye and eyelid (allergic conjunctivitis) 4. Chemical irritation of the membrane covering the eye and eyelid (irritant conjunctivitis) (eg, swimming in heavily chlorinated water, air pollution) 	<ol style="list-style-type: none"> 1. Bacterial infection: Pink color instead of whites of eyes and thick yellow/green discharge. May be irritated, swollen, or crusted in the morning 2. Viral infection: Pinkish/red, irritated, swollen eyes; watery discharge; possible upper respiratory infection 3. and 4. Allergic and chemical irritation: Red, tearing, itchy eyes; runny nose, sneezing; watery discharge. 	Yes, if 2 or more children have red eyes with watery discharge	Yes	<i>For bacterial conjunctivitis</i> No. Exclusion is no longer required for this condition. Health professionals may vary on whether to treat this condition with antibiotic medication. The role of antibiotics in treatment and preventing spread is unclear. Most children with pinkeye get better after 5 or 6 days without antibiotics. <i>For other forms</i> No, unless <ul style="list-style-type: none"> • The child meets other exclusion criteria Note: One type of viral conjunctivitis spreads rapidly and requires exclusion. If 2 or more children in the group have watery red eyes without any known chemical irritant exposure, exclusion may be required and health authorities should be notified.	<ul style="list-style-type: none"> • <i>For bacterial conjunctivitis</i> once parent has discussed with health professional. Antibiotics may or may not be prescribed. • Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Fever	<ul style="list-style-type: none"> Any viral, bacterial, or parasitic infection Overheating Reaction to medication (eg, vaccine, oral) Other noninfectious illnesses (eg, rheumatoid arthritis, malignancy) 	<p>Flushing, tired, irritable, decreased activity</p> <p>Notes</p> <ul style="list-style-type: none"> Fever alone is not harmful. When a child has an infection, raising the body temperature is part of the body's normal defense against outside attacks. Rapid elevation of body temperature sometimes triggers a febrile seizure in young children; this usually is outgrown by age 6 years. The first time a febrile seizure happens, the child requires evaluation. These seizures are frightening, but do not cause the child any long-term harm. Parents should inform their child's health professional every time the child has a seizure, even if the child is known to have febrile seizures. <p>Warning: <i>Do not</i> give aspirin. It has been linked to an increased risk of Reye syndrome (a rare and serious disease affecting the brain and liver).</p>	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> Behavior change. Unable to participate. Care would compromise staff's ability to care for other children. <p>Note: Temperatures considered meaningfully elevated above normal, although not necessarily an indication of a significant health problem, for children older than 4 months are</p> <ul style="list-style-type: none"> 100°F (37.8°C) axillary (armpit) 101°F (38.3°C) orally 102°F (38.9°C) rectally Aural (ear) temperature equal to oral or rectal temperature <p>Get immediate medical attention when</p> <p>infant younger than 4 months has unexplained temperature of 101°F (38.3°C) rectally or 100°F (37.8°C) axillary. Any infant younger than 2 months with fever should get medical attention within an hour.</p>	<ul style="list-style-type: none"> Able to participate Exclusion criteria are resolved.
Headache	<ul style="list-style-type: none"> Any bacterial/viral infection Other noninfectious causes 	<ul style="list-style-type: none"> Tired and irritable Can occur with or without other symptoms 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> Child is unable to participate <p>Note: Notify health professional in case of sudden, severe headache with vomiting or stiff neck that might signal meningitis. The stiff neck of concern is reluctance and unusual discomfort when the child is asked to look at his or her "belly button" (putting chin to chest)—different from soreness in the side of the neck.</p>	<ul style="list-style-type: none"> Able to participate

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Itching	<ol style="list-style-type: none"> 1. Ringworm 2. Chicken pox 3. Pinworm 4. Scabies 5. Allergic or irritant reaction (eg, poison ivy) 6. Dry skin or eczema 7. Impetigo 	<ol style="list-style-type: none"> 1. Ringworm: Itchy ring-shaped patches on skin or bald patches on scalp. 2. Chickenpox: Blister-like spots surrounded by red halos on scalp, face, and body; fever; irritable. 3. Pinworm: Anal itching. 4. Head lice: Small insects or white egg sheaths (nits) in hair. 5. Scabies: Severely itchy red bumps on warm areas of body, especially between fingers or toes. 6. Allergic or irritant reaction: Raised, circular, mobile rash; reddening of the skin; blisters occur with local reactions (poison ivy, contact reaction). 7. Dry skin or eczema: Dry areas on body. More often worse on cheeks, in front of elbow, and behind knees. In infants, may be dry areas on fronts of legs and anywhere else on body, but not usually in diaper area. If swollen, red or oozing, think about infection. 8. Impetigo: Areas of crusted yellow, oozing sores. Often around mouth or nasal openings. 	For infestations such as lice and scabies; if more than one child in group has impetigo or ringworm; for chickenpox	Yes	<p>For chickenpox, scabies, and impetigo</p> <p>Yes</p> <p>For ringworm and head lice</p> <p>Yes, at the end of the day</p> <ul style="list-style-type: none"> • Children should be referred to a health professional at the end of the day for treatment. <p>For ringworm, allergic or irritant reactions, and eczema</p> <p>No, unless</p> <ul style="list-style-type: none"> • Appears infected as a weeping or crusty sore <p>Note: Exclusion for hives is only necessary to obtain medical advice for care, if there is no previously made assessment and care plan for the hives.</p>	<ul style="list-style-type: none"> • Exclusion criteria are resolved. • On medication or treated as recommended by a health professional if indicated for the condition and for the time required to be readmitted. For conditions that require application of antibiotics to lesion or taking of antibiotics by mouth, the period of treatment to reduce the risk of spread to others is usually 24 hours. For most children with insect infestations or parasites, readmission as soon as the treatment has been given is acceptable.
Mouth Sores	<ol style="list-style-type: none"> 1. Oral thrush (yeast infection) 2. Herpes or coxsackievirus infection 3. Canker sores 	<ol style="list-style-type: none"> 1. Oral thrush: White patches on tongue and along cheeks 2. Herpes or coxsackievirus infection: Pain on swallowing; fever; painful, yellowish spots in mouth; swollen neck glands; fever blister, cold sore; reddened, swollen, painful lips 3. Canker sores: Painful ulcers on cheeks or gums 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Drooling steadily related to mouth sores. • Unable to participate. • Care would compromise staff's ability to care for other children. 	<ul style="list-style-type: none"> • Able to participate. • Exclusion criteria are resolved.
Rash	<p>Many causes</p> <ol style="list-style-type: none"> 1. Viral: roseola infantum, fifth disease, chickenpox, herpesvirus, molluscum contagiosum, warts, cold sores, shingles (herpes zoster), and others 2. Skin infections and infestations: ringworm (fungus), scabies (parasite), impetigo, abscesses, and cellulitis (bacteria) 3. Severe bacterial infections: meningococcus, pneumococcus, 4. <i>Staphylococcus aureus</i> (MSSA. MRSA). 	<ul style="list-style-type: none"> • Skin may show similar findings with many different causes. Determining cause of rash requires a competent health professional evaluation that takes into account information other than just how rash looks <ol style="list-style-type: none"> 1. Viral: Usually signs of general illness such as runny nose, cough, and fever (except for warts or molluscum). Each viral rash may have a distinctive appearance. 2. Minor skin infections and infestations: See "Itching." More serious skin infections: redness, pain, fever, plus. 3. Severe bacterial infections: Rare. These children have fever with rash and may be very ill. 	Four outbreaks	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Rash with behavior change or fever • Has oozing/open wound • Has bruising not associated with injury - Has joint pain and rash - Unable to participate • Tender, red area of skin, especially if it is increasing in size or tenderness 	<ul style="list-style-type: none"> • Able to participate in daily activities. • On antibiotic medication at least 24 hours (if indicated). • Exclusion criteria are resolved.

Symptom	Common Causes	Complaints or What Might Be Seen	Notify Health Consultant	Notify Parent	Temporarily Exclude?	If Excluded, Readmit When
Sore Throat (pharyngitis)	<ol style="list-style-type: none"> 1. Viral-common cold viruses that cause upper respiratory infections 2. Strep throe! 	<ol style="list-style-type: none"> 1. Viral: Verbal children will complain of sore throat; younger children may be irritable with decreased appetite and increased drooling (refusal to swallow). May see symptoms associated with upper respiratory illness, such as runny nose, cough, and congestion. 2. Strep throat: Strep infection usually does not result in cough or runny nose. Signs of the body's fight against infection include red tissue with white patches on sides of throat, at back of tongue (tonsil area), and at back wall of throat. Tonsils may be large, even touching each other. Swollen lymph nodes (sometimes incorrectly called "swollen glands") occur as body fights off the infection. 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Inability to swallow. • Excessive drooling with breathing difficulty. • Fever with behavior change. • The child meets other exclusion criteria. 	<ul style="list-style-type: none"> • Able to swallow. • Able to participate. • On medication at least 24 hours (if strep). • Exclusion criteria are resolved.
Stomachache	<ol style="list-style-type: none"> 1. Viral gastroenteritis or strep throat 2. Problems with internal organs of the abdomen such as intestine, colon, liver, bladder 	<ol style="list-style-type: none"> 1. Viral gastroenteritis is or strep throat Vomiting and diarrhea and/or cramping are signs of a viral infection of stomach and/or intestine. Strep throat may cause stomachache with sore throat, headache and possible fever. If cough or runny nose is present, strep is very unlikely. 2. Problems with internal organs of the abdomen: Persistent severe pain in abdomen. 	Not unless multiple cases in same group within 1 week	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Severe pain causing child to double over or scream • Abdominal pain after injury • Bloody/black stools • No urine output for 8 hours • Diarrhea • Vomiting • Yellow skin/eyes • Fever with behavior change • Looks or acts very ill 	<ul style="list-style-type: none"> • Pain resolves. • Able to participate. • Exclusion criteria are resolved.
Swollen Glands (properly called swollen lymph nodes)	<ol style="list-style-type: none"> 1. Normal body defense response to viral or bacterial infection in the area where lymph nodes are located (ie, in the neck for any upper respiratory infection) 2. Bacterial infection of lymph nodes that become overcome and infected by bacteria they are responding to as part of the body's defense system. 	<ol style="list-style-type: none"> 1. Normal lymph node response: Swelling at front, sides, and back of the neck and ear, in the armpit or groin, or anywhere else near an area of an infection. 2. Bacterial infection of lymph nodes: Swollen, warm lymph nodes with overlying pink skin, tender to the touch, usually located near an area of the body that has been infected. 	Not necessary	Yes	<p>No, unless</p> <ul style="list-style-type: none"> • Difficulty breathing or swallowing • Red, tender, warm glands, • Fever with behavior change 	<ul style="list-style-type: none"> • Child is on antibiotics (if indicated). • Able to participate. • Exclusion criteria are resolved.
Vomiting	<ul style="list-style-type: none"> • Viral infection of the stomach or intestine (gastroenteritis) • Coughing strongly • Other viral illness with fever 	Diarrhea, vomiting, and/or cramping for viral gastroenteritis	For outbreak	Yes	<p>Yes, if</p> <ul style="list-style-type: none"> • Vomited more than 2 times in 24 hours • Vomiting and fever • Vomit that appears green/bloody • No urine output in 8 hours • Recent history of head injury • Looks or acts very ill 	<ul style="list-style-type: none"> • Vomiting ends.

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