



PARENTS HANDBOOK

**USCG Sector San Juan Child Development Center
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1. Introduction

A. Our Center's Goal

The Sector San Juan Child Development Center's goal is to help every child develop. We believe that children learn about their world through the exposure to many learning experiences, their exploration in creative play, and the development of positive self esteem and social-emotional and cognitive skills. We believe that that family involvement is the key to the success of a child's early educational experiences. We also know that the child care that we provide enables parents to serve their country. In order to achieve our goals,

- We have a qualified, dedicated, and nurturing staff.
- We support children's learning using a research based curriculum.
- We recognize and are sensitive to the unique needs of our families.
- We welcome family involvement.
- We support each child's individuality by celebrating the diversity they bring to us.
- We assure our compliance with NAEYC (National Association for the Education of Young Children) standards, a nationally accredited early childhood program and guidelines, as well as Coast Guard Policies and requirements.



Our environment is designed to provide a foundation for school readiness. The children are free to express themselves and explore new situations and we provide appropriate play and sensory opportunities.

Our program provides quality childcare and early education experiences for young children. Programs at the CDC are designed to provide a positive, loving atmosphere and experiences that promote the growth of the whole child: physically, socially, emotionally, and intellectually.

B. Curriculum

We utilize *The Creative Curriculum*® which helps us to plan and implement a developmentally appropriate program that promotes social-emotional development and learning in the core areas of literacy, mathematics, science, and social studies. Utilizing this curriculum, each Teacher and/or Assistant Teacher prepares a weekly lesson plan which is

approved by the Director or the Training and Curriculum Coordinator. This lesson plan incorporates a developmentally appropriate curriculum and reflects the needs and special interests of the children in the classroom.

Developmental activities designed to suit the age and abilities of each child and the group are included in each weekly plan. These include:

1. Block play, dramatic play, and large motor activities (large motor coordination).
2. Creative art and music (self-expression, motor control, imaginative play, and creativity).
3. Language arts, math, and science activities (observation skills, language development, listening/communication skills, oral and written language, spatial relations, exploration, curiosity, and sensory awareness).
4. Small motor activities, problem solving, perception of size / shape / color, eye-hand coordination, sorting, grouping, and small muscle development.

This curriculum is integrated with high-quality assessment, professional development, and family connection resources to create a well-rounded program that addresses the needs of early childhood education professionals, children, and families. For more information visit <http://teachingstrategies.com/curriculum>

2. Administrative Polices

A. Eligibility and Priority

Children are accepted at Coast Guard CDCs according to the following priorities specified in [HSWLSCTD 2017-001](#):¹

1. CG and DoD single parents, and dual active duty members
2. CG and DoD active duty with full-time working spouse.
3. CG and DoD active duty personnel with a spouse enrolled full-time in an accredited post-secondary institution

¹ https://cg.portal.uscg.mil/units/sectorsanjuan/logs/MWR/CDC%20library/CDC_Policies/WaitListManagement-HSWLSCTD2017-001.pdf

4. Any federal civilian employee with a full-time working spouse.
5. CG and DoD active duty and reserve member with a non-working spouse
6. CG, DHS, and DoD contractors
7. Honorably discharged CG/DoD veterans with 100% service connected disability
8. CG/DoD retirees
9. Surviving spouses and their dependents (with military ID cards) of military personnel who died while on active duty
10. Community at large (placed in top tuition bracket)

If a higher-priority child seeks and is qualified for enrollment, a priority 10 child will be displaced (with 2 weeks' notice) to make room. Children are not subject to being bumped once enrolled. The parents of the child being bumped may choose to place the child on the Center's waiting list. See section 4.M for additional information.

B. Registration and Enrollment Procedures

All patrons requesting part-time, full-time, or After-School Program care must submit a Request for Care Record, DD form 2606,² to the CDC. This form will determine the appropriate waiting list the child will be placed (details of wait list management are provided in [HSWLSCTD 2017-001](#)). Upon receipt, the remainder of the registration package³ is provided to parents in person or by email. All the forms in the registration package must be completed before the child is considered for enrollment in any program at the CDC. For Hourly program registration, patrons must submit all forms in the registration package (form 2606 is not required). The registration package contains the following:

- SSJ Child Development Center registration form.
- A Coast Guard Child Health Form (CG-5484A) to be completed by the child's physician, along with immunization records (proof of PPD test and Flu immunization are required even though not listed on some immunization forms).⁴

² DD form 2606 is available at www.dtic.mil/whs/directives/forms/eforms/dd2606.pdf. On the form, FCC or FDC refer to a military-approved Family Child Care arrangement.

³ All forms are also available to USCG personnel at <https://cgportal2.uscg.mil/units/sectorsanjuan/logs/MWR/SitePages/CDC.aspx>. Completion of forms does not guarantee that there is or will be space for a child. Please contact the CDC for current and projected enrollment information.

⁴ Parents who wish their child to be exempt from one or more immunization requirements may request a waiver. When requesting such a waiver, parents must state the reason and provide all

- A Medical Power of Attorney consent authorization which must be notarized (must be renewed annually on the anniversary of the child's initial enrollment). The CG Sector San Juan Legal Assistance Attorney can notarize this form for USCG personnel.
- This Parent Handbook. During a required orientation visit, the parent must acknowledge receipt.

When a viable care option becomes available in the full-time or part-time program, the space will be offered to the patron, who will have two (2) business days to accept or decline. Patrons who decline or do not respond will be removed from the waiting list but may re-apply without prejudice. Patrons who apply for projected future care (e.g., for an unborn child or for after a PCS transfer) will be put on a Projected Care waiting list and should notify the CDC upon the birth of the child or the patron's arrival at the duty station. If space is not then immediately available, the patron will be moved to the immediate care list based on the date of the DD2606, not the date of the notification.

The package must be renewed annually within 30 days of the anniversary of the child's initial enrollment. A non-refundable \$25.00 registration fee is due when the child is accepted for enrollment at the CDC.

C. Tuition

For hourly care, tuition is due when the service is utilized, except that if hourly care is used more than once a week, tuition may instead be paid on Fridays. For full-time or part-time care, or the after-school program, parents may choose one of the following tuition payment options:

- Monthly: due in full on the 5th of each month.
- Split payments: half due on the 5th of each month and 2nd half due on the 15th of each month.

documents supporting the reason for the request. The waiver request will be received by the CDC Director, who will forward it to the Child Development Services Program Manager, Family Services Division, COMDT (CG-1112). That official will then forward it to the Chief of Preventive Medicine and Public Health Emergency Officer, COMDT (CG-1121). Requests based on existing medical conditions of the child will receive the most consideration. The CDC Director will contact the parent immediately after receiving a response from CG-1121. Any waiver request approval will likely have conditions, restrictions, or limitations applied to it.

Payments are due for children enrolled in the full-day or part-day program whether the child attends or not. Deductions/refunds are not available for illness, vacation, holidays, or emergency closures. Payments can be made at the Front Desk by cash, check (payable to “CDC”), money order, Visa, or Master Card.

Tuition is based on a sliding scale according to Total Family Income (TFI). The USCG/DOD Scale will be provided to the parents by the CDC Director.⁵ The scale typically changes annually.

TFI is defined by [ALCOAST 445/08](#).⁶ It includes all earned income including wages, salaries, tips, long-term disability benefits received by a family, pay for service in a combat zone, or anything else of value (even if not taxable) that was received by a member of the household for providing services. All other earned income, which would be reported on IRS form 1040, is also included. TFI does not include alimony, child support, temporary duty allowances, and reimbursements for educational purposes, workers compensation, or unemployment benefits, or unearned income such as interest, dividends, or capital gains.

For military patrons, TFI includes pay and allowances listed on the member’s PaySlip (USCG) or LES (DoD), with the exception of Basic Allowance for Housing (BAH). Instead of BAH, we calculate TFI using the non-locality BAH RC/T rate (formerly BAH-II) which is the minimum BAH with dependents rate for the senior military member in a household. Your personnel office should be able to project your allowances, including BAH RC/T. COLA is excluded from TFI for military patrons. Military patrons are required to report non-military earned income such as wages from a second job in the family.

To ensure that the system is fair for everyone, TFI must be verified upon initial registration. For military patrons, this will primarily be accomplished by the family providing a copy of the current USCG PaySlip or Leave and Earnings Statement (LES) or equivalent for each wage earner in the family. For non-military patrons: income shall be verified with the most recent copy of a W-2, federal income tax return, or earnings statement. Additional documentation may be required depending on the circumstances.

⁵ It is also available at the CDC office and at <https://cgportal2.uscg.mil/units/sectorsanjuan/logs/MWR/SitePages/CDC.aspx>.

⁶ A link in paragraph 2.A. of ALCOAST 445/08 is outdated; to see the figure that will be used for BAH in the TFI worksheet, go to www.defensetravel.dod.mil/site/pdcFiles.cfm?dir=/Allowances/Non-Locality_BAH/, click on “Non-Locality_BAH” and then the non-locality BAH rates for the year of interest.

To ensure continued compliance with the rules, all military patrons must provide a copy of the current PaySlip or LES or equivalent for each paying job in the family by 15 February each year, and all non-military patrons in TFI categories I through IX must provide a W-2, federal income tax return, or earnings statement by 30 April each year.

If parents do not wish to provide income information, they must be charged at the top of the scale.

Parents are required to report, within 30 days, any changes in income during the year. If it is determined that a parent did not notify the CDC of an increase in income within 30 days, charges will be assessed retroactively.

Tuition rates may not be raised more than once per year; 30 days notice will be provided in advance of an increase in fees.

D. Fee for Late Pickup

The Child Development Center closes promptly at 5:30 p.m. A late fee of \$15.00 is charged for each quarter hour or portion thereof for children remaining after 5:30 p.m. This policy is strictly enforced and fees are due within 7 days of the occurrence. If this fee is not paid, Section 2.E (Late Payments) applies. Late fees are used to cover the cost of paying overtime to at least two staff. It is important for parents to have someone designated⁷ in advance available to pick up their child in case of emergencies.

If a child is consistently picked up late, the child may be disenrolled from the Center. Consistently late is defined as more than three occurrences in a year.

If a child is not picked up by 5:30 p.m. and there has been no call from the parent or pick-up person, staff will attempt to track down a parent or emergency contact. When a child has not been picked up after one hour and no phone contact has been made, the staff will contact the RBH Security Guard and the Guaynabo Police. If the police fail to contact the parent, the Department of Children and Families will be notified.

E. Late Payments

⁷ See "Sign-In/Out" paragraph in section 0.A.

A late fee of \$5.00 per day will be charged to each account with an unpaid balance after the established due date without exception thereafter. If the account has more than five days of late fee charges, the child may be disenrolled. Hardship cases due to change of income will be reviewed by the CDC Director upon request. Requests must be submitted to the Director in writing (hard copy or e-mail) as soon as the parent is aware of the hardship situation.

F. Returned Checks

Checks returned to the CDC for non-payment will be assessed a \$30.00 returned check fee. The original debt remains payable. After two returned checks, parents will be required to pay for services with cash, credit card, or money order.



G. Center Closure (scheduled)

The Center will closed three days a year to comply with mandatory training requirements. Dates will be announced at least two weeks in advance and earlier if possible. The Center will also close to observe all Federal Holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Washington's Birthday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day



H. Center Closure (unscheduled)

The CDC Staff will follow the directives of the Sector Command with respect to closures due to weather conditions, including hurricane conditions. If a closure is directed while children are present, the CDC Staff will contact parents to pick up their children within an hour of the condition update and will dismiss staff members who do not live in the immediate vicinity. The

remainder of the staff will depart once all children have been picked up. If weather conditions or other circumstances (e.g., utility outage) require closing or prevent opening, the CDC may use the USCG Alert Warning System or other method to notify parents. For more information on the CDC status during an emergency, parents may call the After School cellular phone (number to be provided) or RBH security at 787-774-0054.

NOTE: The Center will not reimburse payments due to scheduled or emergency closures.

I. Administrative Authority, Chain of Command, and Appeals

The Child Development Center (CDC) operates under policy guidance (principally the USCG Child Development Services Manual⁸) from Commandant (CG-11) and is a function of the Sector San Juan Morale, Well-Being, and Recreation Division. As stated in COMDTINST M1754.15, the CDC is an important quality of life factor for eligible families.

If a concern arises, parents are expected to speak to the staff member with whom the concern exists. If the concern is not resolved to everyone's satisfaction, the concern should be addressed using the chain of command as indicated below:

- Teacher Assistant
- Teacher
- Training and Curriculum Coordinator
 - Phone # 787-706-0360
- Director, Child Development Center
 - Phone # 787-774-0468
- Director, Morale, Well-Being and Recreation
 - Phone #787-774-0298
- Logistics Department Head
 - Phone #787-729-4300
- Sector Commander (final decision authority)
 - Phone #787-729-2300



⁸ COMDTINST M1754.15 CH-1, www.uscg.mil/directives/cim/1000-1999/CIM_1754_15.pdf

Every parent has the right to appeal an adverse decision made in reference to his or her child. Parents are encouraged to actively participate in major decisions. Parents of children with discipline problems will most likely have had conferences with the Lead Teacher, CDC Director, and CGHQ Family Support Division (CG-1112) prior to an adverse decision by the CDC Director. Sometimes, however, the parent may not agree with the resolution. All parents have the right to make a formal appeal through the chain of command starting with the MWR Director. To do so, they must put all pertinent information in writing (email is sufficient). A decision will be rendered within one week. During this time, the child may use the CDC except in extreme circumstances determined by the CDC Director.

The Sector Commander approves exceptions to policy when extenuating circumstances warrant and are presented by the Child Development Center Director.

The U.S. Coast Guard Work-Life Family Advocacy Specialist, Ms. Jennifer Avila, is a resource but is not part of this chain of command.

3. Operating Hours and Programs

A. Operating Hours⁹

- CDC - Monday – Friday 6:30am to 5:30pm
- After School Program – 2:30pm to 5:30pm.

The SSJ Child Development Center offers the following programs:

B. Full-Day Program:

⁹ A child may be in care for a maximum of 10 hours per day.

The Full-Day program includes CDC services that meet the needs of parents requiring child care more than five (5) hours per day on a regularly scheduled basis from Monday - Friday.

C. Part-day Program:

The Part-Day Program includes services up to five (5) hours a day. Hours are Monday – Friday 7:00am to 12:00 noon or 1:00pm to 5:30pm.

D. Hourly Care Program:

The Hourly Care program includes developmental services that meet the needs of parents requiring short-term child care on an intermittent basis for children aged 6 weeks to 12 years. Hourly care services require parents to make reservations. Availability is typically based on spaces opening up due to cancelations made by Full-day and Part-day patrons. Children must be registered (see 2.B.) at the CDC at time of reservation. To change from the hourly program to the full-day or half-day program, patrons must submit a DD form 2606 (see 2.B.)

E. After-School Program;

The After School Program includes activities, homework, and socialization for children five (5)¹⁰ to twelve (12) years of age Monday through Friday from 2:30pm to 5:30pm on days when school is in session. The After School Program also operates during “no school” days and school vacations as established by the DODEA School System.

F. Summer Camp

During summer vacation, the CDC operates a Summer Camp. Information about the Summer Camp is available from the CDC and MWR.

G. Shared Space Program

The Shared Space program is open to active duty USCG families only. It allows two families to share a Full-Time or



¹⁰ Children must be five years old prior to September 1st for this program.

Part-Time space at the CDC.

Families participating in the Shared Space program are responsible for the established tuition. The CDC Director will determine the tuition based on the Total Family Income policy (see 2.C., Tuition). Delinquent or non-payment situations will affect both families equally. Only one child will attend at the chosen program at a time unless hourly arrangements are made in advance. Patrons determine how they will split the days and usage of the center--the CDC will not participate in any negotiations of this nature.

For this program, the CDC is responsible for:

1. Calculating the tuition based on the TFI of the two families (patrons sharing a space may be in different TFI brackets).
2. Advising families of their priority status.
3. Advising families on the disenrollment procedures.

By entering into an arrangement for sharing a space in our program, both¹¹ families agree that participation in the Shared Space Program will come to an immediate termination when either family withdraws or the older of the two participating children graduates into the next age category. The remaining family has the option to identify another family to participate with them in the Shared Space Program under a new agreement. If the remaining family does not identify another family to share a space with, the Full-Time or Part-Time tuition (as applicable) will be assumed by the remaining family upon termination of the agreement until another family is identified and enrolled or the remaining family relinquishes the space.

Families interested in finding another family to share a space with may notify the CDC, who will notify other families who have expressed similar interest and have a child in the same age range; families may also use other means to identify such a family to share with.

4. Program Policies

¹¹ If more than two families are sharing a space and one withdraws, the remaining families may withdraw or seek a new agreement. The CDC will need to recalculate the tuition.

A. Daily child accountability

Sign-In/Out: Children attending the Center must be signed in and out by the parent/guardian or parent designee. A parent designee is an individual authorized to drop off or pick up a child or children on behalf of the parent. This authorization is provided to the CDC Director in writing upon enrollment. The authorization will be placed in the child's registration packet. Any changes must be provided at the office in writing.



Drop-off: We request that parents not bring children to the Center between the hours of 12 noon and 1:00pm as this is nap time. We encourage parents to bring children in the Full-Day Program no later than 11:00. This will help the child to make a smooth transition into the group.

Visual Inspection: Upon receiving the child, the CDC Staff will perform daily general inspections to observe his/her physical condition. A child who exhibits signs of illness will not be accepted for care. The CDC Staff will record any noticeable illness or injury. Upon arrival parents should inform the teacher of any marks or bruises on the child.

Release of Child: The CDC Staff will ensure that each child is released to the person(s) authorized to pick up the child (ren) from the CDC as specified in the child's registration packet. For emergency purposes, parents must ensure that the CDC has at least two (2) release designees on their registration form. Release designees must present Government issued photo identification. **A minor under the age of 16 shall not be authorized to pick up a child.**

B. Visitors

Parents Visiting: Our Open Door Policy allows parents of enrolled children to visit the CDC at any time.

Visitors: visitors who wish to tour the CDC, with or without the parent, must make arrangements in advance with the CDC Director. This will enable the Director to be available to receive the visitor.

Joint Custody: Parent sponsors who are divorced and have joint parental custody or visitation privileges must provide official documentation outlining the agreement and the

restrictive terms. A parent or guardian who possesses legal documentation will not be denied entry to the center or access to their child. All such cases will be individually handled by the CDC Director.

C. Pets

1. A fish is the only animal accepted as a Center Pet. If there is a Center Pet:
 - a. It must be fed daily or as recommended by competent authority.
 - b. The water tank must be cleaned as needed by the staff. Children can help, under staff supervision, to learn on how to properly care for an animal.
2. To ensure the health and safety of children, staff, parents, and pets, a child who wants to bring his/her pet for a day (a Visiting Pet) must make special arrangements with the CDC Director prior to the visit.
3. The Center may also arrange special visits/activities with animals. The following conditions must be met for the visiting animals:
 - a. Only dogs, cats, ungulates (e.g., sheep, goats, pigs), rabbits, fish, and rodents may visit the Center.
 - b. The animal's owner must provide proof that any required vaccines for the pet are up to date.
 - c. A clean, spacious, and safe cage and all necessary food, water, and other supplies must be provided for the time the animal will be visiting the CDC.
 - d. If the animal is left for the day, the owner must provide handling instructions for the teacher.
 - e. Children with allergies or who are afraid of animals will be moved to another classroom for the period of the animal visit, or otherwise protected. The area (including ventilation systems if necessary) will be cleaned and disinfected after the animal's visit.
 - f. Children and staff must wash their hands thoroughly before and after handling or petting an animal.
4. Animals may not be kept close to an area where food is prepared or served.
5. Animals are not to be mistreated in any way. When being handled by children there must be constant supervision for the safety of all.
6. If anyone is bitten by an animal, Emergency Medical Services (911) will be contacted for advice while first aid is being administered. Parents of the child will be contacted.

7. Classrooms with pets will work out a schedule for the responsible care of the pet. Everyone shares the responsibility. Those children afraid of animals may help by handling the food, changing water, and more without having direct contact with or immediate proximity to the animal. Those with allergies will not be exposed.

D. Health

Over-the-Counter Topical Creams and Ointments and Insect Repellent:

Over-the-counter topical diaper rash/sun block creams and ointments, and/or insect repellent may be applied to a child by the staff if a Medication Form (CG-5485)¹² is on file. If the diaper rash bleeds, fails to improve, or fails to clear after five days of over-the-counter medication, the parent will be asked to have the child seen by a physician. The child will not be allowed to return until they have been seen and medically cleared by a physician. A written notification must be submitted before re-admittance.

Medication: Except for the Over the Counter Topical Creams and Ointments and mosquito repellent addressed in the preceding paragraph, only prescribed medication¹³ in the original container with the child's full name, dosage, time to be taken, instructions, and the name of the authorizing physician will be administered to the children by the CDC Staff. **At no time will medication be added to milk, formula, or food. Any medication that is not properly labeled or without a current date will not be given to a child. The parent will be informed when such a situation is discovered.** A Child Development Center Medication Permission Form¹⁴ must be completed by a physician and parent, given to CDC staff, and entered by the CDC into the Medication Log.

If the child will be going to the doctor for any illness, parents should take the medication form (CG-5485) with them. Parents must provide a physician's written "Certificate of Return" (defined below) to the CDC after any illness has been diagnosed by a Health Care Professional or if symptoms suggest the presence of a communicable disease.

¹² All forms are also available to USCG personnel at

<https://cgportal2.uscg.mil/units/sectorsanjuan/logs/MWR/SitePages/CDC.aspx>

¹³ Medications include pharmacological substances such as pain relievers, anti-diarrheal, antacids, throat lozenges, teeth, and gum anesthetic, and other drugs.

¹⁴ Available: at CDC front desk; by email, at page 107 of www.uscg.mil/directives/cim/1000-1999/CIM_1754_15.pdf, and to CG personnel at <https://cgportal2.uscg.mil/units/sectorsanjuan/logs/MWR/SitePages/CDC.aspx>

Insect repellents: Due to the prevalence of Dengue Fever, Chikungunya Virus, and Zika Virus¹⁵ in Puerto Rico and the amount of time the children spend outdoors, the use of insect repellent is highly recommended. Staff will only apply insect repellent if a CDC Medication Permission Form is on file. As recommended by Caring for Our Children National Health and Safety Performance Standards, if the repellent has DEET as the active ingredient, staff can only apply it if it has no more than 30% DEET. Other safe repellents on the Medication Permission Form are allowed. Repellents will only be applied in accordance with the Medication Permission Form.

Sickness at CDC: If a child becomes ill at the Center, the CDC Staff will contact the parent for pick-up at the CDC. **Parents/guardians must pick up an ill child within one hour of being contacted.** Children must be free of symptoms for 24 hours before returning.

Managing Exposures to Blood and Body Fluids: spills of bodily fluids are cleaned up in accordance with recommendations from the Centers for Disease Control and Prevention and USCG Headquarters in a manner that protects children and staff.

In the event that an enrolled child has a blood-borne infection the Director will inform the staff and the other children's parents verbally, in person or by phone. The information will include the name of the infection, symptoms, and applicable precautions. Personal information will be kept confidential.

Emergency Procedures: If an illness or injury requires emergency care, the CDC Director/Staff member will call 911 to transport the child to a medical facility (San Pablo Hospital and Guaynabo Medical are the closest ones but Emergency Medical Services will choose best option; if parents have a preference they may inform the CDC in advance by email or other written notification) and parent(s) will be notified. Following an emergency, the CDC will require a medical statement stating whether a child may return to the Center.

Isolation Room: Children who exhibit any of the following symptoms while at the CDC (as described in 1-9 below) will be separated from other children and will be placed in the child-safe isolation room with a staff member until the parent/guardian arrives.

¹⁵ More information is available at <https://cg.portal.uscg.mil/units/sectorsanjuan>

Denial of Care: The following are criteria for excluding children from the program reducing the risk of transmission of a communicable disease. Children may be readmitted after an illness only when their presence does not affect the health of other children and staff and the child feels well enough to participate in daily activities. For the conditions indicated below, a “Certificate of Return” indicating no presence or risk of any contagious disease and the recommended returning date will be required.

1. Any illness prevents the child from participating comfortably in the CDC activities.
2. Illness requires greater care than the center staff can provide without compromising the health and safety of others. A written “Certificate of Return” will be required for re-admittance.
3. Temperature of 100 degrees or higher (minimum one-day exclusion). If temperature returns to normal (without medication) and child has no other symptoms, the child may return. If symptoms re-emerge, a written “Certificate of Return” will be required for re-admittance.
4. Symptoms and signs of possible severe illness such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs. A written “Certificate of Return” will be required for re-admittance.
5. Uncontrolled diarrhea (3 times), (increased number of stools, increased stool water, and decreased form that is not contained by the diaper). A written “Certificate of Return” will be required for re-admittance.
6. Vomiting Illness (two or more episodes of vomiting). A written “Certificate of Return” will be required for re-admittance.
7. Rash with fever. A written “Certificate of Return” will be required for re-admittance.
8. Purulent conjunctivitis (pink eye), red conjunctivitis with green or yellow discharge. Child may not return until 24 hours after treatment has begun. A written “Certificate of Return” will be required for re-admittance.
9. Scabies, head lice, or other infestation. Child may not return until 24 hours after treatment has begun.
10. Tuberculosis. A written “Certificate of Return” will be required for re-admittance.
11. Impetigo. A written “Certificate of Return” will be required for re-admittance.



12. Strep throat or other streptococcal infection. Child cannot return until 24 hours after initial antibiotics treatment and cessation of fever. A written “Certificate of Return” will be required for re-admittance.
13. Chicken Pox. Child cannot return until 6 days after rash begins, or until all sores have dried and crusted. A written “Certificate of Return” will be required for re-admittance.
14. Pertussis. Child cannot return until the 5th day of appropriate antibiotic treatment has been completed. A written “Certificate of Return” will be required for re-admittance.
15. Mumps. Child cannot return until 9 days after parotid gland swelling begins. A written “Certificate of Return” will be required for re-admittance.
16. Hepatitis A. Child cannot return until one week after illness begins or as directed by the Health Dept. and after the passive immune-prophylaxis has been administered to appropriate children and staff. A written “Certificate of Return” will be required for re-admittance.
17. Measles or Rubella. Child cannot return until 6 days after onset of rash. A written “Certificate of Return” will be required for re-admittance.
18. Any Flu symptoms. Per the US Centers for Disease Control and Prevention,¹⁶ Influenza (also known as the flu) is a contagious respiratory illness caused by flu viruses. It can cause mild to severe illness, and can lead to death. The flu usually comes on suddenly. People who have the flu often feel some or all of these symptoms: fever (not everyone with flu will have a fever) or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue (tiredness). Vomiting and diarrhea is more common in children than adults. A written “Certificate of Return” will be required for re-admittance.



E. Nutrition

¹⁶ www.cdc.gov/flu/about/disease/symptoms.htm.

Infant Feeding: Infants (0-1years) will be fed on demand to meet their nutritional needs.

Parents must supply **ready-to-feed single servings** of pre-mixed formula or breast milk in plastic bottles labeled with child's name and date. Parents must provide unopened jars of baby food for their infants. Food must be in its original commercial container labeled with date and child's full name. Homemade baby food must be in plastic containers labeled with contents, name, and date. Unused portions remaining in the jar will be returned to the parent at the end of the day. No breast milk, formula, or infant foods are warmed in a microwave; they are warmed in water.

Infants younger than six (6) months will not be given solid foods or fruit juices unless recommended in writing by the health care provider. For children older than six (6) months, only 100% juices will be offered.

Meals and Snacks for Toddlers and Pre-school Children:

1. Parents are responsible for providing all snacks and meals served to children at the Center.
2. All drinks and food items are to be labeled with name and date and brought together in a single lunch bag.
3. Food should be brought in a clean plastic container or disposable container (glass containers are not allowed). If food requires reheating, containers must be microwave-safe and directions (e.g., how long to microwave for) should be provided.
4. Staff members are not authorized to prepare meals for children, only to microwave (when necessary) and serve the meal that has been prepared.
5. Upon completion of a meal or snack, food that has not been eaten will be discarded, unless the parent has requested otherwise. Containers, plates, cups, and/or bottles will be placed back in the lunch bag.
6. Staff members are not authorized to rinse or wash containers, plates, cups, and/or bottles. Parents must bring the home lunch bag and all containers, cups, and/or bottles daily.
7. Please refer to the child's room schedule to determine when food is served.

8. Our Center should model good nutrition,¹⁷ therefore we ask parents to send healthy foods at all times. Additional information is available from the USDA MyPlate Guide To School Lunch, www.fns.usda.gov/tn/myplate-guide-school-lunch.

Parents will provide lunch for their toddlers and/or pre-school children. Lunches must be labeled with the child's name and the date. Milk and juice must also be labeled with the child's name and the date.

Food Restrictions:

- **Due to the serious consequences of an allergic reaction, the CDC is Peanut-Free.**
- Parents of children who have food restrictions due to medical reasons must provide this information to the CDC with written documentation from the physician. Only siblings who are eating together will be allowed to eat from each other's snacks.
- Please **DO NOT** provide the following foods for those children younger than 4 years of age: Hot Dogs (whole or sliced into rounds), whole grapes, pop-corn, raw peas, hard pretzels, nuts, peanut butter, chunks of raw carrots, or meat not cut in small pieces. Our staff **WILL NOT** allow children younger than 4 to have them.
- Marshmallows, candy, and sodas are not considered suitable snacks/meals and therefore are not acceptable snacks/meals for the children enrolled in the program.
- **Chewing gum is prohibited. Other candies will be allowed on special occasions such as birthday or holiday activities.**
- All snacks and meals **must** meet this policy. If food does not, parents will be contacted and must bring food that does. If the meal time/snack time is over, parents must stay with their children until they finish their meal time/snack time and are ready to rejoin their class.



F. Infant and Toddler Sleeping

¹⁷ The food children eat affects their well-being, physical growth, ability to learn, and overall behavior. Early exposure to healthy eating helps children establish good eating habits. The National Association for the Education of Youth Children encourages healthy nutritional habits.

There is a direct correlation between the sleeping position of infants and Sudden Infant Death Syndrome (SIDS). In order to reduce the risk, the Child Development Center has the following Sleeping Policy:

1. Infants sleeping in a crib shall be placed on their backs on a firm tight-fitting mattress unless a child has a note from a doctor specifying otherwise.
2. Some infants can easily roll over from their backs to their stomachs. Infants will be put down to sleep on their backs but allowed to adapt to whatever sleeping position they prefer.
3. Positioning devices shall not be used unless a doctor so directs.
4. A tight fitted sheet will be used.
5. No pillows, quilts, comforters, stuffed toys, or other soft items shall be placed in cribs.
6. One small blanket may be used; however the infant's head shall remain uncovered during sleep.
7. The height of the mattress will be lowered to the lowest level once an infant starts to get up on all fours or pull themselves up on objects.
8. Objects with strings will not be hung on or in the crib.
9. "Crib Gym" or mobiles will be removed from the crib when the child is able to rise up on his/her knees or when the child reaches 5 months of age, whichever is sooner.
10. No large toys or other objects which an older baby may stack or use for climbing will be allowed in the crib.
11. No food products will be allowed in the crib; this includes bottles or 'sippy cups.'
12. The child will be introduced to a toddler cot when the height of the rail of the crib does not reach the child's nipple line. This is to prevent the child from falling out of the crib.
13. All infants and toddlers in the CDC program more than five (5) hours per day will have their own crib or cot (provided by the CDC) with their name clearly marked on it. For Part-time children, if a crib or cot is shared, the crib or cot will be disinfected after each use.
14. All bedding will be washed daily.

G. Behavioral Guidance

The National Association for the Education of Young Children endorses self-discipline as the best method to use at the Child Development Center. Children who have self-discipline learn to make healthy choices for themselves based on weighing the pros and cons of their choices. They are able to balance their own needs with those of others. They can accept the results of their own actions. We, at the CDC, want children to make their own decisions, to know the difference between wrong and right, to solve problems, and to correct their own mistakes. Our daily routine is designed to provide positive guidance to help children develop self-discipline. The CDC Staff will train children in a consistent manner, based on an understanding of the individual. Training will be constructive in nature, including such methods as diversion, separation of the child from a situation, praise of appropriate behavior, or gentle physical restraint such as holding. A child will not be punished with:

- Spanking, pinching, shaking, or other corporal punishment
- Isolation for long periods
- Confinement to restrain movement of mouth or limb
- Screaming at or demeaning children with harsh words (verbal abuse)

H. Incident/Accident Reports

If a child is involved in an incident or accident, it will be recorded by the CDC staff on an incident/accident form and signed by the Teacher, the Director, and the Parent.

I. Biting

Biting is an upsetting behavior that can result for many reasons including feelings of frustration, over-stimulation, anger, hunger, and pain related to teething. It is not an unusual behavior for infants and toddlers. Often, children use biting as a way to get their needs met because they do not have more appropriate methods of communicating what they want and because biting gets a strong response from others. Whatever the reason for the biting, this behavior evokes strong emotions from all those involved: the child who bites, the child who is bitten, the parents of both children, and the teachers. The CDC Staff will make every effort to attempt to work with the child and the parents to correct the behavior. If a bite breaks the skin, the parents of both children will be contacted immediately; if the bite does not break the skin, the parents of both children will be notified when they pick the child up. In extreme cases, if the biting is persistent, and based on the age of the child, the CDC may be forced to disenroll the

child until the behavior is corrected. The CDC will work closely with the children and the parents impacted by any biting incident, providing as much assistance as possible to resolve the behavior.

J. Special Needs

The U.S. Coast Guard Work-Life Family Advocacy Specialist, Ms. Jennifer Avila, works with the Child Development Center Director in assisting families with special needs. Children with special developmental, educational, or physical needs will be admitted to the CDC if they can be properly cared for and educated within the Center's programs. Each case will be reviewed individually by the Special Needs Resource Team, which is comprised of the Work-Life Coordinator, the CDC Director, and the Sector San Juan Medical Officer. All available information is reviewed. This documented meeting helps to ensure that appropriate care is provided for the child. Plans are developed and shared with parents, classroom teachers, and other available professional resources. For more information regarding U.S. Coast Guard Work-Life services you can contact Ms. Avila at (787) 729-2339 or visit www.uscg.mil/worklife.



K. Parent Communication Reports

Although most of the daily contact with teachers will be through brief conversations at drop off and pick up times, the CDC Staff also prepares daily reports to go home with the child. These reports are an important means of communication because the CDC staff who cared most directly for your child may not see you at pick up time because of scheduling or if you send a designee, and because children very often don't remember what they did during the day or may not have the language to communicate clearly. However, reports are not used to convey serious concerns or problems.

L. Parent Conferences and Child Evaluation

Teacher-Parent conferences are held twice a year (fall and spring) or more often as needed. This is time to exchange information, touch base, set goals, as well as report on the child's activities in the classroom. Teachers will schedule times individually with parents. If either

teachers or parents feel other or more frequent contact is required, they should suggest a meeting.

M. Termination of Child Care Services Arrangement

Parent-initiated: Parents may disenroll their child at any time with written notice to the CDC. Tuition payments are addressed in Section 2.C. of this handbook.

CDC-initiated: The Child Development Center may disenroll a child for reasons that include, but are not limited to:

- Failure to update required forms annually;
- Providing incomplete or false information on any form, including income verification;
- Failure to pay tuition;
- Loud, abusive, or disruptive parent behavior including but not limited to yelling, berating a staff member, use of profanity
- Children whose behavior poses a safety threat to themselves or others.
- Unacceptable behavior by children in a group setting, such as excessive pushing, scratching, biting, temper tantrums, kicking, hair pulling, pinching or similar physical conduct or actions.

Decisions to disenroll a child must take into account the age and development of the child involved. For example, biting, while unpleasant at any age, is considered a temporary stage of development for some children between the ages of 12 and 36 months.

Unless the behavior causes immediate harm to a child or a staff member, the director or designee will inform the parent that if this behavior occurs again the child may be disenrolled. If a child's behavior fails to improve within a reasonable time period of focused intervention by the staff, parents, or other involved professionals, it may be necessary for the parents to seek alternative childcare arrangements. The decision to terminate childcare services will be made by the CDC Director. At least a 2 week termination notice will be given. The policy for appeal of a disenrollment decision is stated in section 2.H.

If a situation arises where a child who is priority 10 on the eligibility list is bumped to make room for a child who is higher priority on the eligibility list, a 2-week notice will be given to the

parents of the child being bumped and the parents may choose to place the child on the Center's waiting list by submitting a new DD form 2606 (see 2.B.). Priority 1 through 9 children are not subject to being bumped.

N. Confidentiality

The Rio Bayamon Child Development Center will not disclose any confidential information to any person, form, or other entity for any reason or purpose whatsoever, or make use of any such confidential information, except as authorized by the client or required by law or USCG policy. For purpose of this policy, "Confidential information" means all information from family, school, EDIS,¹⁸ or affiliates which is not in the public domain or generally available to persons who do not have a confidential relationship with the Rio Bayamon Child Development Center. Confidential information includes all institutional and personal information, screening information, health information, new program information, rate or pricing changes, and information which has been provided to or obtained by the Rio Bayamon Housing Child Development Center in confidence. All information collected by the Rio Bayamon Housing Child Development Center is kept in locked file cabinets in our main office or on USCG-managed computer systems.

O. Transportation and Field Trips

The parent or guardian is responsible for daily transportation to and from the CDC. The CDC will arrange transportation for field trips during Summer Camp only.

P. Child Abuse Prevention and Response

It is Coast Guard policy (COMDTINST M1754.15, paragraph 2.G.1) to prevent child abuse by promoting early identification and reporting of cases of alleged and/or suspected child abuse. State (and territory) regulations and Coast Guard policies require Child Development Center personnel to report all instances of alleged and/or suspected child abuse or neglect. Each CDC staff member receives annual child abuse identification and reporting procedures training. Here



¹⁸ Educational & Developmental Intervention Services (free service from Ft. Buchanan for families who have questions/concerns about their child's (from birth to age 36 months) development.)

in Bayamon, we must call 911 and Puerto Rico Child Protective Services (Departamento de la Familia), 787-749-1333.

Procedural Steps for Reporting Suspected Child Abuse: If a parent suspects their child has been a victim of abuse by the Center's staff, they should immediately report their suspicions to the CDC Director, the Work-Life Family Advocacy Specialist, and the MWR Director. In Puerto Rico, the Work-Life Family Advocacy Specialist will assist with the reporting of information to Puerto Rico Child Protective Services to eliminate the potential language barrier. Any person who suspects Child Abuse must report it immediately. The report should be made to the CDC Director who will report it to the Work-Life Family Advocacy Specialist (FAS) and the MWR Director.

- The Work-Life FAS will report the incident to the Command.
- Puerto Rico Child Protective Services (Departamento de la Familia, 787-749-1333) is responsible to investigate. Other agencies such as CGIS may have a role as well.
- Written notes of observations of any witnesses are required.
- If the allegation involves an employee responsible for direct contact with children, the employee will be reassigned to duties outside of the CDC that do not involve the care of children until the investigation is complete.
- Substantiated abuse is cause for termination of an employee.
- The Public Affairs Officer is the only official who will release any information to the media about the incident.
- The CDC Director is to ensure that all procedures are followed on any reported case, and that the CDC cooperates with authorized investigations.

5. Conclusion

The Child Development Center considers it a privilege to provide you with Child Care services. If you have any questions or concerns, please do not hesitate to bring them to our attention.

