

BASE CAPE COD, MA  
02542  
FAMILY HANDBOOK



NAEYC  
Accredited

Kathleen Daddona  
Director

Tel: 508-968-6450  
Fax: 508-968-6427

[Kathleen.M.Daddona@uscg.mil](mailto:Kathleen.M.Daddona@uscg.mil)

## Congratulations, Parents!

You have chosen an early childhood program for your child that is accredited by the National Academy of Early Childhood Programs. The Academy administers a national, voluntary, professionally, sponsored accreditation system for all types of schools and child care centers. The Academy is a division of the National Association for the Education of Young Children, the nation's largest organization for early childhood educators.

### **What is accreditation?**

Early Childhood programs accredited by the National Academy Early Childhood programs have voluntarily undergone a comprehensive process of internal self study, invited external professional review to verify compliance with the Academy's criteria for High Quality Early Childhood Programs, and been found to be in substantial compliance with the criteria. A copy of the criteria can be obtained from the Academy.

### **What is a high quality early childhood program?**

A high quality early childhood program provides a safe and nurturing environment while promoting the physical, social and intellectual development of young children.

In accredited programs, you will see;

- Frequent, positive, social, and intellectual development of young children
- Planned learning activities appropriate to children's age and development, such as block building, reading stories, dress up and active play.
- Specially trained teachers
- Enough adults to respond to individual children
- Many and varied age appropriate material
- A healthy and safe environment for children
- Nutritious snacks
- Regular communication with parents who are welcome visitors at all times
- Effective administration
- Ongoing, systematic evaluation

Accreditation is valid until the date indicated on the accreditation certificate. Our NAEYC certificate is hanging outside the Two's door across from the front office. Written complaints about accredited programs should be sent to the Academy.

The National Academy of early childhood programs/NAEYC is not connected with and is not responsible for the administration, acts, personnel, property, or practice of accredited program.

To obtain a list of accredited programs, contact

National Academy of Early Learning Program  
15098 16<sup>th</sup> Street, N.W  
Washington, D.C 20036-1426 (800) 424-1426

**Welcome to the United States Coast Guard's Child Development Center, located at Base Cape Cod**

The USCG Child Development Center (CDC) is a function of the Morale, Wellbeing, and Recreation of the United States Coast Guard. It is one of nine Coast Guard Child Development Centers operating across the United States and Puerto Rico.

COMDTINST M1754.15 AND M1754.8, "Child Development Center Management Handbook" provides guidance and technical assistance for operation and policy setting. We have an open door policy and all families can visit their child/children at any time when they are in attendance.

The USCG CDC operates Monday-Friday 0700-1700 (Due to liabilities families are not authorized to come in before 0700.)

Our phone number is (508) 968-6450 Fax (508) 968-6427

The USCG CDC in addition to being closed all Federal holidays is closed the Day after Thanksgiving, and Coast Guard Day in August (Exact dates TBD.)

Parents provide transportation to and from our program except for those children enrolled in the before school program and kindergarten. A school bus provided by Bourne Public Schools transports kindergarteners to Bournedale Early Education and Elementary School while another bus transports the before school program children to Peebles Elementary School.

The USCG CDC consists of 6 different classrooms

Curious Cubs and Bouncing Bears: 6 weeks to 12 months	Ratio	1:4
Helpful Honeybees: Toddlers 12 months to 24 months	Ratio	1:5
Tumbling Twos: Toddlers 24 months to 36 months	Ratio	1:7
Preschool/Pre-K Scouts 3-6 years	Ratio	1:12
Preschool/Pre-K Explorers 3-6 years	Ratio	1:12
School age: 1 <sup>st</sup> -4 <sup>th</sup> grade	Ratio	1:12

The Child Development Services Manual (COMDTONST M1754.15) permits classrooms to be combined to meet staffing needs. If two age groups are combined, the ratio of the youngest child present takes precedent. Classes are usually only combined during times of early morning, late afternoons, or staffing emergencies.

All staff are selected on the basis of their ability to work with children. Teachers need to have a degree/ and or experience with at least 36 credits in Early Childhood education. Assistants need to have a high school diploma and enroll in our Child Development Associate program. All staff employed by the CDC submits to a national background check complete with a fingerprint check. All staff must complete 24 hours of training in Early Childhood Education including but not limited to CPR, First Aid, SIDS, Child Abuse and Neglect, Fire Extinguisher Training, Evacuation Procedures, Universal Health Care Precautions including hand washing, and Positive Guidance.

### **PHILOSOPHY**

The USCG CDC is designed to meet the needs of children in a safe, caring environment. We believe that each child will be respected and accepted for their individuality.

We believe that learning occurs naturally in an environment that encourages and accepts the growth of each child. We feel that children learn about their world through exposure to many experiences, their exploration in creative play and the development of positive self-esteem and interpersonal relationships.

Please note that he and she are used interchangeably throughout the handbook to reinforce our non-sexist philosophy.

**“We anchor your children for a lifetime of learning”**  
**“All children are capable of learning”**

### **PROGRAM MISSION**

The foundation of the USCG CDC is built on the following:

- To help children develop a healthy self-concept, to feel good about themselves.
- To promote creativity, independence and individuality.
- To promote appropriate play experiences that contribute to the developmental needs of the child.
- To provide an atmosphere which fosters acceptance and the expression of feeling and emotions.
- To provide families the opportunities to be the primary caregivers and

Educators of their young children while working with the staff to build strong relationships.

The USCG CDC operates under policy guidance from the Commandant (CG-112) and is a function of Morale, Wellbeing, and Recreation (MWR.) It is an important quality of life factor for eligible families. The USCG CDC is not an entitlement, but is intended to assist a family who must bear the ultimate responsibility for the care and development of their child(ren).

### **ADMINISTRATIVE AUTHORITY**

As part of the MWR, this facility is an important quality of life for military families. Parents are encouraged to discuss and communicate their concerns with their child's teacher or the CDC Director. Parent concerns not resolved should be addressed up the administrative chain of command.

### **CHAIN OF COMMAND**

If at anytime during your child/children's enrollment you have a concern, suggestion, observation, or simply want to discuss your feelings on any matter, you have a chain of knowledgeable staff that will listen and assist you. For questions and observations pertaining to teaching techniques and classroom administration, please feel free to gain knowledge and tips from the staff at the CDC including:

1. Your child's teacher
2. The CDC Assistant Director or the CDC Training and Curriculum Specialist
3. The CDC Director

If you feel your questions or concerns are not handled or need further guidance the extended chain of command is as follows. You should try to address your concerns to staff in your chain in the following order:

Child Development Center Director



MWR Director



Base Cape Cod Department Head



Base Cape Cod Executive Officer (XO)



Base Cape Cod Commanding Officer (CO)

Should you have an issue or concern you should seek resolution when possible at the lowest level by trying to resolve the issue formally.

### **WAITLIST MANAGEMENT PROCEDURES**

Eligibility is governed by the Health, Safety, and Work-Life Service Center Technical Directive 2017-001. All families requesting CDC enrollment must complete a DD2606 form for each child. There are two types of waiting lists categories, immediate and projected care. Both lists are managed by the date of completed paperwork submissions and payment of \$25.00 waitlist fee. There are four category levels and four sub categories. Waitlist levels will be determined at the time of paperwork submission and may require additional paperwork as evidence to support placement on the waitlist at the different levels.

### **ELIGIBILITY FACTORS**

Dependent children of the Coast Guard, both military and civilian, other military personnel, and other Federal employees living or working at or near a unit may use the Coast Guard CDC and family child care services.

Commandant (G-WPW) has directed the children be accepted according to the following priorities as determined by the status of the parents:

A. CG active duty personnel, CG civilian employees (paid from either appropriated or non-appropriated funds, Public Health Services (PHS) Officers who are on active duty orders to the CG.

a. Single parents whether active duty, civilian, or PHS Officers on active duty orders to the CG.

b. Dual active duty and or married civilian employees (working outside the home) or PHS Officers on active duty orders to the CG.

c. Active duty, civilian, and PHS Officers on active duty orders to the CG with a spouse actively seeking employment.

d. Active duty, civilian, or PHS Officers on active duty orders to the CG with a spouse attending full time school (enrolled a minimum of 6 credit hours for spring and fall semesters and or 6 credit hours for summer.

B. Active duty members and civilian employees of the Armed Forces (Army, Marines, Navy, Air Force)

a. Single parents whether active duty, civilian, or PHS Officers on active duty orders to the CG.

b. Dual active duty and or married civilian employees (working outside the home) or PHS Officers on active duty orders to the CG.

c. Active duty, civilian, and PHS Officers on active duty orders to the CG with a spouse actively seeking employment.

d. Active duty, civilian, or PHS Officers on active duty orders to the CG with a spouse attending full time school (enrolled a minimum of 6 credit hours for spring and fall semesters and or 6 credit hours for summer.

C. Federal Employees

D. Contractors and community members

If a sponsor parent utilizing the CDC loses his/her employment affiliation resulting in community member status, the child may continue to be enrolled in the CDC on a space available, month to month basis. If the child needs to



be removed from the program because there are children of a higher priority on the CDC waiting list, a two-week notice and a list of alternate child care resources will be provided to the parents by the CDC director. The above **prioritization guidelines are from the Health, Safety and Work Life Service Technical Directive 2017-001 Effective 1 April, 2018.**

### **WAITLIST**

A Waitlist is maintained at the CDC. Position on the waitlist follows the priority factors. When a family wishes to enroll in the CDC, a one time per child \$25.00 non-refundable fee is charged. Applications for an unborn child and care that is not needed immediately will be accepted on a projected waitlist. It is the parent's responsibility to contact the CDC to check their status on the waitlist and or update their waitlist information as needed. Once the CDC offers a spot, the family has one week to accept and once accepted the child must start within the month.

### **NON-DISCRIMINATION POLICY**

The USCG CDC admits children without regard to race, color, creed, gender, religion, or national origin.

The USCG CDC makes every reasonable effort to the special needs of each child. Children with disabilities who meet eligibility requirements may not be excluded from participation solely on the basis of the disability when their needs could be may be reasonably accommodated. The decision to accept a child with special needs or medical conditions will be made on an individual basis and will be guided by the Special Needs Resource Team per applicable instructions. It is imperative that the CDC poses no risk to the child and that the CDC has sufficient staff and resources to meet the needs of the child without compromise for the other children in the program. An annual review of a decision to accept and keep a child with special needs is required per instruction.

### **CONFIDENTIALITY AND SECURITY OF FILES**

Confidential information is restricted and private. Potentially sensitive information about families that is available to the USCG CDC either through written records, two-way communication or daily interactions with children

and families will be secured. All personal information with families' financial circumstances, family problems, health problems, and/or actions of parents or children is confidential and written permission to share is needed.

Security cameras are installed in all classrooms. The monitor is located in the director's office. All information is reviewed on an as needed basis, as part of an assessment of an issue/concern or learning tool. Results and information will be discussed confidentially and used and interpreted to aid in the success of the child and to build trusting relationships with families and staff. Written informed consent from the child might be identified except for authorized Coast Guard, State, or Federal Agencies. All child files are secured and access is limited to a "Need to Know Basis."

### **BASIC RULES OF OPERATION**

All USCG CDC forms including contracts with day identification will be completed for each child prior to enrollment and updated annually. **Once a contract is signed any changes to a child's schedule must be submitted to the office in writing at least 2 weeks in advance and will only be honored if space is available.** All children's schedule changes will require an updated contract. Change in status will not guarantee future full time enrollment. **If you plan to withdraw your child/children from the center a 2 week notice is required along with a signed notice of withdrawal.**

### **PARENT ORIENTATION**

Each family will receive an orientation with the Director, Assistant Director, and the Training and Curriculum Specialist before their child attends the CDC. Please be sure to set up a date for your orientation. Family Handbook policies will be reviewed, and specific questions answered at this time.

### **ABSENTISM**

The CDC should be notified as soon as possible if a child will be absent. If a child is sick with something contagious please inform the CDC as soon as possible and submit a signed doctor's note for return. Exposure notices if necessary will be distributed to affected classrooms.

### **RENEWAL OF FORMS**

Annually all signature forms must be re-submitted. Likewise, a current physical and updated immunization records must also be re-submitted. At the time of renewal a current LES and spouse's earning statement must be

submitted. Failure to produce income verification will result in a highest bracket fee. Failure to renew new forms and update health records can result in dis-enrollment of your child until forms are complete. A 30 day notice will be given when your paperwork is about to expire.

## **FEES**

CDC fees are established annually in accordance with the CDC budget. A 30 day notice will be given to any new fee schedule. A registration/waitlist fee of \$25.00 will be charged for each new child. Fees are based on a sliding scale of total family income.  $\frac{1}{2}$  day rates (\$35.00) and full day rates (\$53.00.) A late fee of \$10.00 is assessed for all tuition payments not paid within 5 days of the due date. A \$2.00 per minute late fee is charged for any child picked up later than 5:00pm.

## **CONTRACTS**

Parents must supply a current LES and (3) consecutive pay stubs at the time of registration to verify their income bracket. Total family income is based on the following DoD definition:

"all earned income including wages, tips, salaries, long-term disability, benefits received by a family, incentive and special pay for service or anything else of value, even if not taxable, that was received for providing services. Also included is basic allowance for housing and basic allowance for subsistence authorized for the pay grade of military personnel, whether the allowance is received in cash or in-kind. Total family income does include: the geographic cost of living allowances; alimony and child support; temporary duty allowances or reimbursement for educational benefits; veterans benefits; workers compensation; and unemployment compensation. These are to be excluded from total family income."

Parents who elect not to show proof of income are always placed in the highest income bracket. Contracts are renewed annually. Parents are required to report changes in income throughout the year. **If it is determined that a parent failed to notify us of an increase in income, back charges will be assessed.** All changes in income throughout the year should be reported as soon as possible.

## **METHOD OF PAYMENT**

Tuition is due on the 1<sup>st</sup> of every month or 1<sup>st</sup> and 15<sup>th</sup> of every month per families' signed contract. Tuition must be paid for in advance and no monthly tuition may be carried over into the following month. The CDC accepts cash, checks, money orders should be made payable to MWR. Parents are expected to pay for services per their family contract whether their child is in attendance. **We cannot reduce fees for illness or vacation. No reimbursement will be made for days when the CDC is closed or due to inclement weather.**

### **KEY CARDS**

For security purposes the CDC doors are locked at all times. Parent gain entrance with a key card. Each family will receive a card prior to enrollment. ( 2 per family.) If a card is lost a replacement fee of \$5.00 will be charged per card. All cards are the property of the USCG and need to be returned when a child no longer attends the CDC.

### **ATTENDANCE SHEETS and SIGNING IN AND OUT**

**Signing a child into a classroom and leaving the required daily information is one of the critical components of the day. All children attending the USCG CDC must be signed in and out by the parent, guardian or other designated person.** Once a parent signs a child in on the attendance sheet in the classroom, the teacher assumes responsibility for the child. As soon as a parent signs the child out, they have resumed all responsibility for the child. **As soon as a parent signs the child out, they have resumed all responsibility for the child.** We ask that all parents understand the ramification of this. **Children may not enter nor leave the building without adult supervision.** When removing your child from the center during the day, (for an appointment or lunch) you will need to let a teacher know and sign your child out. **Do not leave your child at the door.**

### **DISENROLLMENT**

The CDC may dis-enroll a child for reasons that include, but are not limited to:

1. Failure to update forms on an annual basis;

2. Providing incomplete or false information on any form, including income verification;
3. Failure to pay tuition;
4. Failure to adhere to CDC policy/regulations;
5. Loud, abusive or disruptive parent behavior including but limited to yelling, berating a staff member and /or use of profanity;
6. Children whose behavior poses a safety threat to themselves or others.
  - A. Unacceptable behavior in a group setting including but not limited to excessive pushing, scratching, biting, temper tantrums, kicking, hair pulling, pinching or similar physical conduct or actions.
  - B. Decisions to dis-enroll 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 staff member, the director or designee will inform the parent of an impending SNRT to gather information and create next steps. When and if behaviors do not resolve dis-enrollment may result. Behaviors are handled on a case by case basis. Parents have the right to appeal the dis-enrollment decision to the Commanding Officer whose decision is final.

## **RELEASE**

Your child will only be released to authorized individuals listed on the enrollment forms. No child will be released to someone not included on the child's file. In order to authorize an additional person, you must submit authorization in writing. Telephone authorization will be subjected to a photo ID check. If an unauthorized person should arrive at the CDC to pick up your child, the CDC will notify you immediately.

## **RELEASE OF CHILD(REN) TO IMPAIRED PERSON**

Neither the government nor its agents have the authority to withhold a child from a parent or legal guardian that has not otherwise been legally

restrained from the child. However, when the child may be released to a designed other than the parent or legal guardian a child may be withheld from this designee if there is cause for concern.

If a parent or legal guardian arrives to pick up child(ren) from the CDC and that person appears to be in a state of intoxication, the CDC Director or designated person in charge shall be notified. The CDC Director or designee will attempt to convince the parent or legal guardian not to take the child or drive them in the car. The CDC Director/designee will assist the parent or legal guardian in locating another person to pick up the child(ren), the CDC Director/designee will remind the parent or legal guardian that driving under the influence of alcohol or drugs with a child(ren) in the vehicle constitutes an act of neglect that falls within the jurisdiction of the Department of Children and Family Services (DCF.) The CDC Director/designee shall then immediately notify base security and provide the parent's or legal guardian's name. Immediately following this notification, the CDC Director/designee shall notify the chain of command and Family Advocacy specialist. The center Director will ask the Family Advocacy Specialist to notify DCF.

### **LEGAL CUSTODY**

A child is presumed to be in legal custody of the child's natural parents and therefore, may be released by the CDC to either parent upon their verbal request. However, the child may instead be in the legal custody of a legal guardian. In this case a true copy of legal document assigning legal custody to someone not the natural parent of the child must be provided to the CDC. The CDC may then release the child to the legal guardian upon verbal request. Neither the government nor its agents have the authority to withhold a child from a natural parent or legal guardian absent a court order.

If the child should not be released to either a natural parent or a legal guardian due to a restraining order or other court decree documentation must be provided to the center. Unless the CDC has received this paperwork, a child will be released upon request to a natural parent or circumstances that may lead to such an attempt.

### **VEHICLE PARKING AND SAFETY**

Do not leave your car running without a driver in the driver seat or leave children 12 and under, unsupervised while dropping off or picking up your

child or any other child. Children must be placed in appropriate car seats. People ignoring these policies will be reported to base security, their command, and may lose their privileges at the CDC. The parking lot is one way, one way out. Please observe all posted road signs.

### **WEATHER CONDITIONS**

The USCG CDC follows the Command's directive concerning weather conditions and closings. When heavy weather is forecasted for the next day the OOD will monitor conditions and forecasts. If it appears the weather will deteriorate and result in a heavy snow event that could result in a closure the next day the OOD will contact and brief the XO on conditions and forecasted conditions. The XO will then make the determination on whether to grant a two hour delay for the next business day. Once the XO has determined to grant a two hour delay the OOD will release an Alert Warning System (AWS) message to all Base Cape Cod personnel. Also, the OOD will update the Base Cape Cod Notification Line @ (508) 968-6662.

The OOD will then update both the AWS and the Notification Line once the Bourne School District determines their course of action.

A two hour delay means the CDC will open at 0900.

The base closure line is 508-968-6662.

### **EMERGENCIES AND EVACUATIONS**

Emergency procedures are posted in each classroom to facilitate quick action. Our emergency meeting site is over at Wings Inn. The children will exit the building and wait with the staff for directions from the fire department, as necessary. In the event of an actual emergency, (medical, fire, weather, etc.) appropriate actions will be taken in accordance with the disaster and Mass Casualty Plan of Base Cape Cod. Notice will be posted on all front doors in the event and parents will be notified to pick up their children from the designated location.

### **CDC DISASTER AND MASS CASUALTY PLAN**

In case of disaster, we shall take the following steps:

1. Call the USCG CDC Fire department and clinic emergency number #911
2. Evacuate the building and clear the area

3. Assemble at Wings Inn and take attendance
4. Wait for instructions for next steps

### **PROGRAMS AND SERVICES**

The USCG CDC is open Monday through Friday 0700 - 1700 for children ages 6 weeks to 6 years. We have several program options available to meet the needs of your military family. We have full and part time rate programs. Full time rates are calculated on a sliding scale based on rank and combined gross incomes of working spouses or those living in the household whether married or not.

**Full - Time:** 0700 - 1700 Monday through Friday tuition calculated on a sliding scale base on Total Family Income.

**Part-Time:** 4 hours or less \$35.00/day, over 4 hours \$53.00/day and must commit to at least 3 days/week.

**Drop In:** 4 hours/or less \$35.00/a day over 4 hours \$53.00/day pay as you use.

**Before School:** A limited before school program is available for children in grades 1<sup>st</sup> - 4<sup>th</sup>. Program hours for our before school program run from 7-8:30am and is for children attending Peebles Elementary/Bournedale School. Pay as you use. Transportation provided by the Bourne Public schools. The program follows the Bourne school calendar, providing care when school is in session.

### **SNACKS AND LUNCHES/SPECIAL OCCASSIONS**

The CDC provides am and pm snack daily. All snacks provided is in accordance to the USDA guidelines. Milk is provided for all meals. On Wednesday thru Friday lunch is provided by the CDC. All other days (Monday and Tuesday) it is the parent's responsibility to provide lunch in an insulated lunchbox or thermos. (See meal suggestions sheet for ideas.) Snacks will be posted on the class bulletin board. NAEYC/CDC requires all food and drink (including formula) brought from home to be labeled with the child's name and date. Foods that come from home for sharing must be commercially prepared packaged foods in factory sealed containers. No candy is to be brought in for snacks or lunches. If you inadvertently bring in candy we will send home so your child can have their special treat later. **WE ARE A PEANUT/NUT FREE CENTER PLEASE MAKE SURE THAT ALL FOODS BROUGHT FROM HOME ARE PEANUT/NUT FREE.**



## **CLOTHING**

Dress your child for an active day! Clothing worn to the CDC must be comfortable and washable. Shoes must fit securely on your child's feet. Safety is our first priority. Children get messy and dirty on a regular basis. Children should not wear anything that will be ruined if soiled or stained. There will be times during the day when the children will sit or play on the floor and in the playground. We prefer clothes that children can easily manage, such as pants with elastic waists. Children often have accidents simply because; they could not manage buttons, belts, and fancy layers. Children are required to have an extra set of clothing, including shoes and socks in their cubby. Even children who are totally potty trained will have an occasional accident, spill a drink, drop paint, or perhaps sleep too soundly.

Every child is required to have a seasonal jacket or coat available at all times. All clothing should be **labeled** with your child's name. Clothing worn should be adequate for the ever-changing climate. Often, the playgrounds are much cooler than surrounding areas and are frequently subject to strong, cool winds. Children are expected to have mittens, gloves, scarves, hats, etc. when necessary. In summer, sunscreen is required. Shoes must fit securely on your child's feet, and closed on all sides. No slick soles that may cause the children to slip and possibly injure themselves. Sneakers or tennis shoes are recommended. Absolutely no flip flops, jellies, or sandals of any kind. All diapers must be disposable. If your child soils their clothes, are not allowed to wash them out. This is a health safeguard. We bag the soiled clothes, label and send them home. All children in diapers, pull-ups or training pants must come to the CDC with a sufficient supply of diapers and wipes.

Although the CDC has a limited supply of extra clothing on hand for emergencies, many children are squeamish about wearing someone else's clothes. Please be sure your child comes prepared for the day. Children will not be allowed to stay if they are not prepared.

## **LIBRARY**

We have a full functioning children's library available on site. Books may be borrowed on the honor system. A book fair is held in the library sign in the

spring and early winter annually. Please feel free to browse and enjoy your library. There are also parent supports which you are welcome to take.

## HEALTH PROGRAMS

The USCG CDC cannot adequately care for children who are sick without compromising the care of the remainder of the class. For this reason, it is imperative that each child has back-up care providers. Children will not be admitted to the center if their presence will endanger the health of others. We at the CDC understand that compliance with the following health policies is extremely difficult for working parents., these policies protect all of us, including your child. When children are brought into a group setting, the spread of illness is a common problem. Proper precautions along with immunization requirements and health evaluations are necessary to protect the health of the children and the staff in the center. Using the NAEYC guidelines, the decision for keeping your child at home ( or for us to send your child home) is based on the "comfort of the ill child, the protection of well children and staff, the resources available at the CDC to meet any special care that is required and the needs of families." These guidelines are enforced for everyone. Please do not ask us to make an exception.

1. **Families will be called and the child excluded: If a child has a temperature of 101. degrees or greater.** The CDC will use the axillary method (under arm) when taking a child's temperature. If your child is sent home with a temperature you must not bring your child back to the CDC for at least 24 hours or until fever free. When you seek medical attention please provide the CDC with documentation upon your child's return. Any diagnosis that is contagious requires a doctor's note to return to the CDC. **We are aware that all temperatures do not indicate infectious or communicative illnesses.** As a safety measure we require exclusion for a minimum of 24 hours or until child is "fever-free" without medication for 24 hours.
2. **If a child has 2 or more episodes of vomiting or diarrhea not contained in the diaper.** Just as there are many reasons for a child to run a fever, there are many reasons for a child to experience gastro-intestinal problems. A child may return to the center once the child is symptom free for a period of 24 hours.

3. **If a child has an undiagnosed rash or contagious skin condition, the parent will be called.** In all cases of undiagnosed rash a doctor's note is required for your child to return to the CDC.
4. **If a child experiences any of the following: unusual lethargy, wheezing, uncontrolled coughing or croup-like coughing, irritability, persistent crying, or other unusual signs.**

### **NOTICE OF INCLUSION**

**A doctor's note is required, as proof that a health care provider has appropriately treated a child, or ruled out a contagious condition.** A Doctor, nurse practitioner or physician assistant must sign all notes. In addition, the following schedule will be used as the earliest inclusion times for conditions listed:

- Conjunctivitis : One full day after medication has started
- RSV: (respiratory syncytial virus): 5-7 days after onset
- Lice, scabies, and other infestations: 1 full day after treatment has been given.
- Impetigo: 1 full day after treatment has begun
- Strep Throat: 2 days after initial dose of antibiotics has started
- Chicken Pox: All sores must be completely crusted over
- Pertussis: 5 days of appropriate antibiotic treatment
- Mumps: 9 days after parotid gland swelling begins
- Measles: At least 6 days after onset of rash
- Hepatitis A virus: 7 days or as directed by the Health Department when passive immunoprophylaxis has been administered to appropriate children and staff.

### **MEDICATION**

Only medications authorized by a child's physician may be administered and then on a case by case basis. Medication forms are located at the front office and need to be completely filled out and signed by a parent to be valid. All medication needs to be kept in the front office and must arrive in its origin container with the child's name, doctor's name and dosage.

### **BACK-UP CARE PLAN**

It is imperative for parents to expect and plan for the "unexpected" days when a child will need them to stay home. Children in childcare settings are

sometimes prone to illness through exposure to the colds, flu and other contagious diseases from other children. This exposure can happen long before any visible signs of illness are present. While the children in group care will gain more resistance to infections and illnesses, at the time of illness, each family needs to have a back-up caregiver in the event that their child is sick and your schedule does not permit you to stay home with your sick child. The CDC cannot care for sick children.

### **DURING OPERATING HOURS**

In the event of a serious accident or illness, the Director, Assistant Director, or TAC will call 911. The Kaehler Clinic is the first responder. They will make the determination whether to transport. Parents will be notified in the event of any emergency at no time will the CDC staff transport children.

### **PARENTAL INVOLVEMENT**

The USCG CDC has an open door policy with our parents. You are cordially welcome to visit any time during operating hours to stop and see your child, share lunch, take them out for a walk or other activity. You are more than welcome to volunteer and read to the class, share a special talent, or help with an activity. **If you are interested in volunteering please see the office to sign paperwork, and read SOP on volunteering procedures. (substitutes & volunteers)** A preliminary orientation is required for all adults on the fundamental aspects of the program. An up to date TB shot is also required for all volunteers will be supervised. We encourage you to make regular visits. This gives you a chance to see how your child spends his/her time with other children. Your child will also be proud to have you present.

Every effort is made at the time of enrollment to provide a clear overview of the CDC; its programs and mission, our rules and regulations, and our expectations of you as a new partner in our program. Feel free to ask questions, pose concerns and really watch to see if our staff and program are what you have in mind for your child and family. Our accreditation with the National Association for the Education of Young Children (NAEYC) means we will do everything in our power to provide your child with age appropriate activities in developmentally appropriate ways. Our curriculum is constantly emerging and is generated by the children's own natural curiosity.

A daily note is written for each child from infants to twos. This note is usually found in your child's cubby and should give you input on your child's day. You should know from this short note if anything special is required for the following day, what supplies, if any, your child may need to bring as well as general information about his/her appetite, sleep pattern, behavior, learning skills and accomplishments for the day.

A monthly newsletter is sent out to parents with information about upcoming events, special programs, reminders and parenting articles. It provides a broad overview of the month in advance. We use email to communicate routines with families. Your valid email address keeps the information flowing.

Parent - Teacher conferences will be held at least three times a year and on an as needed basis. We encourage you to talk with your child's teachers on a regular basis. To better understand your child, the staff will need opportunities to talk with you about your child. You should feel free to call the CDC, email ([childdevelopmentcenter5205@gmail.com](mailto:childdevelopmentcenter5205@gmail.com)), or talk to the Director at any time during the day if you have any questions or concerns. Please feel free to contact us to discuss our program, any situation at home, scheduled events, etc., which you feel would help us better care for your child.

**Your participation is an important part of what makes our CDC a special place for both parents and children.**

### **PARENT ADVISORY COMMITTEE (PAC)**

The parents of the children attending the CDC are encouraged to join the PAC. This committee is an excellent forum to discuss parent interests, share center information, and provide opportunity for supporting the CDC. PAC meetings take place on a quarterly basis.

### **GIFT GIVING POLICY**

The USCG CDC strongly discourages expensive gift giving to our staff. Gifts can sometimes cause stress and competition between staff and families. However we do understand that families like to show their appreciation. Homemade items and notes of appreciation are always welcomed. Group

gifts for the classroom such as books, games, or puzzles are also thoughtful expressions of appreciation.

### **COMMUNICATION**

Communication is important when fostering a relationship of understanding and cooperating between CDC and families. It is imperative that we keep each other informed and take a team-approach to situations and concerns regarding your children. We share efforts, joys, sorrows, and responsibilities for events and changes effecting children's lives.

### **BIRTHDAYS AND SPECIAL DAY**

Parents wanting their children to celebrate a birthday or other special event at the CDC should contact the staff in advance. Parties can be scheduled for afternoon snack time. A special treat on these occasions such as cupcakes, cookies, muffins, or fresh fruit is permissible providing all food coming into the center is a commercially prepared packaged food in factory sealed containers. **All items need to be peanut/nut free. (NAEYC 5.B.02)** All party invitations are routed through the front office. If planning a party we will make sure your invitations get to where they need to be.

### **CURRICULUM**

Teaching Strategies Gold is the curriculum used at the USCG CDC in all groups. The curriculum covers content and development in all domains of learning. It is a flexible framework for teachers to support individual and group learning experiences.

### **INFANT ROOM: CURIOUS CUBS**

Our infant program can accommodate up to 8 infants 6weeks (with 1<sup>st</sup> set of immunizations) to one year. A one to four ratio is observed in this room at all times. A developmentally appropriate program is maintained to meet the needs of each infant individually. Planning for infants does not necessarily involve "lessons" but rather opportunities to experience and discover their environment. Each experience like feeding, diaper changing and cuddling becomes a window of learning through gentle singing, movement, touch or acknowledgement. Responsive care giving is the key component to setting up a safe and secure environment, and fostering trusting relationships. **When all possible, teaching staff within the infant room remains the same so each**

child will have the same caregivers throughout their 12 months in the infant room. The infants eat and sleep on demand unless a pediatrician advises otherwise. A verifiable letter must accompany all changes to the "on demand" schedule from the infant's pediatrician. Parents are welcome at any time during the day to come nurse, feed or play with their child whenever they are able. A daily report will be sent home to include eating, diapering, and play opportunities. Infants are frequently rocked, spoken to, and played with. The atmosphere and routine are designed to meet these individual needs of each child. **All infants must be placed on their backs to sleep/nap and there is no exception to this policy.** We ask that adults entering the carpeted area of the infant room please remove their shoes or slip on a pair of shoe covers.

**Supplies needed:** sleep sack for nap time, milk, labeled and dated, plastic bottles, pacifier (if needed), extra clothing (socks, undershirt, pants, weather appropriate clothes.) wipes, disposable diapers, and sunscreen, 6 months and up (May - September.) All items must be labeled with your child's name.

### **Infant Feeding**

1. Infants will only be offered food sent in from home. Offered foods may be homemade, labeled and dated, or store bought. Homemade food must be used within a 24 hour period. All store bought food must be dated upon opening and used within the time frame noted on the label.
2. All bottles served (formula or breast) will document preparation and serving of each bottle on an accountability form.
3. No solid food will be offered to infants younger than four months of age without the recommendation of the parents and documentation from the child's health care professional. When infants are ready for solids, all new foods must be tried at home first over a three day period to rule out any adverse reactions.
4. Teachers will coordinate with families when an infant is breastfeeding. A comfortable chair will be available for nursing mothers.
5. Breast milk will be accepted in ready-to-feed sanitary containers labeled with the infant's name and date and time the milk was expressed. Breast milk will not be stored in the refrigerator longer

- than five days if fresh, and no longer than 24 hours if previously frozen. Breast milk may be stored in the freezer section of the refrigerator for no longer than six months at 0 degrees Fahrenheit or below. (A freezer with its own door and not within the refrigerator section will offer the coldest option for milk storage).
6. Breast milk will be handled gently so as to preserve its special infection-fighting and nutritional components. Frozen breast milk will be defrosted in the refrigerator if possible or under cold water.
  7. All formula bottles are to be prepared before arrival at the CDC. Formula will be accepted in ready-to-feed sanitary containers labeled with the infant's name and date.

### **TODDLER ROOM: BOUNCING BEARS**

The room is mapped with a "beginner's curiosity, demand for attention and need for independence in mind. The staff and program provide continuous opportunities for little hands and feet to crawl, jump, climb, and touch. Along with individual care giving moments, teachers will also plan and organize their class environments to provide experiences which enhance:

- Motor development - reaching, grasping, crawling in and out, throwing, pulling
- Cognitive development - object permanence, cause and effect experiences, language, listening and responding to sounds and voices, and problem solving
- Social development - playing among others, positive peer interactions and expressing emotions with others
- Language and literacy - books, rhyming words, singing and labeling items

The staff is attuned to individual needs of each child. **When all possible, caregivers will remain the same so that children will have the same caregiver for the 12 months while in this age group.** Toddler sign language is encouraged as an effective means of communication a child's basic needs while verbal language is just the beginning. It is important that only disposable diapers are used in this room. Our toddler rooms can accommodate 8 children. A one to five ratio is observed in the room at all times.

**Supplies needed:** Crib sheet/blanket for nap time, extra clothing (socks, underwear, pants, and shirt) wipes, disposable diapers, sneakers, (no open



toed shoes), lunch box with lunch on Monday, Tuesday, Thursday, sunscreen (May - September), and warm coats for winter months as we go out daily (depending on the weather.) All items must be labeled with your child's name

### **TODDLER ROOM: HELPFUL HONEYBEES AND TERRIFIC TWOS**

Around the age of two, our children enter a program where self help skills and self directed activities are paramount throughout the day. The staff works diligently with each child who is ready to potty learn. Every effort is made to speak with the parents to follow their lead in this and other self-disciplined areas. Children are encouraged to follow simple directions, make decisions, develop fine and gross motor skills as well as communicate thoughts and feelings. It is only through active, meaningful engagements and experimentation with objects and people that children can begin to construct their knowledge, logical reasoning, and develop social relationships. This happens most easily through children's play and socialization experiences. When all possible, caregivers will remain the same so that children will have the same caregiver for the 12 months while in this age group. For example, activities like painting, working with play dough, and so on, develop interest, fine motor skills, socialization, sensitivity to color, media, form, shape, etc. Blocks are great for exploration of relative size and shape (geometric relationships), as well as fine motor manipulation. Music and movement offer opportunities for socialization, bodily-kinesthetic, pitch and rhythm awareness, and the appreciation of cultures. Special effort is made to give children individual time as well as opportunities to spend short periods of time in various group sizes. Play activities are incorporated in all aspects of a child's development. Children who have begun "potty learning" should bring several changes of clothing. All children potty learning need to complete a "potty learning" questionnaire. For rest time children are encouraged to bring a comfort toy (stuffed animal or doll.) Supplies needed: crib sheet (fits well on our nap cots), blanket for nap time, extra clothing (socks, underwear, pants, and shirt) wipes, disposable diapers, sneakers (no open toed shoes), lunch box with lunch on Monday, Tuesday, Thursday, sunscreen (May - September), and warm coats for winter months as we go out daily (depending on weather.) All items must be labeled with your child's name.

### **PRESCHOOL/PRE-K CLASSES: EXPLORERS & SCOUTS**

Our preschool/Pre-K classes are for children ages 3 to 6. The program offers many opportunities for children to learn at "their own speed." While some activities are geared for individual or small groups, you will find many opportunities for the class to work together, collaborate on writing stories, predicting outcomes and summarizing ideas. Our focus is still on the development of intellectual skills through play and hands-on activities and preparing the Pre-K children for kindergarten. Children can play in those areas that pique their interest or challenge them most. Children can elect to play alone or be with others, when to be active or play quietly, when to explore new experiences or repeat favorite ones. Many activities are integrated and overlap. The tool used for curriculum planning is "Teaching Strategies Gold, 2<sup>nd</sup> step is another tool used to incorporate an anti-violence curriculum. Interest center might include science, math, construction, dramatic play, art, manipulative, literacy, or the reading centers. The CDC offers a wide range of activities covering all levels of basis readiness abilities. You will find that the curriculum is built around your child as opposed to fitting the child into the curriculum. Different levels of activity develop and learning styles are expected, accepted and used to design appropriate activities. There is a rest time after lunch. Rest time is from 12:30-2:30pm. Children need to bring in a crib sheet and small blanket to be left in their cubby (crib sheets fit the cots perfectly.) If after 45 minutes all children not sleeping will be offered quiet games and activities.

**Supplies needed:** crib sheet (fits well on our nap cots)/blanket for nap time, extra clothing (socks, underwear, pants, and shirt) wipes, disposable diapers, sneakers (no open toed shoes), lunch box with lunch on Monday, Tuesday and Thursday, sunscreen (May - September), and warm coats for winter month as we go out daily (depending on the weather.) All items must be labeled with your child's name.

### **SCHOOL AGE**

A limited school age program is provided for children attending the Bournedale and Peebles School. Registration for this program follows the standard CDC procedure. The school age program is only available when the Bourne schools are in session (See Bourne calendar and listen to closure due to inclement weather.)

### **SAMPLE DAILY SCHEDULE**

A predictable routine helps children develop a sense of competence and understanding of their world. A daily schedule provides the framework for planning and organizing the daily routine and play activities for the children. USCG CDC is devoted to providing a warm, loving, and stimulating environment for all children in our care. Our days are filled with activities that promote the total development of each child - intellectually, emotionally, socially, and physically. It is impossible to give an accurate timetable for classroom activities as all rooms are geared to transition with the needs of the children. Here is an example of a general schedule.

- 0700 - 0900 Meet and greet families  
Hand Washing  
Table toys  
Centers
- 0900 - 09:30 Morning snack  
Clean up/Hand washing/Diaper Changes
- 0900-10:00 Movement/Music
- 10:00-10:30 Circle Time
- 10:30-11:00 Centers
- 11:00-11:30 Outside
- 11:30-12:00 Lunch
- 12:00-12:30 Story Time
- 12:30-14:30 Diapers/Clean Up/Quiet or Rest Time
- 14:30-15:00 Bathroom Time  
Transition
- 15:00-15:15 Afternoon Snack
- 15:15-16:00 Outside
- 16:00-17:00 Self Directed Activities  
Table Toys  
Final Clean-Up

\*See classroom bulletin board for your child's specified daily schedule.

### **BEHAVIOR REDIRECTION**

Redirection in the USCG CDC programs is intended to provide positive guidance, use redirection, and set clear behavioral limits. The goal is to

assist a child in gaining self-control, self-respect, and consideration for the rights and property of others as well as themselves.

Corporal punishment and humiliating or frightening punishment are forbidden, e.g., spanking, hitting, slapping, pinching, shaking, biting, holding, or any other form of physical punishment. Verbal abuse, threats and placing a child in a confined space are forbidden. This does not preclude "time away" or removal for the group for brief periods when peer group attention contributes to unacceptable behavior. Children shall not be punished for lapses in toilet training.

Redirection is not viewed as punishment, but as a means of teaching what is acceptable, and helping them to develop the inner controls needed to function as positive, productive individuals.

The following behaviors are examples of unacceptable behavior at the CDC: hitting, biting, scratching, kicking, throwing, or any other physical action that may cause harm to themselves, other children or adults. Biting is considered to be developmentally appropriate for children 12-36 months. Over the age of three, we have a zero tolerance policy. In the event of a bite, the parent will be notified and the child will need to be removed for the day. Repeated refusal to comply with center rules, behaviors, failure to be redirected or accept verbal warning may result in next steps.

The next steps when a child has a recurring, persistent problem, a behavior incident report/log will be sent home. Parents of chronic behavior problems will meet the Director to find amicable solutions. A Special Needs Resource Team meeting (SNRT) may be required to aid in the child's success. In the event that the behaviors cannot be resolved, a child may need to be temporarily suspended from the program. Exclusionary measures are not considered until all other possible interventions have been exhausted, and there is agreement that exclusion is in the best interest of the child. The CDC may refer families with resources to receive support finding alternative placement. All work is done within the parameters of federal/state civil rights laws.

It is imperative that the parents and staff work together in changing inappropriate behaviors. Consistency is crucial to success.

The CDC recognizes that our children are very, and some behaviors are indicative of their stage of development. However, all unacceptable behaviors are handled on a case by case basis which may result in dis-enrollment if he/she:

- Presents continual, deliberate harm to the other children; or
- Requires more care than the staff can adequately provide without compromise to other children; or
- Causes such as continual disruption to the class that activities cannot be completed.

**A child's behavior is the responsibility of the child's parent.** All parties involved need to work together to prevent ANY behavior problem from becoming a habit of choice for the child.

#### **ABOUT SPECIAL NEEDS RESOURCE TEAM (SNRT)**

Children with special needs may attend the CDC on a trial basis. During this trial period the Director, Assistant Director, Family Resource Specialist, Training and Curriculum Specialist, teachers, physicians, and parents, will hold a Special Needs Resource Team (SNRT) meeting. This meeting will determine whether if placement at the CDC is in the child's best interest. Children with special needs of children will be reviewed annually, and/or upon receipt of new/additional information concerning the child's special need. **It is mandatory that any child identified with a special need by the physician is required to meet with Special Needs Resource Team.**

#### **ABOUT TRANSITIONS**

Often, new families have a period of adjustment for children entering a childcare center for the first time or moving to a different program. It is imperative that the staff has the cooperation of the parents in working through this period. In some cases, the adjustment is harder for the parent than it is for the child and frequently their tears are for your benefit. The first days, weeks or even months can be difficult for your child. The CDC affords children the opportunity to explore his own autonomy in a safe, monitored environment. We recognize that you, the parent's play the central role in your child's life. It is important to remember that children are flexible and adaptable. No matter what your child's initial reactions to the

center may be, he will settle into the routine over time. All new families will receive an orientation before admittance to learn the routine and ask inquiring questions.

### **TRIAL PERIOD**

The CDC reserves the right to a trial period of two weeks upon admitting a child to any program. If after two weeks - four weeks the teacher/director and Special Needs Resource Team do not feel we can offer appropriate services for your child, the child will be withdrawn. If the problems develop at any time during your child's care parents will be notified.

### **DIENROLLMENT**

When families find the need to dis-enroll their child/children a two week notice is needed in writing, and signed by the parent.

The Child Development Center may also dis-enroll a child for reasons that include, but are not limited to:

- Failure to update forms on an annual basis.
- Provide 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, and using profanity.
- Children whose behaviors pose a safety threat to themselves or others.
  - A. Unacceptable behavior in a group setting including but not limited to excessive pushing, scratching, biting, temper tantrums, kicking, hair pulling, pinching, or similar physical conduct or actions
  - B. Decisions to dis-enroll a child must take into account the age 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.

### **APPEAL PROCESS**

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. Undoubtedly, parents of children with discipline problems will

have had conferences prior to this point with the Director, and teachers. Sometimes, however, you may decide that you don't agree with the resolution. If this is the case, you may formally appeal the decision. To do so, you must put all pertinent information in writing. All parents have the right to take their appeal through the chain of command starting with the MWR Director. Until a decision is rendered your child may use the CDC.

### **MOVING UP TO THE NEXT CLASSROOM**

The decision to move a child to the next classroom is the child's age. Infants leave the cubs when they turn one. Ones leave the Honeybees when they turn two and etc. Some children transition from room to room with little problems, while others need time to adapt. The CDC tries to accommodate the wishes of the parent, the staff, and the needs of the other children as much as possible, but the needs of the child come first. We have a SOP for transitioning children to a new room. Before your child moves to the next class we will set up a parent conference to go over any questions, and concerns you may have. This is the time we will introduce you to your child's new teacher and schedule a visit to the new classroom. While there is a set schedule for transition, we follow the readiness of the child.

### **OUTSIDE THERAPY AND SPECIAL NEEDS**

The CDC is happy to work with state, county, city or private therapists who specialize in occupational, physical and speech therapy. Whenever possible, every effort will be made to coordinate schedules to accommodate your child's needs. Do not hesitate to bring your concerns to our attention. We are fortunate to have various specialists in our area and believe every child should receive all the help they need. We will do our best to follow through with all the suggestions given to us by your child's therapist.

### **Family Pictures**

**In the USCG CDC classrooms we build on a sense of community, cultural diversity, and language of families, by implementing family books. These books also aid in making connections with families, and providing children a sense of security as they connect with their family in the photo books.**

**We highly encourage you to send in some photos that represent your family unit (as many or as little as you would like)**

we will then make a photo book for your child/children. As your child/children transition to each room within the CDC family the family photo book will also transition.

Please feel free to include extended family, friends, or pets! Include the names of the people in the photo on the back so that we can put them under the pictures in the book.

- For your convenience, you can email photos to our email address: [childdevelopmentcenter5205@gmail.com](mailto:childdevelopmentcenter5205@gmail.com) We can print out and get your child/children's book started.

Suggestions for healthy nut free lunches:

You need to provide your child's lunch on Monday and Tuesday. **The CDC will provide lunch on Wednesday, Thursday and Friday.** There will not be an extra charge for lunch on these days and lunches are served with vegetables and fruit.

We serve a morning and afternoon snack daily.

We are a peanut/nut free center. Do not bring in any lunches or snacks that contain peanut butter or are made with nut products. Thank you for your cooperation.

- Sandwich meats and cheese in a wrap
- Soy butter sandwich
- Yogurt
- Cheese cubes
- muffins
- Apple/Fruit slices
- Vegetables
- Leftover supper
- Bagels
- Whole wheat pasta



- Applesauce
- Soup in thermos
- Rice cakes
- Hummus/pita bread
- Graham crackers/soy butter

When serving fruit make sure it is cut up to no more than  $\frac{1}{4}$  inch, for younger children. Be aware of choking hazards for younger children.

#### **Helpful hints**

- Sandwiches (freeze bread the night before and make sandwiches that morning with the frozen slices of bread.) It makes a great ice pack and is thawed in time for lunch without being soggy.
- A thermos works great for leftovers, soups, macaroni, etc, (food is still warm at lunch time.)
- **No candy or soda will be offered or given at the CDC it will be sent home with your child.**

#### **CHILD ABUSE AND NEGLECT**

**Standard Operating Procedure:** Child Abuse and Neglect Reporting Procedures

**References:** (a) COMDTINST M754.15, Child Development Services Manual

(b) COMDTINST 5520.5E, Mandatory Reporting of Incidents to Coast Guard Investigative Service and Requesting Investigative Assistance.

**Rationale:** Children are to be protected at all times. It is the responsibility of all Child Development Center (CDC) staff to understand their responsibility. Suspicion of abuse or neglect carries significant reporting responsibilities to CDC staff. On an annual basis, all CDC staff will participate in a child abuse and neglect awareness training.

**Implementation:**

1. During CDC new staff orientation, information on child abuse and neglect will be provided. A successfully completed written test (80%) by the staff person will document understanding of the information provided.
2. As an annual training requirement, child abuse and neglect training will be completed. CDC staff members will complete training provided by the CDC management staff. Staff member responsible for ensuring

documentation to support training completion is submitted to the CDC office.

3. All child injuries will be documented, even if the suspected injury happened external to the CDC. The Injury Report Form (attached) will be filled out completely by the teaching staff and submitted to the CDC office.
4. When child injuries are documented, affected parents will sign and be provided a copy of the Injury Report Form.
5. The original copies of the Injury Report Form will be kept on file in the CDC office.
6. In the event that child abuse or neglect is suspected, the CDC staff is required by law and Coast Guard (CG) policy to report the suspected neglect or abuse immediately to the CDC Director, Assistant Director, or TAC.
7. The Director (Assistant, or TAC) shall immediately report the suspicions to the CG Family Advocate Specialist at Work/Life in Boston, Base, Cape Cod (ASCC) Morale, Well-Being and Recreation, (MWR) Director, National Association for the Education of Young Children (NAEYC), State of Massachusetts (MA) Department of Children and Families (DCF), 1-800-792-5200 Commandant CG-1112 and the CG Dependent Care Coordinator. The MWR Director shall provide immediate notification to the ASCC Chain of Command who will contact Coast Guard Investigative Service (CGIS) in accordance with reference (b).
8. Parents of children not directly impacted by the incident will be informed once the proper notifications are made to appropriate authorities. Parents of children not directly impacted by the incident will be informed in writing of any/all actions taken to safeguard CDC children, as approved by ASCC command.
9. Any staff person reporting suspicions of child abuse or neglect will be immune from discharge, retaliation or any disciplinary action for that reason alone unless it is proven that the report was malicious in nature.
10. When reporting any kind of abuse or neglect the Reporting Checklist (attached) will be used and completed, as part of the necessary documentation.
11. If a CDC staff member is accused of any inappropriate actions against a child or actions which could be considered "criminal, dishonest,

infamous, or notoriously disgraceful conduct having an adverse effect on the efficiency of the service", in accordance with *CG* policy, they shall be removed from direct contact with children until investigations are complete and a determination is made by *ASCC* Command. The *Coast Guard Office of Civilian Personnel* and the authorities for the *Non-Appropriated Fund Civilian Personnel* will be notified prior to any action taken against a *CDC* staff person. When making a report, *CDC* staff shall use the reporting form provided by the *MA Department of Children and Families (DCF)*. Although the form is obsolete, it captures all the necessary reporting information onto one reporting document. When reporting to *Commandant CG-1112* The *CDC* Director shall include the *DCF* form along with any required *CG* reprinting forms.

12. If the reported abuse or neglect incident happened within the *CDC* facility, the Director, along with the Assistant Director, will review the security camera video recording and make a copy of any actions found to be inconsistent with acceptable practices as established by the *CDC*, *CG* policy, *NAEYC* and responsible State agencies.
13. If a copy of the security video recording is made, said copies will only be released upon approval of *District 1 Legal* or *CGIS*.
14. Any information collected via staff interviews or security camera footage will become part of any investigations and can be used by appropriate entities with approval of *District 1 Legal*.