



DEPARTMENT OF THE NAVY
NAVAL TRAINING CENTER
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NTCGLAKESINST 1700.10D
N6
11 Sep 00

NTC GREAT LAKES (COMPLEX²) INSTRUCTION 1700.10D

From: Commander, Naval Training Center, Great Lakes

Subj: CHILD DEVELOPMENT PROGRAM (CDP)

Ref: (a) OPNAVINST 1700.9D
(b) OPNAVINST 1740.4

- Encl:
- (1) Child Development Program Guidelines
 - (2) Child Development Division Organization Chart
 - (3) Child Development Center Fee Policy
 - (4) Child Development Program Registration Card (NAVPERS 1754/5 (Rev. 3/93))
 - (5) Request for Care Record (DD Form 2606)
 - (6) Household Income Eligibility Application for Child and Adult Care Food Program (ISBE 69-88 (4/99))
 - (7) Daily Class Room Log Sheet (MWR GLAKES 1754/6 (2/00))
 - (8) Emergency Contact Permission to Check Child In/Out (MWR GLAKES 1754/11 (7/96))
 - (9) Waiting List Update Card (MWR GLAKES 1754/12 (Rev. 12/97))
 - (10) Physician Specialist's Statement/Special Needs Child (MWR GLAKES 6300/1 (7/96))
 - (11) Special Needs Evaluation Board Report (MWR GLAKES 6300/2 (7/96))
 - (12) Infant Daily Record (MWR GLAKES 1754/13 (10/99))
 - (13) Daily Information Report (Pretoddler) (MWR GLAKES 1754/14 (7/96))
 - (14) Daily Information Report (Toddler) (MWR GLAKES 1754/15 (3/97))
 - (15) Parent Alert Report Form (MWR GLAKES 1700/8 (10/99))
 - (16) Report of Unusual Occurrence Form (MWR GLAKES 1700/5 (7/96))
 - (17) Emergency Medical Care Permission Form (MWR GLAKES 1754/17 (Rev. 2/98))
 - (18) Authorization for Dispensing Medication (MWR GLAKES 6300/3 (7/96))
 - (19) Physician Medication Order (MWR GLAKES 6300/5 (7/96))
 - (20) Parents Medication Request and Hold Harmless Agreement (MWR GLAKES 6300/6 (7/96))
 - (21) Medication Tracking Record (MWR GLAKES 6300/4 (7/96))
 - (22) CDC Party/Food Form (MWR GLAKES 1754/31 (6/98))
 - (23) Sample Child Abuse Message Report Format
 - (24) Child Development Program Training Plan
 - (25) CDC Staff Dress Code
 - (26) Child Development Center Emergency Evacuation Plan
 - (27) DON Family Care Plan Certificate (NAVPERS 1740/6 (Rev. 4/96))
 - (28) Field Trip Permission Form (MWR GLAKES 1754/4 (Rev. 4/97))
 - (29) Sample Special Events Agreement

1. Purpose. To promulgate revised operating procedures and guidelines for the Naval Training Center (NTC), Great Lakes, Morale, Welfare and Recreation (MWR) Department, Child Development Program (CDP) which includes rules and regulations, fees and charges, and other pertinent CDP information.

2. Cancellation. NTCGLAKESINST 1700.10C. This instruction has been substantially revised and should be reviewed in its entirety.

3. Background. The Child Development Program Administrator (CDPA) is tasked with providing full-time care in accordance with the Military Child Care Act of 1989 (Public Law 1201-189, Section 1504), and enclosures (1) and (2) of this instruction. The CDPA is responsible for all facets of the program at NTC, Great Lakes; Philip H. Sheridan Reserve Center, and the Glenview Navy housing area.

4. Program Objectives

a. The CDP will provide developmentally appropriate activities which will promote intellectual, social, emotional, and physical development for each age group of children.

b. A plan of activities (lesson plan) will be written and posted for parents to review.

c. The developmental program includes individual and small group experiences that are both adult and child initiated.

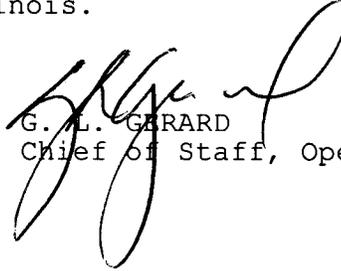
5. Action

a. Under the direction of Commander, Naval Training Center (CNTC), Great Lakes, the Assistant Chief of Staff, Quality of Life (ACOS, QOL) will establish local policies to ensure a viable CDP is effectively managed and maintained.

b. The Child Development Program Administrator (CDPA) will ensure the Military Child Care Act of 1989 (Public Law 1201-189, Section 1504) and all other pertinent directives from higher authority are strictly adhered to in the operations of all Child Development Centers (CDCs) on board NTC Great Lakes.

c. Commanding Officers and Officers-in-Charge will ensure any reports of alleged child abuse or inappropriate child care incidents within any of the CDC or Child Development Home (CDH) by members of their commands will be reported directly to the Family Advocacy Representative. The Family Advocacy Representative will notify the Navy Personnel Command (NPC) within 24 hours of any incident of suspected sexual abuse.

6. Forms. All required forms may be obtained through the CDC, MWR Department, NTC, Great Lakes, Illinois.


G. L. GERARD
Chief of Staff, Operations

Distribution:
NTCGLAKESINST 5216.5M
Lists, I, II (Case B), III-A, C

Child Development Program (CDP) Guidelines

1. Eligibility. Dependent children (between the ages of six weeks and five years) of active duty military personnel and DoD civilian personnel are eligible for the CDP. Child(ren) must reside with their sponsor unless the sponsor is on unaccompanied duty.

2. Operating Procedures

a. Hours of Operation:

(1) Monday through Friday, 0600 to 1800 unless otherwise posted.

(2) The center is closed on all Federal Holidays: New Year's Day; Dr. Martin Luther King, Jr.'s Birthday; Presidents Day; Memorial Day; Independence Day; Labor Day; Columbus Day; Veterans Day; Thanksgiving; Christmas, and any other declared holidays by higher authority.

b. Fees:

(1) The Office of the Secretary of Defense (OSD) has directed an established fee structure for CDP's based on total family income and is published annually. This letter is posted at all CDC's. CDP policy is discussed in enclosure (3).

(2) CDP Enrollment Agreement registration forms will be reviewed and updated annually in September. Active Duty Military and DoD civilians will provide their most recent Leave and Earnings Statement (LES). Spouses will use most recent W-2 and/or LES to update the enrollment agreement form to determine weekly fees for the coming year.

(3) Fees must be paid in advance weekly, biweekly, or monthly. Parents paying weekly are required to pay on Monday each week with a one day grace period. On Wednesday, a \$10.00 late fee will be assessed and for each day thereafter. If payment, including a late fee, is not paid by close of business Friday of the week, the child will not be allowed to return to CDC until payment is made.

(4) When parents arrive to pick up their child(ren) after closing time, late fees will be charged at the rate of \$5.00 every 15 minutes per child.

3. Registration/Child Release Procedures

a. Proper military/family member identification is required when registering. Upon accepting an enrollment space, parents will be required to pay a \$60.00 deposit of child care fees in advance (nonrefundable). This will be credited to the first week's payment.

b. Parents must complete a CDP Registration Card (enclosure (4)) and a Request for Care Record (enclosure (5)) for enrollment into the

program. In addition, parents must also provide a copy of an up-to-date immunization record (Diphtheria, Pertussis, Tetanus, Poliomyelitis, Measles, Mumps, Rubella, and Hemophilus Influenza Type b (HIB)) and have a current physical exam for full-time enrollment. Infants six weeks old will have at least one well baby visit prior to acceptance into the program. Emergency medical and pick up authorization forms and a copy of the current Family Care Plan must be completed for each child enrolled in the program. This requirement applies to single parents and dual military couples. All required documentation must be completed and signed prior to enrollment. Parents will also note any known allergies to food or other substances. Failure to fully complete all forms will result in delay of enrollment or loss of the space.

c. For eligible parents, a USDA Free and Reduced Meal Application (enclosure (6)) will be filled out for each child.

d. All children must be accompanied by an adult and checked in at the front desk upon arrival/departure. Staff must be notified when a child is arriving or leaving his or her classroom and make appropriate entry on the daily class room log sheet (enclosure (7)). The child will not be accepted until he or she has been checked in by an adult. CDC staff will check the ID of anyone they are not familiar with who is picking up a child at the center.

e. Children will not be released to or accepted from anyone other than the parent or guardian or a person designated in writing by the parent or guardian on the Emergency Contact Permission to Check Children In/Out (enclosure (8)). Identification is required! Children will not be released to anyone under 16 years of age.

f. Disputes over authority to remove a child(ren) of divorced or legally separated parents will be referred to the Navy Legal Services Office. In the event the parent cannot reach a legal officer, the supervisory center staff will ask for assistance from the ACOS, QOL. If the dispute is after the Legal Office's normal working hours, the supervisory staff will contact the NTC Command Duty Officer (CDO) who will contact the duty legal officer. The child(ren) will not be released until the parent or guardian registering the child at the center and the Legal Office has been notified. In cases of legal custody, the CDC will be furnished a copy of the legal document confirming that fact.

4. Waiting List. The CDC waiting list is established to ensure placement of children into a CDC in a timely manner when space becomes available. The following is a breakdown of eligibility:

a. Active duty personnel stationed at NTC Great Lakes and surrounding commands: NRD Chicago, Recruit Training Command (RTC), Service School Command (SSC), etc. are eligible to use CDCs. Priority eligibility is as follows:

(1) Priority 1: Active duty single military personnel with custody.

(2) Priority 2: Dual military personnel.

(3) Priority 3: Active duty military personnel with a working spouse.

(4) Priority 4: Active duty military personnel with a non-working spouse.

(5) Priority 5: DoD civilians and military retirees.

b. Parents must sign up for the waiting list by completing a Request for Care Record (enclosure (5)) and the Waiting List Update Card (enclosure (9)) which are available through the Resource and Referral Office, Building 3110. A copy of the sponsor's orders must accompany the waiting list application. Date and time on form determines spot on the list.

c. Overseas or out of the area personnel may sign up for the waiting list but must provide a copy of orders to area commands with the application.

d. Unborn children can be placed on the list with proof of pregnancy. (Tricare form or positive results from a doctor).

e. When an opening becomes available, contact will be made within 24 hours. Three attempts will be made. Parents have 24 hours to accept. Accepting a spot means that within two days, parents will pay a \$60.00 non-refundable registration fee, pick up an enrollment packet, and set up an orientation at the CDC. The child has two weeks to start at the CDC.

f. Parents who do not respond within the 24 hour period will be dropped from the waiting list. Additionally, parents who have disconnected telephones will be dropped from the waiting list.

g. Parents who elect not to use the vacant opening will be placed in a new numbered spot using the date of declination.

h. Parents will keep the Resource and Referral Office (R/R) informed of application data every 60 days. Failure to update will result in application being removed from the waiting list.

i. R/R staff will contact the next person on the waiting list as soon as it is known that a child care vacancy is available.

5. Children with Special Needs

a. The CDP is required to participate in the Exceptional Family Member Program (EFMP). A special needs child will be accepted only after cognizant personnel have made an assessment on the feasibility of the CDP to reasonably accommodate the special needs of the child. Each special need child needing child care will be assessed on a case by case basis. Enclosures (10) and (11) must be filled out for children with special needs.

b. Exceptional children will be admitted/rejected on an individual basis according to the dependency or care required.

6. Infant, Pre-toddler and Toddler Developmental Care. A daily program for infants, pre-toddlers and toddlers will be designed to meet the developmental needs for children of this age group. The following requirements are provided:

a. The same Program Assistant feeds, diapers and plays with the same child(ren) every day to establish interaction and continuity in the child's relationship with as few adults as possible.

b. Infants who cannot move about in a room have their place, position, and toys frequently changed.

c. Parents are informed by a Daily Information Report (enclosures (12) through (14)) of important matters such as feeding, napping and the general disposition of their child throughout the day.

d. Parents are notified in advance of any change that may take place regarding their child's routine, such as a change of room, caregiver, etc.

e. Infants who are awake are moved to different positions and are either held, rocked or carried around the room at least every 30 minutes.

7. Extended Child Care Hours. The CDP is offered as a supplement to, not a substitute for, the family which is the primary agent for care and development of the child. Parents are allowed to utilize the center for their child care needs a maximum of twelve hours a day. However, individuals who are requesting extended time must contact the CDH Program.

8. Disenrollment

a. A minimum of two weeks notification is required when disenrolling a child(ren) from the program.

b. Parents not giving proper notice will be held accountable for any fees owed short of the required two weeks notice.

9. Health and Safety

a. While at the CDC, the children are under constant supervision. However, minor injuries may occur during play. When this happens, the staff will wash the affected area and bandage, if necessary. The attending Program Assistant reports the accident on the Parent Alert Form (enclosure (15)) or Report Unusual Occurrence Form (enclosure (16)). The CDC will notify the child's parent of the accident. Upon arrival at CDC, the parent will be given a completed copy describing the accident. A signature from the parent will be required indicating notification of an accident, a copy will be placed in the child's file and a copy given to the parent. CDC will immediately notify the parent of any serious injury or sudden illness. If a parent cannot be

located and immediate attention is required an ambulance will be called to transport the child to the Naval Hospital. A CDC staff member will accompany the child to the hospital.

b. An Emergency Medical Care Permission Form (enclosure (17)) must be filled out by all parents.

10. Illness

a. It is the parent's responsibility to ensure they can be contacted at all times if their child(ren) becomes ill or in an emergency. If a sick child is not picked up within one hour of contacting the parent(s), a fee of \$8.00 per hour will be charged to cover the extra cost to care for the sick child.

b. Children with an infectious or contagious disease/illness will not be accepted. Each child is informally checked by the caregiver before joining the group. A child showing signs or symptoms of illness after acceptance will be isolated until picked up by the parent or guardian. A staff member will remain with the child and provide the parent with a Parent Alert Form (enclosure (16)).

c. Readmission after recovery from a communicable disease requires a note from a physician stating the child is clear of the communicable disease and may return to the center. A child sent home with one of the following diseases will not be readmitted the same day:

(1) Conjunctivitis (Pinkeye) or Eye Discharge. A child with discharge coming from the eyes will not be allowed back in the center without a physician's note. Twenty-four (24) hours of treatment should render the child noncontagious.

(2) Skin Lesions. Any child with a skin lesion (open sore) will be sent home. As long as the lesions are prominent, the child will not be allowed in the center. A note from the physician must say that the child may return to the center and is no longer contagious.

(3) Diarrhea. Diarrhea is often a sign of contagious illness. A child who has diarrhea (watery, discolored stools) is sent home and may not return to the center until the condition clears up. The only exception to this policy is made in the case of a child on medication which can cause diarrhea. If the child is on such medication, parents will be required to bring a note from a physician.

(4) Fever. A child with a fever of 100° Fahrenheit or above will be sent home. A child must be without a fever for 24 hours before returning to the center.

(5) Vomiting. A child who vomits will be sent home. The child must not return to the center until he or she has recovered.

(6) Difficulty in breathing, swallowing, or cold symptoms that are combined with sneezing, nasal drainage or persistent cough. A

child with these symptoms will be sent home. The child must not return to center until symptoms have cleared.

(7) Drainage present in ears or evidence of pain, headache, or nausea. Children with these symptoms will be sent home. The child must not return to center until symptoms have cleared.

d. Readmittance to the center after a period of illness. The center requires a doctor's note to re-admit a child who has been away from the center for three days or longer due to illness. The doctors note should describe the nature of the illness and state the child is not contagious.

11. Administering Medication

a. Responsibility:

(1) CDPA will ensure policies and procedures outlined in this instruction and reference (a) are strictly adhered to.

(2) Naval Hospital will provide specialized training to CDC personnel on administering medication to children and related topics (e.g., dosage, precautions and side effects).

(3) Naval Hospital Pediatric Department will act as consultant to CDC personnel for any problems with administering medication.

(4) CDC Site Director will:

(a) Provide safe, adequate storage of medication:

1. Ensure all medication is kept in a locked cabinet, out of reach of children, unless it requires refrigeration. Medication requiring refrigeration will be isolated within the refrigerator in a separate container.

(b) Review all parental Authorization for Dispensing Medication form (enclosure (18)) and ensure compliance with the following:

1. That parents must have a certificate from a physician (enclosure (19)) requesting medications be given.

2. That medication is not outdated, improperly labeled, or labeled more than three months.

3. That parents annotate the last time the medication was given, names of medication and amount given.

4. Ensure the Parents Medication Request and Hold Harmless Agreement (enclosure (20)) are reviewed weekly and are properly maintained.

5. Attend specialized training on administrating medication.

6. Initially read this instruction and review it at least quarterly.

7. Complete applicable portions of Medication Dispensation Sheet and obtain a parental signature.

8. Review the Physician Medication order upon the start of work to review instructions on how to administer the medication.

9. Notify the parents and/or Pediatric Department regarding problems relating to administrating medication (e.g., drugs not on an approved list, child refusing to take medication, child spits out medication, apparent side effects, drug errors).

10. No medication will be stored by the CDC. Medication will be returned to the parents at the conclusion of each day.

11. Strictly adhere to the policies and procedures concerning administering medication as outlined in this instruction.

b. Procedures for Administering Medication:

(1) Administer medication to only one child at a time.

(2) Obtain the appropriate Medical Tracking Record (enclosure 21) and the child's plastic bag of medication from the designated storage area or refrigerator.

(3) Remove the child from the group and take the child into an area away from other children.

(4) Ensure hands are thoroughly washed before giving medication.

(5) Verify the name of the medication in the plastic bag with the name of the medication to be given on the Medication Tracking Record and the medicine container.

(6) Identify the name of the child once more with the name on the Medication Tracking Record and the medicine container.

(7) Using the measuring device, dispense the correct amount stated on the medicine container and Medication Tracking Record.

(8) Verify the proper time to give this particular medicine.

(9) Verify the following:

THE RIGHT CHILD
THE RIGHT MEDICINE
THE RIGHT AMOUNT
THE RIGHT TIME
THE RIGHT ROUTE

(10) Administer the required medicine.

(11) If he or she refuses or spits out the medication, make a note on the Medical Dispensation Record and:

(a) Do not force or give more medicine to the child.

(b) Call the parent.

(c) Record the time and initial Medication Tracking Record.

(12) Secure the medicine in the plastic bag.

(13) Return the child to his or her group, and return the medication to the designated storage area/refrigerator.

(14) Never refer to medication by any other name than "medicine".

c. Medicine approved for administering at the CDC:

(1) Antibiotics. A medication that destroys or stops the growth of bacteria. Common Side Effects are as follows: GI upset; nausea; vomiting; diarrhea; drowsiness; dizziness, and skin rash.

(a) Ampicillin. Brand Names: Alpen; Amcill; Ampicin; Ampilean; Apo-Amp I; Nampicil; Nov-Ampicillin; Omnipen; Omnipen-N; Penbritin; Polycillin; Polycillin-N; Pricipen; Sk-Ampicillin; Supen; Totacillin and Totacillin-N.

(b) Amoxicillin/Potassium Clavulanate. Brand Name: Augmentin.

(c) Amoxicillin Trihydrate. Brand Names: Amoxil; Apo-AmoI; Larotid; Moxileno; Novamoxin; Penmox; Polymox; Robamox; Sumox; Trimox; Utimox and Wymox.

(d) Trimethoprum/Sulfamethoxazole. Brand Names: Septra and Bactrim.

(e) Cefaclor. Brand Name: Ceclor.

(f) Cefpodoxime. Brand Name: Vantin.

(g) Cephalexin. Brand Names: Keflex and Velosef.

(h) Cefixime. Brand Name: Suprax.

(i) Dicloxicillin. Brand Names: Dycill, Dynapen and Pathocil.

(j) Erythromycin:

1. Brand Names: Apo-Erythro-S; A/T/S; Bristamycin; Downmycin; E Biotic; E.E.S.; E-Mycin E; Eryc; Eryc Sprinkle; Ery Derm; Ery-Ped; Erymax; Erypar; Ery-Tab; Erythrocin; Erythrocin Ethyl Succinate; Erythromid and Pfizer-E.

2. Generic: Erythromycin; Erythromycin Estolate; Erythromycin Ethylsuccinate; Erythromycin Glucepate; Erythromycin Lactobionate and Erythromycin Stearate.

(k) Erythromycin - Sufisoxazole. Brand Name: Pediazole

(l) Nystatin. Brand Name: Mycostatin.

(m) Penicillin-V. Brand Names: Apo-Pen-Vk; Beepen-Vk; Beta-Pen-Vk; Compocillin-Vk; Ludercillin-Vk; Nadopen-V; Navopen V; Novopen-Vk; Pen-Vee K; Penaper Vk; Pfizerpen Vk; Robicillin Vk; Sk-Penicillin Vk; Uticillin Vk; V-Cillin; V-Cillin K; Vc-K and Veetide.

(2) Antihistamines. A medicine to relieve systems of allergies. Common Side Effects are as follows: Dizziness; drowsiness; dry mouth; mild hyperactivity; mild sedation; nausea; vomiting and decrease in appetite.

(a) Clorpheniramine Maleate. Brand Names: Chlor-Trimeton (CTM), Clortab and Chlormene.

(b) Diphenhydramine Hydrochloride. Brand Names: Allordryl; Bena-D; Banachlor; Benadryl; Ben-Allergin and Bendylate.

(c) Hydroxyzine Hydrochloride. Brand Names: Atarax, Durax and Hydazine-50.

(3) Ointments. A preparation for use on the skin to reduce a rash.

(a) Miconazole Nitrate 2%. Brand Name: Monistate-Derm Cream-Lotion.

(b) Nystatin. Brand Names: Mycostatin and Nilstat.

(c) Bacitracin.

(d) Mucopuricin. Brand Name: Bactroban.

(e) HC 1% Nystatin 1:1: Hydrocortisone 1%; Nystatin; Mycostatin and Nilstat.

(f) Hydrocortisone 1%. Brand Names: Cortef; Hydrocortone Acetate; HC 1%; HC Cream and Cortisol.

(g) Clotrimazole. Brand Names: Lotrimin and Mycelex.

(h) Triamcinalone Cream.

(i) Sulamyd Ophthalmic Ointment Solution (Ophthalmic-eye Drops) Brand Name: None. Sulfacet 10% cream.

12. Tooth Brushing

a. Children will brush their teeth after lunch.

b. Each child will have a toothbrush that will be stored in a appropriate toothbrush holder when not in use.

c. A CDP Assistant will assist children who have not yet developed the skill of brushing their teeth; however, all children should be encouraged to develop self-help skills, (e.g., holding a toothbrush, putting on tooth-paste).

d. Paper towels, paper cups and individual wash cloths will be available near the sink and within the child's reach.

e. After brushing, the brush will be washed in warm water to remove any debris caught in the bristles, paper towel dried and placed in a toothbrush holder which will allow the brush to air dry completely.

f. To help prevent bacteria's growth, toothbrushes will not be stored in containers that do not have inverted holes.

g. Each toothbrush should be marked with the child's name and date brush was brought to the center. A good guideline for replacing a toothbrush is approximately every six months; however, if a brush shows any signs of deterioration it should be replaced immediately.

13. Biting. Some children between the ages of about 12 and 24 months go through a biting stage. The CDP staff will try to guide the biting child to more appropriate behavior. Although biting is a normal phenomenon, we must separate the chronic biter from the occasional biter. When the Site Director determines that a child has a serious biting problem, a conference with the parents will be arranged. Persistent biting behavior may result in the child's suspension. This decision is at the Site Director discretion, keeping the safety and well being of the other children and staff in mind.

14. Nap Period. A one hour nap or longer is required for all full-time children under the age of five years. Nap time is normally scheduled between 1230-1400. Children who do not rest or sleep must have quiet time with materials or activities that do not disturb the other children who are resting. Infants rest according to their o schedule.

15. Room Assignments will be determined by the Site Director and

CDPA. Changes will be made in order to provide the best possible care to the children. Temporary changes, may be necessary, due to staff shortages or other unavoidable conditions.

16. Use of Cameras within the Child Development Program

a. Use of video cameras and picture taking of the children in the CDC for private or commercial use is strictly prohibited.

b. Video taping or picture taking of children in the CDP will be permitted only with parental consent in writing and will be made a permanent part of the children's enrollment form (enclosure (17)).

c. Employees who take pictures or video tapes of children without first verifying that written parental consent is in the child's folder will be subject to disciplinary action.

17. Other Important Matters

a. Clothing and other items must be clearly marked before bringing them to the CDC. Appropriate clothing for the child's play environment inside and outside is required. Closed toe, nonskid shoes are recommended for the safety of the child. Toys from home are only allowed on planned sharing days.

b. Children may not bring money, toy guns or knives, candy or gum to the CDC.

c. CDC employees may not discuss other patron's children or alleged CDC problems with patrons.

d. Patrons with grievances will be referred to the Site Director or CDPA. Children are not allowed to be present during grievances.

e. Program Assistants who work where food or drink is prepared will attend a Food Service Sanitation Course conducted by the Preventive Medicine Department. The basic course is six hours and the annual refresher course is three hours.

f. Food must be kept in clean, tightly-covered containers that are inaccessible to insects and vermin. All eating utensils will be cleaned in the dish washing machine and air dried. Dishes and detergents must be stored out of reach of the children. Garbage and trash containers will be adequately protected to preclude children coming in contact with them. Sanitation personnel will inspect the premises (unannounced) at least once each month. A copy of their report is forwarded to ACOS, QOL and a copy is filed with CDC.

g. The CDPA or representative ensures that play areas are free of trash and sharp objects and toys and equipment are in good repair. All CDC personnel will keep the CDPA or Site Director informed of safety hazards and needed repairs. Children must be kept away from unsafe and broken equipment. Children are not permitted to play, run, or climb in such a manner as to endanger themselves or others.

h. The center requires disposable diapers and plastic bottles for infant care. The following items must be labeled with the child's name: bottles, extra clothes, toys or favorite blanket. No glass bottles or dishes are authorized in the center.

i. Birthday parties are permitted with advance notice to the administrative staff and child's caregiver. Make every effort to encourage parents to bring healthy treats. Only store bought items are accepted. Because of possible allergies, any chocolate food items should not be accepted. Only 100% juice is permitted. Safe, age-appropriate party favors may be provided for each child in the class. Lollipops and balloons are not permitted. Parents are required to complete Special Event Food Form when bringing food into the center (enclosure (22)).

18. Discipline Policy

a. A discipline policy is established for the caregiver and parent so they can work together to discipline through positive guidance and redirect inappropriate behavior. The CDPA and Training Curriculum Specialist will also be involved in the discipline process.

b. Discipline teaches self-control and helps replace "unacceptable" behavior with "acceptable" behavior. The word discipline comes from the word disciple, which means "to follow in one's footsteps." To discipline is to model or redirect behavior.

c. Child Guidance is the process of assisting a child to understand and use constructive behaviors. The object is to guide the child toward self-discipline, which includes self-acceptance, self-control and a positive self-concept.

d. Positive Guidance

(1) Positive guidance is a positive concept of guidance involving inner growth toward self-discipline. It allows children to learn from their experiences; uses logical consequences to help them be responsible for their actions; redirects them to acceptable activities; (i.e., hold a child who is screaming or thrashing). Use simple, positive reminders to restate rules. Know when ignoring inappropriate behavior is constructive. Gently move infants, pre-toddlers or toddlers while accepting their need to say no. Other examples are listed in reference (a).

(2) Children need and depend on guidance.

(3) Guidance may be physical, verbal, direct or indirect. Indirect guidance may be accomplished through appropriate equipment, materials, a balanced program, room arrangement and good planning.

(4) Rules should include clearly defined and consistently maintained limits which are appropriate and necessary. In a Plan of Action, the caregiver/provider should communicate with parents, agree on the limits and work together to enforce them in the same way.

(5) The adult's voice can be a teaching tool when speaking firmly, kindly, quietly and on the child's level. Suggestions or directions should be stated in a positive way.

(6) Children should be given choices, but only when the adult intends to accept the child's decision. Choices need to be clear, understandable, fair and limited.

(7) Children should experience unconditional acceptance although their behavior cannot be condoned and may have to be redirected. Try to empathize with the child.

(8) Always look for the cause of the child's behavior. Unacceptable behavior is usually a symptom of a more painful or serious problem.

(9) Avoid motivating children by making comparisons or encouraging competition. Emphasize progress toward self-improvement, e.g., (WRONG) "Children, you should be sitting at the table getting ready for lunch. Look at Eric. He is sitting so nicely. Go sit at the table like Eric and get ready for lunch." (RIGHT) "Oh, Eric, I like the way you are sitting at the table. Children, lets all get ready for lunch. I know you are hungry, but we cannot serve the food until everyone is seated."

(10) The most effective discipline and reward has a direct relationship to the act. Children need to learn behavior that will lead to natural rewards. They become dependent upon artificial rewards or "bribes." The most effective reward is social recognition in the form of praise. Avoid empty threats or promises.

(11) Guidance should be evaluated in terms of results. Immediate results may be only a reaction.

(12) A healthy adult/child relationship may often determine the effectiveness of guidance, e.g., does the child know how important good behavior is to you? If a child does wrong, even though you care about him or her, you are sad or disappointed that he or she did not follow rules.

e. Touch

(1) Experienced child care providers know how important physical contact with children is for their development, nurturing and guidance. Expressions of affection, such as hugs, holding hands and lap-sitting, can build a child's self-esteem. A reassuring touch on the shoulder or a back rub at nap time can help relax a tense child.

(2) One of the tasks of early childhood education is to develop an understanding of what is considered appropriate and inappropriate touch. Child care providers, as well as parents, teach this by modeling appropriate and inappropriate touch for the child.

(3) The sexual abuse of children is an extreme form of

inappropriate touch. It is inappropriate because it involves coercion or other forms of exploitation of the child's lack of knowledge and the satisfaction of an adult's needs at the child expense. When adults impose themselves on young children or use them to fill their sexual needs, they are committing a criminal act and should be reported immediately.

(4) Because of fears that children could be sexually abused while in a child care setting and the possibility of caregivers/providers being accused of abuse or neglect of children, it is incumbent to reexamine and understand appropriate touch.

(5) Appropriate touch takes into account respect for the personal privacy and space of others. Appropriate touch involves having permission, taking into account the child's wishes, safety and well-being, e.g., requiring a goodbye kiss from a child is inappropriate touch. Parents are discouraged from instructing their child to "kiss the teacher" or any other adult outside the family unit.

(6) Because the boundaries for appropriate touch have often been conscious and undefined, caregivers need to discuss touch issues openly with each other and parents to reassure themselves and others of their correct understanding.

f. Unacceptable Behavior

(1) Abusive or vulgar language.

(2) Physical retaliation toward adults and other children (e.g., hitting, biting, kicking, scratching, pinching, spitting).

(3) Leaving the classroom, building, grounds or group unsupervised and without permission.

(4) Uncooperative and unwilling to accept simple guidance, techniques and approved methods of discipline.

g. Allowed methods of discipline

(1) Time out. Allowed for children three years old or older. Separate the child from the group/activity for a short period of time. One minute for each year of age is recommended. Discuss the behavior and the reason for the time out. Ask open-ended questions.

(2) Exclusion from a field group. When participating in a field trip, the children must be trusted to cooperate with the adults in charge. If the child's behavior prior to a field trip indicates it may place him/her or the other children in danger or jeopardize the enjoyment of the field trip, the child will remain at the center. Parents will be notified of this decision, in advance. It is acceptable and encouraged for parents to accompany the group and take responsibility of their child.

(3) Parents may be called to the CDC. Occasionally, when there is a behavior problem parents may be asked to come in and assist. It is helpful for parents to observe the child's behavior first hand and reinforce the rules in a timely manner. Reminder: Only Allowed Methods of Discipline may be used by CDC staff and parents while on the premises.

h. Prohibited Methods of Punishment (Child Abuse)

(1) "Punishment" implies to cause pain, loss or suffering for a wrong doing. Punishment may stop the behavior but tends to have negative side effects.

(2) "Child Abuse" may be verbal, physical, sexual or simple neglect. Any form of child maltreatment is considered abuse and is strictly prohibited at the CDC. Examples of child abuse include:

(a) Physical punishment causing bodily harm to a child.

(b) Sexual, e.g., inappropriate touch, verbal innuendoes.

(c) Emotional maltreatment, depriving necessities or maltreatment of a child under the age of eighteen by a person or persons responsible for the child's welfare.

(d) Hitting, shaking, slapping, spanking, pinching or other forms of physical punishment are prohibited.

(e) Threats or derogatory remarks are considered verbal abuse.

(f) Withholding meals/snacks or not allowing a child to rest/nap.

(g) Children shall not be punished for not eating or for lapses in toilet training.

(h) Restricting movement or placing a child in a confined space is forbidden.

19. Physical Contact Guidance. All CDP staff will become familiar with the definition of what is considered appropriate touching and inappropriate touching.

a. Appropriate Touching Involves:

(1) Recognizing the importance of physical contact to child nurturing and guidance.

(2) Adult respect for personal privacy and personal space.

(3) Responses affecting the safety and well being of the child, e.g., holding hand when crossing the street, holding child gently but firmly during a temper tantrum.

(4) Model appropriate touching techniques such as: hugs, lap sitting, reassuring touches on the shoulder and nap time back rubs for a tense child.

b. Inappropriate Touching involves:

(1) Coercion or other forms of exploitation of the child's lack of knowledge.

(2) Satisfaction of adults needs at the expense of the child.

(3) Examples of inappropriate touching include: forced good bye kisses, corporal punishment, slapping, striking, pinching, prolonged tickling, fondling or molestation.

c. Child Abuse Prevention and Identification. Training in the identification and dynamics of child maltreatment will be provided to CDP staff and should include annual parent training in reporting and preventing of child abuse. Module 14 of Navy Caregiver Training Program, a copy of DoD Manual 6060.1-M-18 "Prevention of Child Abuse and Neglect in Child Care Settings," will also be used.

20. Suspected Child Abuse/Neglect Reporting Procedures. If a staff member observed or suspects that child maltreatment occurs, or suspects a child may have been physically, sexually or mentally abused or neglected, she/he must report immediately her/his opinion to the following:

a. The Department of Children and Family Services (DCFS). Telephone number: 1-800-252-2873.

b. Family Advocacy Representative (FAR). Telephone number: (847) 688-3607.

c. The Site Director of the CDC facility where the alleged incident took place. Building 2700, 688-4470, Building 3110, 688-5662, the Infant Care Center, Building 1991, 688-2845, or Kid's World, (Glenview) Building 2101, 832-9580.

d. The Site Director will notify the CDPA, 688-2110 ext. 129 who will notify the ACOS, QOL, 688-2110 ext. 119.

e. The ACOS, QOL will notify the Chief of Staff, Operations (COS OPS) or the Base Commander at 688-3400/3401.

(1) If child sexual abuse occurs, the ACOS, QOL will notify NPC (Pers-65 and Pers-66) by message (enclosure (23)) within 24 hours of actual or alleged occurrence of child sexual abuse in CDP or CDH programs. The message report will include details of the incident and the status of case investigation. Follow-up status reports will be forwarded detailing significant additional information until a final report is submitted.

(2) If an allegation of physical or sexual abuse is made

against a CDC employee, he/she will be immediately put on administrative leave or reassigned to another MWR Division, not involving children. In addition to the required message report to NPC (NPC-65 and NPC-66), the following notification will be made:

(a) The staff member who observed the suspected or alleged physical or sexual abuse will notify DCFS and the FAR.

(b) The Site Director will notify the CDPA who will notify the ACOS, QOL who will notify the Base Commander or COS OPS.

(c) The FAR will notify the Navy Criminal Investigation Services (NCIS).

(3) In allegations of sexual abuse, if there appears to be multiple victims, assistance will be requested promptly from the Navy Personnel Command (NPC-66).

(4) In the event the media is requesting information, the Public Affairs Office (PAO) will have overall responsibility for releasing information to the press. All media requests will be forwarded to NTC PAO by either the ACOS, QOL or the CDPA.

(5) The FAR will submit a written closeout report after all investigations have been completed, enclosure (3) of reference (a) refers.

(6) To encourage parents and staff to report suspected child abuse/neglect or fire, health or safety violations in the CDC or Infant Care Center, the DoD Child Abuse Hotline: 1-800-336-4592 and DCFS: 1-800-252-2873 will be posted in the front hallway area of each facility.

21. Staff Training Program

a. Child Caregivers in the Navy are referred to as Program Assistants and are placed in the General Service (GS) or General Service Equivalent (GSE) category. Employees are assigned to one of four categories GSE-2 (entry level), GSE-3 (intermediate level), GS-4 or GSE-4 (full performance level), and GS-5 or GSE-5 (program leader) depending upon their time in service and educational/experience background.

b. All Program Assistants are required to complete training in CPR, First Aid, Heimlich Maneuver, Identifying and Reporting Child Abuse, Preventing and Responding to Child Abuse in Center Settings (Navy Standardized Caregiver Training Modules 14 and 15) within the first sixty (60) days of employment. In addition, training in Basic Child Development, reading of the Employee Handbook and instruction must be completed within the first six months. Within two years the caregiver must complete the thirteen Navy Standardized Caregiver Training Modules. Upon successful completion of all thirteen modules the Program Assistant will be promoted to the full performance GS-4 or GSE-4 level. If the Program Assistant fails to complete the required

training, the result may be termination. See enclosure (24) for specific CDC training plan.

c. All CDP support staff shall receive annual training in CPR, First Aid, Heimlich Maneuver, and Child Abuse Prevention and Reporting. In addition, four hours of staff training must be completed monthly to maintain qualifications.

d. All CDC staff program assistants will be required to conform to a staff dress code as prescribed for in enclosure (25).

22. Reporting Fires. In case of fire, regardless of possible size or consequence, the staff will:

a. Go to nearest fire alarm box in the classroom or main corridor area and activate the alarm.

b. When the evacuation fire alarm is heard, the Operations Clerk will telephone the emergency number 688-3333, remove the cash drawer, and all sign-in boards for children in attendance and evacuate building.

c. All program assistants, upon hearing the evacuation fire alarm, will immediately evacuate the children using the nearest fire exit that leads directly to the outside. All CDC staff will be familiar with their designated exit plan posted in their classrooms.

d. If time permits, program assistants will close all doors and windows to confine the fire and prevent drafts. The staff shall not endanger themselves or others in this effort.

e. Instructions for evacuating infants from the infant and pre-toddler rooms: Upon hearing the fire alarm, teachers will gather the infants into the metal evacuation crib and push it through the closest fire exit.

f. Staff will bring their classroom roll call so that an immediate check may be made to assure that all children are present and accounted for.

g. All supervisors, food service and janitorial personnel shall assist in the evacuation process.

23. Tornado

a. When the alarm has been sounded, the staff will immediately take action to evacuate the children to the designated tornado shelter area. In the event a tornado warning has been issued, children will remain indoors until the all clear alert has been given. Admin staff will monitor weather by means of radio. If the warning is upgraded to a full blown alert the evacuation procedures will begin immediately. (See enclosure (26)).

b. If indoors, staff and children at Building 2700 will evacuate

to either the bathroom or walk in closet in each classroom. Staff and children in Building 3110 will evacuate to the Tornado Shelter at the SOUTH SIDE of the building. Staff and children in Building 1991 will evacuate to LITTLE LAMBS and LITTLE DUCKLINGS classroom. Tornado shutters will be lowered by Admin staff when staff and children have arrived at the evacuation site, all doors will be securely closed. Staff and children will remain in this area until they are notified by security personnel or supervisory personnel to leave the area. A first aid kit, flashlight and blanket should be in the shelter area.

24. Fire/Tornado Drills

a. The fire department holds fire drills and conducts monthly fire inspections. Tornado drills are conducted during tornado season, April through October. The results of each drill and inspection are reported to MWR Safety and kept on file at the CDC. If parents arrive at the CDC when a fire drill is being conducted, they shall not enter the building or interfere with the drill.

b. When all children have been accounted for, parents may follow the prescribed checkout procedures. If parents are already in the building, they will be evacuated with the nearest group of children.

25. Protection Information

a. The Center Site Director or designated representative schedules fire/tornado drills with the Fire Department 688-2135 once a month. Fire Department personnel will be responsible for all fire/tornado training drills.

b. Monthly drills will be alternated between morning, afternoon and nap time to ensure staff are prepared for evacuation at all times.

c. All CDC employees will acknowledge by their initials that they read and understood this instruction.

26. Emergency Child Care Procedures

a. All single parents and dual military parents will submit a Department of the Navy Dependent Care Certificate (NAVPERS Form 1740/6), enclosure (27)), to the CDC for dependent children ages ranging from infants to five years. Parents are required to keep this form up-to-date to fulfill their responsibilities during any contingency per reference (b).

b. During the transition period, the Child Development staff will ensure a safe comfortable environment is available for children requiring emergency care. All child care requirements outlined in reference (a) will be strictly followed, as the situation warrants.

c. The CDC (Building 2700 and Building 3110) is for children ages ranging from one through five years. Infant Care, (Building 1991) will accommodate infants from six weeks to 12 months of age. Kid's World is for children ranging from six weeks through five years.

Only these buildings will be used for emergency child care after facility hours.

d. Emergency care will be provided up to 24 hours. In the event extended care is necessary, the CDH Program will provide night time service in certified homes.

e. Contingency plans will be implemented upon notification of an emergency from COS, OPS, NTC, Great Lakes.

27. Emergency Contingency Plans for Late Pickup

a. If a child has not been picked up or the center is notified within one hour of closing that a child will not be picked up, the Center Supervisor will notify security, DCFS and, if possible, Family Advocacy. When DCFS is informed that the child(ren) will no longer have a caregiver, as mandated by law, they will make provisions for temporary care.

b. Children will not be removed from the CDC/Infant Care Center without proper authorities present, e.g., Base Security Officer, CDO and/or a representative from DCFS. If DCFS is unable to immediately start the procedures to remove the child from the center, the Base Security Officer may transport the child to the Naval Hospital until either the parent(s) or DCFS can take charge of the child or children.

c. The CDPA will submit a written report to the ACOS, QOL, regarding the removal of any child from the CDC by personnel other than the child's parents.

d. A child(ren) will not be released to a parent or guardian who is intoxicated. CDC staff will call Security for assistance.

28. Field Trips. Several field trips are scheduled throughout the year. A fee is charged to cover the entrance fee and transportation. Trips are open to full-time enrolled children who are ages three and up. Fees for field trips must be paid when the child's name is placed on a sign-up sheet. Parents are invited on the field trip to act as chaperons. As space allows, parents are encouraged to accompany their children on at least one of the field trips each year. A Field Trip Permission Form (enclosure (28)) must be filled out for each field trip.

29. Child Care in Support of Special Command Events. Occasionally, special military functions/events are scheduled outside of normal working hours which require the services of the CDC. In such cases, the command requiring child care services will submit a Special Events Agreement Form (enclosure (29)) to the ACOS, QOL, for approval. Evening child care services will be in compliance with reference (a) and shall reflect a relaxed atmosphere characterized by informal quiet activities.

30. Action. A supervisory level staff member shall be on duty at all times when the facility is open for business. The Site Director will

rotate with staff members qualified and designated to function in the absence of the director to open and close the CDC, ensuring all staff are properly supervised and all CDP guidelines as outlined in reference (a) are being implemented. A supervisor will ensure the center is open at the designated time and that staff are in classrooms to receive children upon arrival. If the center cannot be opened on time, the supervisor will notify either the CDPA or ACOS, QOL of the reason for the delay. A supervisor will ensure at close of business all children have been picked up.

a. Facility Receptionist shall:

(1) Ensure doors are opened promptly at designated time to commence facilities business day.

(2) Never leave the front desk unattended. Ensure all pertinent CDC information is current and available for patrons. Maintain excellent public relations at all times.

(3) Answer all telephone calls in a professional manner, ensuring information given is current and accurate. In the event supervisory staff is not available to receive a call, a message will be taken and delivered as soon as possible.

b. CDP Assistants shall:

(1) Ensure all classrooms are staffed and prepared to receive children at designated opening time.

(2) Ensure children are logged in and a visual health check is completed upon arrival.

(3) Turn in all correspondence and attendance reports to the office at the end of each business day.

(4) Secure all windows and doors and turn off all electrical appliances. Ensure classrooms are left functionally ready for the next day's activities.

(5) Report any problem to the Center Supervisor immediately.

31. After Hours Babysitting by Child Development Center Employees.

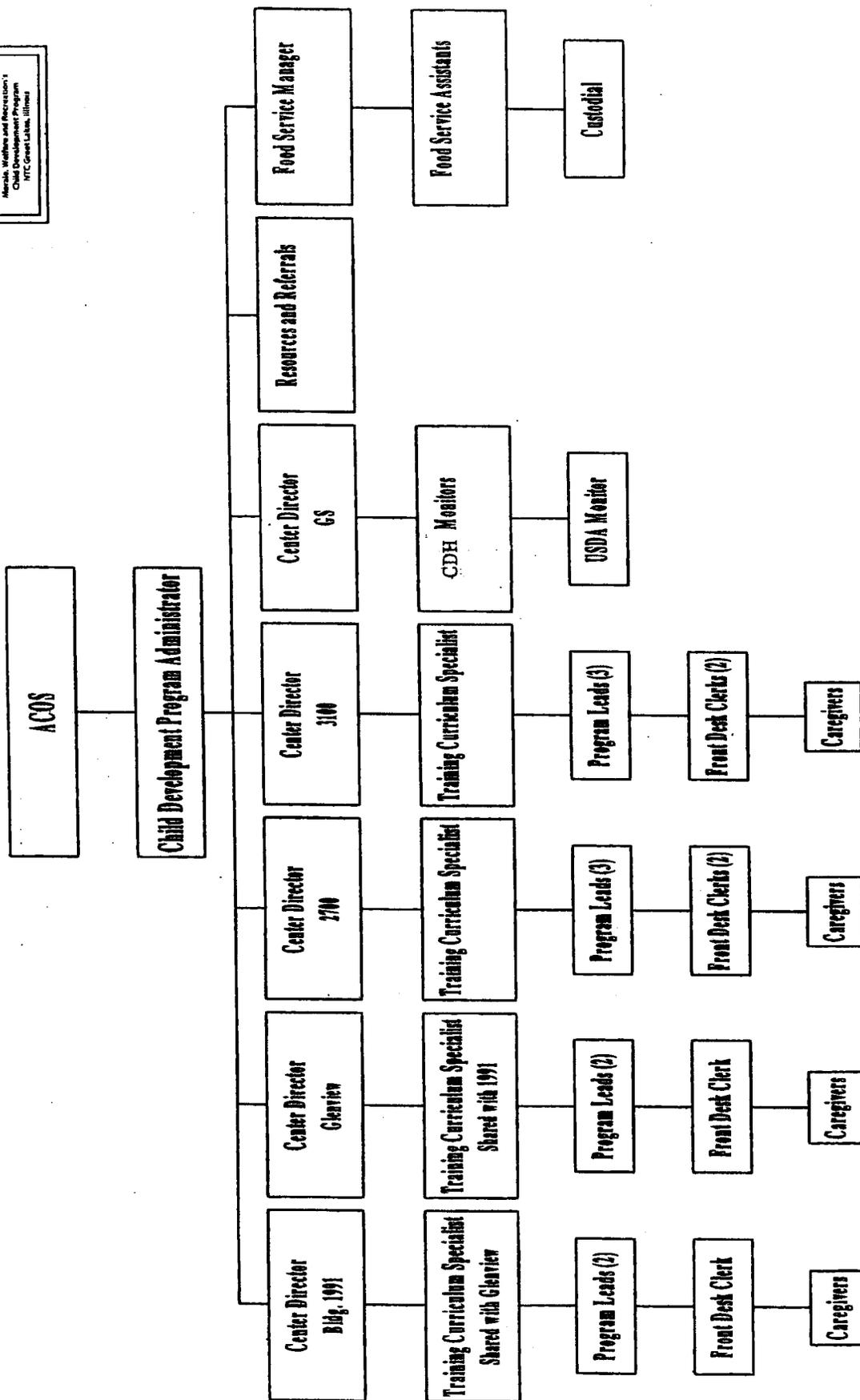
a. Most of the children enrolled in the CDC program have not yet developed enough reasoning skills to understand the two very different roles of the CDC caregiver and after hours babysitter. In order to prevent conflict in the workplace and more importantly to ensure that the children are not emotionally tasked to differentiate between the two, an after hours babysitting policy has been established.

b. CDC staff members who provide after hours babysitting service for parents enrolled in the CDC program, may not babysit children that are assigned to the same classroom in which they work. Additionally,

NTCGLAKESINST 1700.10D

CDC employees who have their own children enrolled in the CDC program may not work in the same center that their children are in. The only exception to this policy would be staff members who live in Glenview and their children are enrolled in the CDC program at Glenview. Employees that believe they are subject to a conflict of interest due to a child's assignment to their facility should immediately report this matter to their supervisor.

Child Development Division Organizational Chart



SAMPLE OF PARENT LETTER

1754
N6
Date

Dear Parents/Guardians,

The Military Child Care Act of 1989 requires the Office of the Secretary of Defense (OSD) to prescribe uniform fee regulations for Military Child Development Centers. Fees are based on Total Family Income (TFI) and apply to all children who attend the centers on a regular basis.

TFI includes base pay, basic allowance for quarters, basic subsistence allowance and any income earned by a spouse. Pay for service in a combat zone or anything else of value, even if it is not taxable, is included in TFI. Sponsors who do not receive a quarters allowance because they live in government housing must use the standard BAQ chart (available in your center) to determine the in-kind amount for this benefit. An application for DoD Child Development Center Fees (enclosure (1)) along with the most recent Leave and Earnings Statement (LES) will be used to verify the income for the military sponsor. Spouses and non-military personnel will use the most recent W-2 and/or LES to verify their income. Income must be verified by 1 October each year to determine the center's fee as outlined in the new fiscal year fee schedule (ask your Site Director for current fees). Failure to verify income could result in the highest rate being charged!

Should you have any questions concerning this matter, please contact Ms. Nina Hepburn, Child Development Program Administrator at 688-2110 ext. 129 or Center Supervisors, Building 1991 at 688-2845, Building 2700 at 688-4470 or Building 3110 at 688-5662.

Sincerely,

D. P. POLATTY
Rear Admiral, U.S. Navy
Commander

Encl: 1. Application for DoD CDC fees

Enclosure (3)

APPLICATION FOR DEPARTMENT OF DEFENSE CHILD CARE FEES

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 101-189, Section 1504; E.O. 9397.

PRINCIPAL PURPOSE(S): To collect total family income data to determine child care fees.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information will result in placement in the highest fee range.

SECTION I - DEPENDENT CHILDREN

To determine child care fees for your child(ren), or any child(ren) you legally claim as your dependent(s), you must complete, sign, and return this form to the director of the program you are applying for. Fees will be determined based on your total family income as defined below. If you do not wish to disclose your total family income, your rate will be set automatically at the highest fee level.

| 1. NAME OF EACH CHILD <i>(LAST, First, Middle Initial)</i> | 2. DATE OF BIRTH <i>(YYYYMMDD)</i> | 3. AGE | 4. CARE REQUESTED |
|---|---------------------------------------|--------|-------------------|
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |
| e. | | | |

SECTION II - ANNUAL FAMILY INCOME *(To be completed by sponsor. Include all military and civilian earned income for sponsor and spouse.)*

Enter your annual income data as requested; e.g., multiply the most recent monthly income by 12 or if paid on a biweekly income, enter the most recent biweekly income and multiply by 26. For purpose of determining child care fees in DoD Child Care program, total family income is defined as all earned income including wages, salaries, tips, long-term disability benefits, combat pay and voluntary salary deferrals. Include all earned income such as wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, retirement or other pension income, etc., before deductions for taxes, social security, etc. Include quarters subsistence and other allowances appropriate for the rank and status of military or civilian personnel whether received in cash or in kind. For dual military living in government quarters include BAH-II of senior member only. Include anything else of value, even if not taxable, that was received for providing services. **DO NOT INCLUDE** cost of living allowance (COLA) received in high cost areas, alimony and child support, temporary duty allowances or reimbursements for educational expenses.

5. SPONSOR

| | | | | |
|--|---|--|--|--|
| a. NAME <i>(LAST, First, Middle Initial)</i> | | b. SSN | c. YEARS OF MILITARY/CIVIL SERVICE | |
| d. INCOME | | | | |
| (1) BASE PAY <i>(Most recent leave and earnings statement)</i> | (2) BASIC ALLOWANCE FOR HOUSING <i>(Or in-kind equivalent) (Annual chart of minimum BAH-II)</i> | (3) BASIC SUBSISTENCE ALLOWANCE <i>(Or in-kind equivalent)</i> | (4) OTHER EARNED INCOME AS DESCRIBED ABOVE | |

6. SPOUSE

| | | |
|--|--------|------------------------------------|
| a. NAME <i>(LAST, First, Middle Initial)</i> | b. SSN | c. YEARS OF MILITARY/CIVIL SERVICE |
| d. INCOME | | |

| | |
|---|--|
| 7. OTHER EARNED INCOME AS DESCRIBED ABOVE | 8. TOTAL INCOME FOR SPONSOR, SPOUSE, AND OTHER |
|---|--|

SECTION III - CERTIFICATION OF SPONSOR *(Required for Category I - IV. Please read the following statement carefully before signing.)*

I certify that all of the above information is true and correct and that all family income of the spouse and sponsor is reported. I understand that this information is being given in order to determine child care fees to be paid and that Federal funds are used to subsidize the cost of child care. I also understand that the installation commander may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws. See 18 U.S.C. Section 1001.

| | | |
|--------------------------|-------------------------|-----------------------------------|
| 9. SIGNATURE OF SPONSOR* | 10. SIGNATURE OF SPOUSE | 11. DATE SIGNED <i>(YYYYMMDD)</i> |
|--------------------------|-------------------------|-----------------------------------|

**If signature is missing, the fees will automatically be placed at the highest level.*

| | | |
|--|---------|--|
| 12. TELEPHONE NUMBERS <i>(Include Area Code)</i> | | 13. HOME ADDRESS <i>(List apartment number and 9-digit ZIP Code)</i> |
| a. HOME | b. WORK | |
| (1) SPONSOR | | |
| (2) SPOUSE | | |

SECTION IV - FOR CHILD DEVELOPMENT CENTER USE ONLY

| | |
|--|--|
| 14. CATEGORY OF APPROVAL | 15. AUTHORIZED FEES |
| 16. DATE OF APPROVAL <i>(YYYYMMDD)</i> | 17. NAME OF CHILD DEVELOPMENT PROGRAM OFFICIAL |

CHILD DEVELOPMENT PROGRAM REGISTRATION CARD

NTCGLAKESINST 1700.10D

CHILD DEVELOPMENT SERVICES

| | | | | | |
|---|--|---|-----|---------------------------|----------------|
| NAME OF CHILD (LAST, FIRST, MIDDLE) | | SEX | AGE | BIRTHDATE (DD/MM/YY) | ID CARD NUMBER |
| SPONSOR'S NAME (LAST, FIRST, MIDDLE) | | SOCIAL SECURITY NO | | RANK/RATE | BRANCH |
| HOME ADDRESS | | STATUS: ACT () RET () CIV () ENL () OFF () | | | HOME PHONE |
| DUTY STATION | | DUTY PHONE | | DATE OF ROTATION | |
| (CIRCLE ONE) SINGLE PARENT/ DUAL MILITARY/FULL-TIME WORKING SPOUSE | | IF SPOUSE IS MILITARY (Please check) STATUS: ACT () RET () ENL () OFF () | | BRANCH | RANK/RATE |
| SPOUSE'S NAME (LAST, FIRST, MIDDLE) | | SOCIAL SECURITY NO | | PLACE OF EMPLOYMENT/PHONE | |

EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents)

| NAME | PHONE NUMBER | RELATIONSHIP |
|------|--------------|--------------|
| | | |
| | | |
| | | |

OFFICE USE ONLY

| USDA CATEGORY | PRIMARY TYPE OF CARE | | CDS PROGRAM RATES FOR THIS FAMILY | |
|---------------|----------------------|----|-----------------------------------|------|
| | YES | NO | CENTER | HOME |
| FULL | | | FULL DAY | |
| REDUCED | | | PART DAY | |
| PAID | | | DROP-IN | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NAVPERS 1754/5 (Rev. 3-93)

S/N 0106-LF-015-6200

MEDICAL INFORMATION IMMUNIZATION DATES

| VACCINE | 2 MONTHS | 4 MONTHS | 6 MONTHS | 4-6 YEARS | ALLERGIES? () YES () NO |
|---------|-----------|----------|----------|-------------|------------------------------|
| DTP | | | | | IF YES, WHAT? |
| OPV | | | | | |
| HIB | | | | | SPECIAL NEEDS () YES () NO |
| | | | | | IF YES, EXPLAIN: |
| MMR | 15 MONTHS | | | 4 - 5 YEARS | |

SPONSOR AGREEMENT:

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD DEVELOPMENT SERVICES (CDS) REPRESENTATIVE TO TRANSPORT MY CHILD, FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT A NAVY MEDICAL FACILITY.

| | | | |
|------------------------------|---------------|---|---------------|
| _____ SPONSOR'S SIGNATURE | _____ DATE | _____ CDS REPRESENTATIVE'S SIGNATURE | _____ DATE |
| _____ SPONSOR'S SIGNATURE | _____ DATE | _____ CDS REPRESENTATIVE'S SIGNATURE | _____ DATE |

PRIVACY ACT STATEMENT:

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

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

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

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

**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM
REQUEST FOR CARE RECORD**

REPORT CONTROL SYMBOL

PRIVACY ACT STATEMENT

AUTHORITY: PL 101-89 Sec. 1507; EO 9397.
PRINCIPAL PURPOSE(S): To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists.

| | |
|------------------------------------|------------------------------------|
| 1. DATE OF REQUEST (YYMMDD) | 2. EXPIRATION DATE (YYMMDD) |
|------------------------------------|------------------------------------|

3. FAMILY INFORMATION

| | | |
|--|---|-----------------------|
| a. SPONSOR'S NAME (Last, First, Middle Initial) | b. SPOUSE'S NAME (Last, First, Middle Initial) | |
| c. CHILD'S NAME (Last, First, Middle Initial) | d. CHILD'S DATE OF BIRTH (YYMMDD) | e. CHILD'S AGE |
| f. HOME ADDRESS (Street, City, State, Zip Code) | g. SPONSOR'S BRANCH OF SERVICE | |
| | h. DUTY ORGANIZATION | |
| i. HOME TELEPHONE NUMBER (Include Area Code) | j. DUTY TELEPHONE NUMBER (Include Area Code) | |

k. SIBLING CARE (Complete a separate form and list name and date of birth for each child requiring care)

| (1) Name (Last, First, Middle Initial) | (2) Date of Birth (YYMMDD) | (1) Name (Last, First, Middle Initial) | (2) Date of Birth (YYMMDD) |
|--|----------------------------|--|----------------------------|
| | | | |

| | | | |
|--|---|---|--|
| 4. PROGRAM(S) DESIRED (X as applicable) | | 5. AGE GROUP (X one) | |
| <input type="checkbox"/> a. FULL-DAY CARE | <input type="checkbox"/> e. FAMILY DAY CARE (FDC) | <input type="checkbox"/> a. INFANTS (0 - 12 months) | |
| <input type="checkbox"/> b. PART-DAY CARE | <input type="checkbox"/> f. PART-DAY ENRICHMENT | <input type="checkbox"/> b. TODDLERS (13 - 35 months) | |
| <input type="checkbox"/> c. SCHOOL-AGE | <input type="checkbox"/> g. DAY CAMP | <input type="checkbox"/> c. PRESCHOOL (3 - 5 years) | |
| <input type="checkbox"/> d. SPECIAL NEEDS | | <input type="checkbox"/> d. SCHOOL AGE (5 + years) | |

| | | |
|---|---|--|
| 6. SPONSOR STATUS (X one) | | |
| <input type="checkbox"/> a. SINGLE MILITARY | <input type="checkbox"/> e. SINGLE DOD CIVILIAN | <input type="checkbox"/> i. MILITARY / UNEMPLOYED SPOUSE |
| <input type="checkbox"/> b. DUAL MILITARY | <input type="checkbox"/> f. RETIRED MILITARY | <input type="checkbox"/> j. MILITARY / OTHER THAN DOD SPOUSE |
| <input type="checkbox"/> c. MILITARY / DOD SPOUSE | <input type="checkbox"/> g. MILITARY RESERVE | <input type="checkbox"/> k. OTHER (Specify) |
| <input type="checkbox"/> d. DUAL DOD CIVILIANS | <input type="checkbox"/> h. NATIONAL GUARD | |

| | | |
|---|---|---|
| 7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable) | | |
| <input type="checkbox"/> a. FDC ON-INSTALLATION | <input type="checkbox"/> d. CIVILIAN CDC | <input type="checkbox"/> g. IN-HOME CARE |
| <input type="checkbox"/> b. FDC OFF-INSTALLATION | <input type="checkbox"/> e. MILITARY ALTERNATE CARE | <input type="checkbox"/> h. NO PRESENT CARE |
| <input type="checkbox"/> c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC) | <input type="checkbox"/> f. NON-MILITARY ALTERNATE CARE | <input type="checkbox"/> i. OTHER (Specify) |

| | | | | | |
|--|----|--|--|----|---|
| 8. GENERAL INFORMATION (X and complete as applicable) | | | | | |
| Yes | No | a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? (If Yes, estimate average annual income lost) | Yes | No | c. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation) |
| | | | | | |
| | | b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE? | d. CURRENT COST OF CARE PER WEEK (If child is currently in care) | | |

| | | | | | |
|--|-----|-----|-----|-----|-----|
| 9. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only) | | | | | |
| | (1) | (2) | (3) | (4) | (5) |
| a. DATE CALLED (YYMMDD) | | | | | |
| b. DECLINED/ PLACED | | | | | |
| c. COMMENTS/ INITIALS | | | | | |
| d. PLACEMENT TIME (in months) | | | | | |

**HILD AND ADULT CARE FOOD PROGRAM
HOUSEHOLD INCOME ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS**

Complete this application by following the instructions provided in the parent letter.

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|------------------|--|--|--|--|--|--|--|--|--|------------------------|----|------------------|--|--|--|--|--|--|--|--|--|
| <p>1 CHILDREN ENROLLED IN CHILD CARE CENTER AND AGE</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">NAME (First and Last)</td> <td style="width:40%; border-bottom: 1px solid black;">AGE</td> </tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </table> | NAME (First and Last) | AGE | | | | | | | | | <p>2 CATEGORICAL ELIGIBILITY OF FEDERAL PROGRAM LIST EACH CHILD'S FOOD STAMP OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) CASE NUMBER, IF ANY. After completing, go to Part 5.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">FOOD STAMP CASE NUMBER</td> <td style="width:10%; border-bottom: 1px solid black;">OR</td> <td style="width:57%; border-bottom: 1px solid black;">TANF CASE NUMBER</td> </tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </table> | FOOD STAMP CASE NUMBER | OR | TANF CASE NUMBER | | | | | | | | | |
| NAME (First and Last) | AGE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |
| FOOD STAMP CASE NUMBER | OR | TANF CASE NUMBER | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

3 FOSTER CHILD - Complete a separate application for each foster child. A foster child who is the legal responsibility of the welfare agency/court and reside in your home is considered a household of one. Therefore list only the child's monthly personal use income. Write "0" if child has no personal use income. After completing, go to Part 5. \$ _____

4 HOUSEHOLD MEMBERS AND MONTHLY INCOME - Do not complete this area if you gave a food stamp or TANF case number. List the names of everyone living in household, related or non-related. List all income received from the previous month on the same line with the person who received it. After completing, go to Part 5.

| NAMES OF ALL HOUSEHOLD MEMBERS | Gross Monthly Earnings * (Before Deductions) | | Monthly Welfare Payments, Child Support, Alimony | Monthly Payments from Pensions, Retirement, Social Security | Any Other Monthly Income (Workers' Compensation, Strike Benefits, Unemployment Benefits) | Other Cash Income (Savings, Investments, Trusts, Other Resources) |
|--------------------------------|---|-------|--|---|---|--|
| | Job 1 | Job 2 | | | | |
| 1. | \$ | \$ | \$ | \$ | \$ | \$ |
| 2. | \$ | \$ | \$ | \$ | \$ | \$ |
| 3. | \$ | \$ | \$ | \$ | \$ | \$ |
| 4. | \$ | \$ | \$ | \$ | \$ | \$ |
| 5. | \$ | \$ | \$ | \$ | \$ | \$ |
| 6. | \$ | \$ | \$ | \$ | \$ | \$ |
| 7. | \$ | \$ | \$ | \$ | \$ | \$ |
| 8. | \$ | \$ | \$ | \$ | \$ | \$ |

*Net income can be used for anyone self-employed as long as cost records are maintained.

5 SIGNATURE AND SOCIAL SECURITY NUMBER:
I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds, that the sponsor, Illinois State Board of Education, or Office of Inspector General may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

_____ Date Printed Name of Adult Household Member Signature of Adult Household Member Social Security Number

_____ Work Phone # _____ Home Phone # _____ Home Address (Number, Street, City, Zip Code)

6 AUTHORIZED RELEASE FOR ADDITIONAL BENEFITS
Your children may qualify to receive benefits from Kid Care - Children's Health Insurance Program. By signing this area of the application you are agreeing to share your application information and Social Security number to determine eligibility for this program.

_____ Signature of Parent or Legal Guardian

CHILD CARE REPRESENTATIVE USE ONLY

| | | |
|---|--|--|
| <p>Monthly Income Conversion Table</p> <p>Weekly Income × 4.33 Every 2 Weeks × 2.15 Twice a Month × 2 Annual Income ÷ 12</p> | <p><input type="checkbox"/> Food Stamp/TANF Household <input type="checkbox"/> Income Household</p> <p>\$ _____ Total Household Monthly Income</p> <p>_____ Total Household Size</p> | <p align="center">ELIGIBILITY DETERMINATION</p> <p><input type="checkbox"/> Approved Free <input type="checkbox"/> Approved Reduced <input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Temporarily Approved Free - Follow-up Every 45 Days for "0" Income Households</p> <p align="center">_____ Date _____ Date _____ Date</p> <p>EFFECTIVE DATE OF APPLICATION: _____</p> <p align="right">_____ Signature of Representative</p> |
|---|--|--|

RACE/ETHNIC CATEGORY: Please check the racial or ethnic identity of your children. **You are not required to answer this question. This information is being collected to be sure everyone receives meal benefits fairly.**

- WHITE, not of Hispanic origin
- BLACK, not of Hispanic origin
- HISPANIC
- ASIAN or PACIFIC ISLANDER
- AMERICAN INDIAN or ALASKAN NATIVE

NON-DISCRIMINATION: This facility is operated in accordance with USDA policy which does not permit discrimination because of race, color, national origin, sex, age or disability. Any person who believes he or she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington, DC 20250.

PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that unless your child's food stamp or TANF case number is provided, you must include the Social Security number of the adult household member signing the application, or indicate the household member does not have a Social Security number. However, the application cannot be approved unless the number is provided or the signer indicates that he or she does not have a number. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations. It may include contacting employers, food stamp or other social service agencies and state employment security offices to verify income and current certification for benefits. These efforts may result in loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

HOUSEHOLD INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 1999, through June 30, 2000

| Household Size | Year | Month | Week |
|-----------------------------------|----------|---------|-------|
| 1 | \$15,244 | \$1,271 | \$294 |
| 2 | 20,461 | 1,706 | 394 |
| 3 | 25,678 | 2,140 | 494 |
| 4 | 30,895 | 2,575 | 595 |
| 5 | 36,112 | 3,010 | 695 |
| 6 | 41,329 | 3,445 | 795 |
| 7 | 46,546 | 3,879 | 896 |
| 8 | 51,763 | 4,314 | 996 |
| Each Additional Family Member Add | +5,217 | +435 | +101 |

**(Sample Household Income Eligibility Application Letter
for Child Care Centers)**

Dear Parent or Guardian:

Child Development Center Great Lakes
The 1991-2700-3110-2600-198-369 participates in the Child and Adult Care Food Program (CACFP). The center receives financial payments from this Program to help cover the costs of providing nutritious food and well-balanced meals to your child(ren). To receive the meal payments our center must follow menu planning guidelines, keep accurate meal records daily, and maintain a non-profit food service. We ask your cooperation in filling out the attached application which may allow the center to receive a higher rate of reimbursement for your child(ren)'s meals. The information will be kept confidential and will not be used for any other purpose. The information will only be available to staff in our office directly connected with administering and enforcing the CACFP.

If you believe your household income meets or is below the income eligibility guidelines listed in this letter or if you now receive food stamps or Temporary Assistance for Needy Families (TANF) for your child(ren), please complete the attached application form. To ensure the application is completed correctly, follow the instructions provided on the back of this letter.

**HOUSEHOLD INCOME ELIGIBILITY GUIDELINES
Effective from July 1, 1999, through June 30, 2000**

| <u>Household Size</u> | <u>Level for Reduced-Price Meals</u> | | |
|--------------------------------------|--------------------------------------|--------------|-------------|
| | <u>Year</u> | <u>Month</u> | <u>Week</u> |
| 1 | \$15,244 | \$1,271 | \$294 |
| 2 | 20,461 | 1,706 | 394 |
| 3 | 25,678 | 2,140 | 494 |
| 4 | 30,895 | 2,575 | 595 |
| 5 | 36,112 | 3,010 | 695 |
| 6 | 41,329 | 3,445 | 795 |
| 7 | 46,546 | 3,879 | 896 |
| 8 | 51,763 | 4,314 | 996 |
| Each Additional Family Member Add | +5,217 | +435 | +101 |

Return the completed form to the child care center. If you have any questions please contact our center.

Instructions for Completing the Household Income Eligibility Application

Complete the application for one of the following areas: food stamps or TANF, foster child, or household income.

Households Receiving Food Stamps or TANF Benefits

If you or your child receives benefits from food stamps or TANF complete the following information.

- Part 1 - List the name(s) and age(s) of your child(ren).
- Part 2 - Record the appropriate food stamps or TANF case number for each child. **Do not list your Link Card or Medical Card number.** These numbers are NOT your case number.
- Part 5 - Provide a signature of an adult household member and date the application.
- Your application is complete.

Application for a Foster Child

If you care for a foster child(ren) in your home, complete a separate application for each foster child. A foster child who remains the legal responsibility of the welfare agency or court is considered a household of one. Provide the following information.

- Part 1 - List the name and age of your foster child.
- Part 3 - Record only the foster child's personal-use income or write "0" if the child has no personal-use income. **Do not list income you receive for the care of the child.**
- Part 5 - Provide a signature of an adult household member and date the application.
- Your application is complete.

Household Reporting Income

It is not necessary to complete income information if you provided food stamps or TANF information for all of the children listed in Part 1. However, if a child does not receive food stamp or TANF benefits, you must report all household income. The Household Income Eligibility Application must include the following information.

- Part 1 - List the name(s) and age(s) of your child(ren).
- Part 4 - Provide the names of all household members related or non-related and the current monthly income by source for each household member.
- Part 5 - Provide the Social Security number of the adult household member signing the application. If the adult does not have a Social Security number, the word "none" should be stated. The application must be signed and dated by the adult household member.
- Your application is complete.

If during the year there is an increase in your household income which exceeds \$50 per month or \$600 per year, or if your household size decreases or if your food stamps or TANF assistance is terminated, you must report such changes to the center. In addition, if a family member becomes unemployed and the loss of family income during that period of unemployment falls within the eligibility guidelines, an application should be completed in order for the child care center to be eligible to receive a higher rate of reimbursement for meals served to your child(ren).

Authorized Release for Additional Benefits

Part 6 – You are not required to complete this section. By signing this section you waive your confidentiality rights and are allowing the child care center to release this application information and Social Security number to the Illinois Department of Public Aid (IDPA). This will allow IDPA to identify children who may be eligible to receive the state-administered KidCare health plan.

Please complete the voluntary civil rights information on the back of the application. This information is collected to ensure everyone receives equal meal benefits.

In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, or disability. If you believe you have been discriminated against, write to the Secretary of Agriculture, Washington, D.C. 20250.



DAILY CLASSROOM LOG SHEET

Date: _____

Classroom: _____

| # | Child's Name | Time In | My child is free of obvious illness and is not running an abnormal temperature. Parent's Signature | Time Out | Init. |
|-----|--------------|---------|---|----------|-------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. | | | | | |
| 21. | | | | | |
| 22. | | | | | |
| 23. | | | | | |
| 24. | | | | | |
| 25. | | | | | |
| 26. | | | | | |
| 27. | | | | | |



**PERMISSION TO CHECK CHILD IN/OUT
(EMERGENCY CONTACT)**

Child/Children's Name(s) _____

_____ The person named on this permission slip is at least 16 years old.

_____ He/She is aware of my situation and has agreed to check out/admit my child/children.

_____ He/She has agreed to be my emergency contact person

_____ I have contacted the person named below within the 24 hours to be sure he/she is available to pick up my child in case of an emergency.

Emergency Contact _____ Rate/Title _____

Address _____ Phone _____

(TODAY) _____ (PERMANENTLY) _____
(date) (beginning date)

(TEMPORARILY) _____ Confirmed (CDC)
From-----To) (dates)

Parent's signature _____ Date _____

MORALE, WELFARE AND RECREATION CHILD DEVELOPMENT CENTER
WAITING LIST UPDATE CARD



DATE: _____

CFHLD'S NAME: _____

BIRTH DATE: _____

SPONSOR STATUS

SINGLE PARENT

DUAL MILITARY

MARRIED, ONLY

ACTIVE DUTY: _____

ACTIVE DUTY: _____

SPONSOR ACTIVE DUTY: _____

DOD CIVILIAN EMPLOYEE: _____

RETIREE: _____

DATES VERIFIED

SIGNATURE

CDC STAFF

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

WAITING LIST POLICY

Upon completion of the waiting, list application forms, your child is placed on the appropriate list, according to age and parents' military status. Priority placement on the waiting list is based solely upon parents' military status. Order of priority is the following: SINGLE Military Parents, DUAL Military Parent and REGULAR (Married Parents with one Active Duty Member) and SPACE AVAILABLE DoD Civilian Employees and Military Retirees.

Children may be placed on the list prior to birth, but the application MUST be accompanied by proof of pregnancy (i.e.) - Champus Non-Availability Form or copy of positive test results from doctor). Applications without proof of pregnancy WILL NOT be accepted.

Active Duty Members with orders to Great Lakes NTC are eligible for placement on the waiting list copy of the sponsor's orders must accompany the waiting list application. Applications without a copy of the sponsor's orders WILL NOT be accepted.

A parent is REQUIRED to call or come into the Center every two months to update their waiting, list application. Failure to update your waiting list application will result in removal from the waiting list. If your child is removed from the list for failure to update, you must reapply and your child will be placed on the bottom of the appropriate list. There will be NO EXCEPTIONS to this policy.

PARENT'S SIGNATURE _____

DATE: _____



PHYSICIAN/SPECIALIST'S STATEMENT
(SPECIAL NEEDS CHILD)

1. Child's Name _____ Date _____
2. Nature of handicap _____
3. Special requirements needed by child _____
4. Special accommodations/staff training needed _____
5. Physician's opinion: How will the child benefit from the Child Development Center Program? _____
6. Special Diets (specify) _____
7. Special appliances/communications aid/self care assistance (Please name and describe.) _____
8. Medication: (If Child Development Staff will be required to give medication, a CDC Authorization Release form for dispensing medication, Physician Medication Order, and Parent's Hold Harmless Statement must be filled out, signed and dated.) _____
9. Specific training required to ensure the safety and well-being of the child. (To be completed prior to placement as a pre-condition to provide care for special needs children.) _____
10. Additional comments/information _____

Signature of physician/specialist _____ date _____

In case additional information/advice is needed, how can you be reached?

Name _____ Phone _____

Address _____

=====

PARENT'S STATEMENT

I understand that the N.T.C. Great Lakes Child Development Program is not responsible for providing my child with services beyond those typically offered other enrolled children.

Parent's Signature

Date



SPECIAL NEEDS EVALUATION BOARD REPORT

Date: _____
To: Commanding Officer, N.T.C. Great Lakes
Subj: CDC Special Needs Team Evaluation

Child's Name _____ Date _____

1. Conference: Parent/(CDPA)/CDC Director, other pertinent staff:
(date) _____

Comments/Recommendations: _____

2. Enclosures:
- a. Physician/Specialist's Statement _____
 - b. CDC Medication Release/Hold Harmless Statement _____
 - c. Medical Clearance Form _____
 - d. Letter of acceptance in the Exceptional Family Member Program _____
 - e. Other (Specify) _____

3. SPECIAL NEEDS BOARD: All accommodating factors can not be met without detrimental effect of programs for other children.

| | Approved | Disapproved | Date |
|------------------------------|----------|-------------|-------|
| a. CDPA..... | _____ | _____ | _____ |
| b. C.D.C. Director.... | _____ | _____ | _____ |
| c. FCC Director..... | _____ | _____ | _____ |
| d. MWR Director..... | _____ | _____ | _____ |
| e. Exceptional Family Member | _____ | _____ | _____ |
| f. Medical Personnel.. | _____ | _____ | _____ |
| g. Family Counselor... | _____ | _____ | _____ |

4. Special Accommodations needed: _____

5. Estimated cost: _____

Approved/disapproved

COMMANDING OFFICER

MWR CHILD DEVELOPMENT CENTER INFANT DAILY RECORD



PARENT SECTION

Child's Name: _____ Date: _____

Hours slept during night: _____ or last nap: _____

Baby slept: Well _____ Restless _____ Wakeful _____

Last fed: Bottle @ _____ Solids @ _____ Nursed @ _____

Number of Bottles: _____ Type of formula _____ oz. _____

Last Diaper Change: _____

No Wipes _____ Special Wipes _____ Regular Wipes _____

Parents special instructions: _____

TEACHER SECTION

Today's mood: _____ Medication Today: _____

| | |
|------------------|-----------|
| Diaper Changes @ | Solids @ |
| Naps @ | Bottles @ |

Needs Fingernails Trimmed: _____ Needs Diapers: _____

Teacher Notes: _____

PLEASE ACCOUNT FOR ALL BOTTLES UPON DEPARTURE



DAILY INFORMATION REPORT (PRETODDLER)

| | | | |
|---------------------|--|--------------------------------|---|
| Child's Name: _____ | | Time: _____ | Date: _____ |
| Tomorrow I need: | <input type="checkbox"/> Diapers <input type="checkbox"/> Extra Clothes | <input type="checkbox"/> Wipes | <input type="checkbox"/> Other _____ _____ |

GENERAL DISPOSITION:

| | | | | |
|-----------------|-----------------|-----------------|-------------|-------------|
| HAPPY _____ | ENERGETIC _____ | IRRITABLE _____ | QUIET _____ | TIRED _____ |
| Comments: _____ | | | | |

APPETITE (Check posted menu)

| | | |
|-----------------|------------|----------------------|
| GOOD _____ | FAIR _____ | REFUSED TO EAT _____ |
| Comments: _____ | | |

NAP TIME:

| | | | |
|---|--|---------------------|----------------------|
| Was quiet and fell asleep quickly _____ | Had some difficulty falling asleep _____ | Did not sleep _____ | Time/How long? _____ |
| Comments: _____ | | | |

DIAPER CHANGING - POTTY TRAINING (Children in diapers are checked every hour)

| BM | NORMAL | HARD | LOOSE | NOTES TO PARENT |
|----|--------|------|-------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DAILY ACTIVITIES

| INDOOR | OUTDOOR |
|--------|---------|
| | |
| | |

Caregiver Signature _____

Date _____

MWR GLAKES 1754/15 (3/97)
 NTCGLAKESINST 1700.10B



DAILY INFORMATION REPORT (TODDLER)



| | | |
|---|--------------|--------------|
| CHILD'S NAME: | TIME: | DATE: |
| TOMORROW I NEED: | | |
| <input type="checkbox"/> Diapers <input type="checkbox"/> Training Pants <input type="checkbox"/> Extra Clothes <input type="checkbox"/> Other | | |
| GENERAL DISPOSITION: | | |
| <input type="checkbox"/> Happy <input type="checkbox"/> Energetic <input type="checkbox"/> Anxious <input type="checkbox"/> Quiet <input type="checkbox"/> Tired | | |
| Comments: | | |
| APPETITE: | | |
| <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <i>(Check posted menu.)</i> | | |
| Comments: | | |
| NAP TIME: | | |
| <input type="checkbox"/> Was quiet and fell asleep quickly <input type="checkbox"/> Had difficulty falling asleep <input type="checkbox"/> Did not sleep <input type="checkbox"/> Slept for _____ | | |
| Comments: | | |
| TOILET TRAINING: <i>(Children in diapers are checked every hour.)</i> | | |
| <input type="checkbox"/> Did very well <input type="checkbox"/> Trying <input type="checkbox"/> Not ready <i>Remember...Accidents do happen during this learning period.</i> | | |
| Comments: | | |
| DAILY ACTIVITIES: | Indoor | Outdoor |
| | | |
| | | |
| | | |
| CAREGIVER SIGNATURE: | | |



MWR CHILD DEVELOPMENT CENTER PARENT ALERT FORM

| | | | | |
|---------------|-------|-------|-------|-----------------|
| Child's Name: | Date: | Time: | Room: | Lead Caregiver: |
|---------------|-------|-------|-------|-----------------|

NOTE TO PARENTS:

1. Your timely response to our call when your child becomes ill or injured in the Child Development Program is very important.
2. If you temporarily change locations or your phone number changes, notify CDC/FCC immediately.
3. Please ensure your phone number and the name and phone number of your emergency contact person are updated regularly.

THANK YOU!!

Situation:

Observation:

Rash (describe): _____ Other Symptoms (describe): _____

Diarrhea/Vomiting (circle one): Time: _____ Describe: _____ Time: _____ Describe: _____

Fever 1. Temp.: _____ degrees Time: _____ 2. Temp.: _____ degrees Time: _____ 3. Temp.: _____ degrees Time: _____

Action Taken:

Telephoned Parents:

Phone Number 1: _____ Time: _____ Time: _____ Time: _____ Time: _____

Phone Number 2: _____ Time: _____ Time: _____ Time: _____ Time: _____

Plan of Action:

| | | |
|--------------------------------|-------|--|
| Signature of Reporting Person: | Date: | Witness: |
| Signature of Parent: | Date: | Signature of CDC Director/Designated Supervisor: |

COPY TO: (1) Parent

(2) Supervisor

(3) Child's file

INSTRUCTIONS FOR PARENT ALERT:

- 1. Make three copies.
 Copy #1 goes to the parent.
 Copy #2 goes to your supervisor.
 Copy #3 goes to the child's file.
- 2. Ensure all areas of the PARENT ALERT are filled out. Use the SOAP method as described below.

Situation:

Describe illness, injury, behavior of child.
 Did a child get hurt?
 Did a child hurt another child?

Observation:

What happened?
 Does the child have a fever?
 Did the child vomit?
 Did another child bite this child?

Action:

What did you do about it?
 Did you clean the wound?
 Did you apply ice?
 Did you comfort the child?
 Did you notify the child's parents?
 Did you look for a hazard to the toy/equipment the child was playing with? Did you remove it?
 Did you call the child's parent?
 Did the parent take the child home or to the doctor?
 If there is more than one child involved will you notify both parents?

Plan of Action:

What are you going to do to ensure this child is taken care of?
 Will the parent take the child to the doctor?
 Will you report a broken toy/equipment?
 Will you take the initiative to remove the toy yourself and report it to the supervisor?
 Will you post a note or sign notifying others the toy or equipment is broken to avoid other injuries?

- 3. Sign and date the report. If there is a witness, have him/her sign, also.
- 4. Briefly document incident in log book.
- 5. When there is an incident involving more than one child, such as bites, fill out a PARENT ALERT for each child.



| REPORT OF UNUSUAL OCCURRENCE | | | | |
|--|-----------|----------|-------------------------|----------|
| FROM: | | | DATE | |
| TO: | | | | |
| NATURE OF OCCURRENCE | | | DATE/TIME OF OCCURRENCE | |
| PERSONS INVOLVED | | | | |
| NAME | TELEPHONE | CIVILIAN | STAFF | MILITARY |
| | | | | |
| | | | | |
| | | | | |
| SUMMARY OF OCCURRENCE (USE REVERSE SIDE IF NECESSARY) | | | | |
| Based on available info, were racial overtones involved? YES NO | | | | |
| Was incident between specific factions/groups? YES NO | | | | |
| Persons Notified | | | Date & time Notified | |
| Pending Action (If Any) | | | | |
| Signature of Supervisor or Attendant | | | | |
| Corrective Action | | | | |
| Signature of Director MWR | | | Copy To | |

PERMISSION FORM



Permission to participate in center activities and to receive emergency medical care.

CHILD'S NAME _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the center.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be photographed and/or videotaped during center activities. I understand that these pictures or videotapes are made to record center activities and will not be used for any commercial or illegal use.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form.
4. If you and/or your child's physician cannot be contacted, any or all of the following will be done:
 - a. Call an ambulance.
 - b. Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred in #4, above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The school will not assume responsibility for Hourly Care Children who have not been signed in when they arrive for the day.

Signature of Mother or Guardian

Date

Signature of Father or Guardian

Date

Child Development Program
 Morale, Welfare and Recreation Department
 Naval Training Center, Great Lakes



AUTHORIZATION FOR DISPENSING MEDICATION

CHILD DEVELOPMENT CENTER STAFF MEMBERS MAY NOT ACCEPT NOR ADMINISTER ANY FORM OF MEDICATION WITHOUT THE THOROUGH COMPLETION OF THIS AUTHORIZATION.

Medication procedures will be administered only to children in the CDC's and only by CDP Director, CDP Assistant Director, Training and Curriculum Specialist, and technicians. The medication must be prescribed by a physician and there must be no other reasonable alternative to the medical requirement for the child. Authorized ointments may be applied by Child Development Program Assistants under the supervision of the Center Director.

A signed statement from the prescribing physician shall be presented that certifies that the medicine is necessary and provides information concerning the type, dosage, time(s) of day, and duration of the medication is to be administered.

All medication must be clearly labeled with: 1) The child's name. 2) The name of the medication, and 3) Clear directions for administering.

TO BE COMPLETED BY THE CHILD'S PARENT OR GUARDIAN:

I, _____, the parent or legal guardian of _____, authorize CDC personnel who have been trained to dispense medication, to administer the prescribed medicine as outlined below:

Name of Medication: _____
 Directions: _____
 Time(s) of Administration: _____
 Date medication Started: _____ Date Stopped: _____
 Any Known Side Effects: _____
 Name of Prescribing Physician: _____
 Phone: _____

Signature of Parent or Guardian: _____ Date: _____

| Date | Time Given | Given By | Remarks |
|------|------------|----------|---------|
| Mon | | | |
| Tues | | | |
| Wed | | | |
| Thur | | | |
| Fri | | | |

Child Development Program
 Morale, Welfare and Recreation Department
 Naval Training Center, Great Lakes



PHYSICIAN MEDICATION ORDER

It is preferable that oral medications not be administered in the Child Development Program. When possible, parents and physicians are requested to adjust medication schedules so that no medication need be administered by the Child Development Center Staff. We recognize that this is not always possible and will cooperate in administering medication that must be given during Child Development Center hours. Medication will only be administered once a day at 2:00 p.m., not as necessary. The following regulations applies:

1. Written order using this form from a physician detailing the name of the drug, dosage, time interval medication is to be taken.
2. Using this form, signature of parent or guardian requesting that the Child Development Center comply with the physician's order.
3. Medication must be brought to the center by parent or guardian in a container - appropriately labeled by the pharmacy or physician.

PLEASE FILL IN AND SIGN THIS FORM:

Name of Child: _____

Address: _____

Date of Order: _____

Name of Medication: _____

Dosage: _____

Duration of Order: _____

(IF DURATION OF ORDER EXCEEDS THREE (3) MONTHS, RENEWAL OF ORDER IS NECESSARY.)

 Physician Signature

I request that the Child Development Center give the above medication(s) as ordered by the physician.

 Parent/Guardian Signature

Child Development Program
 Morale, Welfare and Recreation Department
 Naval Training Center, Great Lakes



PARENTS MEDICATION REQUEST AND HOLD HARMLESS AGREEMENT

I, _____, the parent or legal guardian of _____, hereby request that the staff of the Child Development Center, Great Lakes, IL. administer medication to my child. In consideration for this additional service I do, on behalf of myself, my children, our heirs, executors, and assigns hereby release and agree to HOLD HARMLESS the United States of America, including but not limited to, the United States Navy, Naval Training Center Great Lakes, IL., its departments, instrumentalities, agencies, officers, agents and employees, from any and all claims, demands, damages, actions, cause of action, or suit of every nature, of whatsoever kind, which may exist now or accrue in the future against the United States Navy or any of its agencies or employees in relation to or arising out of the administration of the requested medication.

I CERTIFY THAT:

- a. The medication in question has been prescribed or otherwise ordered by my child's physician.
- b. I have been assured by the Child's physician that the child DOES NOT have a contagious disease and that his/her presence in the Child Development Center is appropriate.
- c. I have consulted with my child's physician and have been advised that the medication schedule should not be adjusted to avoid the necessity of administering the medicine during my child's stay at the Child Development Center;
- d. Neither I, nor my spouse or other family member can be available at the necessary time to administer the medication
- e. The following directions regarding the type of medication dosage, time and duration of administration is provided:
 - 1. Name of Medication: _____
 - 2. Dosage: _____
 - 3. Time Medication is to be given: _____
 - 4. Duration of Administration: _____
 - 5. Name and telephone number of physician prescribing medication: _____

IN WITNESS WHERE OF, this request and release has been duly executed this _____ day of _____, 19_____

 Signature of Parent or Guardian

MORALE, WELFARE AND RECREATION
CHILD DEVELOPMENT CENTER
CDC PARTY/SPECIAL EVENT FOOD FORM



Event: _____

Date: _____

Child's Name: _____

Class: _____

We can only accept food that has been purchased from a Bakery or Store. **No homemade items can be given to the children.** Drinks must be a 100% juice.

Name of Bakery or Store: _____ Phone: _____

Address: _____

Description of food brought in (include drink if applicable):

Parent's signature _____

Date _____

SAMPLE MESSAGE FORMAT
FOR
NOTIFICATION OF CHILD SEXUAL ABUSE ALLEGATIONS

UNCLASSIFIED

041400Z APR 96

FM NTCGLAKES IL//07//

TO NAVY PERSONNEL COMMAND TN//NPC-65//

INFO CNET PENSACOLA FL//N43//

UNCLAS //N01754//

MSGID/GENADMIN/NTCGLAKES IL//

SUBJ/NOTIFICATION OF CHILD SEXUAL ABUSE ALLEGATION//

RMKS/1. Briefly state:

- a. Date of alleged incident (YY/MM/DD).
 - b. Date case reported at installation (YY/MM/DD).
 - c. Date reported to Child Protective Services (CPS) (YY/MM/DD).
 - d. Activity where alleged abuse occurred.
 - e. Alleged offender's position within activity.
 - f. Alleged victim's age, DOB (YY/MM/DD) and sex.
 - g. Agencies involved in conducting the investigation (FAR/CPS, NIS, etc.).
 - h. Brief incident description.
 - i. What support being provided to parents?
 - j. What future action planned?
2. Point of contact's name and DSN telephone number.//

Enclosure (23)

CHILD DEVELOPMENT PROGRAM TRAINING PLAN

As mandated by OPNAVINST 1700.9D, all CDP Child Care Assistants will participate in a minimum of four hours specialized in-service training each month.

1. The monthly in-service training may be achieved in the following ways for credit.

a. Two hours of standardized care giving module training plus two hours of specialized training. (4 hours)

b. Attendance at Early Child Care Conference or Workshop Plus a presentation of training received at workshop to CDC staff at a in-service training session. (1 hour)

c. Weekly lesson planning with trainer present. (15 minutes per week)

d. Goal building and objectives for individual children. (30 minutes per month)

e. Training workshop in all mandated requirements for Safety, Health and Food Service (1 hour) and assigned reading of safety article. (15 minutes)

f. Creating and arranging a developmental age appropriate classroom environment. (1 hour)

(Pre-approved by supervisor/trainer)

g. In-service workshop at CDC center (1 hour)
Follow up assignment (30 minutes)

h. Independent study projects, including professional articles, videos and new classroom activities. (30 minutes)
Staff on pre-approved, sick or emergency leave will have their training requirements adjusted.

2. Staff must complete four hours of required training per month as part of continued employment. No training hours above the mandatory four hours per month will be carried over the following month. At the discretion of the Site Director or Curriculum Training Specialist, staff may be required to participate in additional training hours.

DATE :

GREAT LAKES CHILD DEVELOPMENT CENTER
DRESS CODE FOR STAFF

UNIFORM

Dressing for comfort is important; however, it is equally important for the CDC staff to present a professional appearance. Appropriate uniform is your name tag, CDC smock, MWR issued white shirt or a plain white T-shirt. CDC smock is to be worn over white shirt and must be visible at all times. If cold, a plain white sweater/sweatshirt may be worn underneath smock. Staff shall be in their "uniform" during working hours, this includes field trips.

PANTS/SHORTS/SKIRTS

All shorts shall be no more than six inches above the knee. All skirts shall be no more than two inches above the knee. No sweat pants or tight fitting pants or shorts i.e. stretch, spandex, bicycle, leggings, etc. No frayed, worn, or torn clothing are permitted.

OUTDOOR ATTIRE

Outdoor attire such as boots, overcoats, jackets, and hats are not permitted to be worn in the classrooms.

For your safety as well as the children's, the following safety issues will be applied:

SHOES

Closed toed shoes such as tennis shoes are to be worn so that there is no restriction of movement. Open toed sandals and spiked or high heels above one inch are not permitted.

JEWELRY

For your safety earrings that hang below the ear lobe shall not be worn. Necklaces are to be worn underneath shirt.

HAIR ADORNMENTS

Hair adornments that pose a threat to child safety shall not be worn, such as the following items: sharp objects, hair bun covers with protruding holders, sharp edged berets, and beads beyond 3 inches from top of head, etc.

NAILS

Fingernails shall not be more than half an inch beyond fingertip.

PRIOR TO WEARING ANYTHING QUESTIONABLE OR NOT SPECIFIED ABOVE, STAFF MUST OBTAIN APPROVAL THROUGH SITE DIRECTOR.

Employee's Signature

Date

Program Administrator

CHILD DEVELOPMENT PROGRAM EXTENDED EMERGENCY EVACUATION PLAN

When the emergency occurs, the following procedures will be taken for the evacuation of the children from the Child Development Centers (CDCs).

Building: 1991

Center Supervisor

Step 1

- a. Children will be immediately removed from the building.
- b. Administrative staff will call Building 160 at 688-2110 extension 116 for assistance in evacuating the children to Building 3110.
- c. Building 160 Administrative personnel will be responsible for calling the following facilities for vehicle support for the transportation of the children:

Athletic Division, Building 440 at 688-3419 (Shuttle Bus)
Family Activities, Building 2600 at 688-5581 (Van)
Family Child Care, Building 154 at 688-5798 (Van)

Step 2

- a. Children accompanied by an adult shall be quickly placed in the emergency transportation vehicle and taken to Building 3110 tornado shelter area.
- b. Immediately upon arrival to Building 3110, parents will be notified by Administrative staff of evacuation of children and place they can pick their children up.

Building: 3110

Center Supervisor

Step 1

- a. Children will be immediately removed from the building.
- b. The children accompanied by adults will relocate to Building 3200.
- c. Immediately upon arrival at Building 3200, parents will be notified by Administrative staff of evacuation of children and place they can pick their children up.

Building: 2700

Center Supervisor

Step 1

- a. Children will be immediately removed from the building.
- b. The children accompanied by adults will relocate to Building 2600.
- c. Immediately upon arrival at Building 2600, parents will be notified by Administrative staff of evacuation of children and place they can pick their children up.

Building: 2101 (Kids World) Glenview

Step 1

- a. Children will be immediately removed from the building.
- b. The children accompanied by adults will relocate to housing department across the street.
- c. Immediately upon arrival at the housing department, parents will be notified by Administrative staff of evacuation of children and place where they can pick up.

DEPARTMENT OF THE NAVY FAMILY CARE PLAN CERTIFICATE

PRIVACY ACT ADVISMENT

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301; 10 U.S.C. Sections 133 and 5031; and E.O. 9397.

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements and to ensure the member is world-wide assignable. The information which will be solicited is intended principally for the following purposes: (a) The personal information will facilitate combat readiness and document a plan for the care of your family members in the event of a medium or long term absence; (b) it will be used to evaluate compliance with the DOD and Navy program requiring Family Care Plans.

ROUTINE USES: To designate persons who will accept dependent care responsibility and to contact those persons to verify their willingness to act for the member in this capacity, and to advise the designee(s) when they are expected to discharge these responsibilities. The information may also be used to determine overseas suitability, conduct authorized investigations, and other lawful purposes.

DISCLOSURE IS VOLUNTARY: Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is voluntary. However, refusal to provide the requested information may result in the member failing to meet Navy obligations.

PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

| | |
|---|-----------|
| 1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents. | Initials |
| 2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both. | |
| 3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate. | |
| 4. I understand that I am subject to deployments on short notice and that I will not be guaranteed special privileges because I have dependents. | |
| 5. My normal working hours are _____. I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless excused by my commanding officer. | |
| 6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations. | |
| 7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 30 (60 days for Ready Reserve) of any change in my family or Caregiver status. | |
| 8. All of my dependents are 19 years or older and capable of self-care. | |
| 9. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents to the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver. | |
| 10. In the event of my death or incapacity, _____ (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first. | |
| 11. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members. | |
| TYPED OR PRINTED NAME, GRADE/RATE, & SSN | SIGNATURE |
| DATE | |

DEPARTMENT OF THE NAVY FAMILY CARE PLAN CERTIFICATE

PART II. APPLIES TO ALL SINGLE MEMBERS SPONSORS AND MILITARY COUPLES WITH DEPENDENTS

CAREGIVER ACKNOWLEDGMENT

12. I agree to accept responsibility and provide care for the family members of _____ if he/she must report for duty for extended work hours, recall, or TAD. I acknowledge that I have been fully briefed on: (a) Financial and logistical arrangements and location of important papers, (b) Military and civilian support resources available to assist in the care of family members including location and/or points of contact for the member's command, local Family Service Center, child care center, and Navy Marine Corps Relief Society, and (c) Family member entitlements, available services, and access requirements for military base resources including medical and dental treatment facilities, exchanges, commissaries, and recreation facilities.

A. Member's absence is for a duration of less than 30 days.

| | |
|----------------------------------|----------------------------|
| SIGNATURE | ADDRESS (Include ZIP Code) |
| TYPED OR PRINTED NAME | |
| PHONE NUMBER (Include Area Code) | |
| WITNESS | WITNESS SIGNATURE |

B. Member's absence is for a duration of greater than 30 days.

| | |
|----------------------------------|----------------------------|
| SIGNATURE | ADDRESS (Include ZIP Code) |
| TYPED OR PRINTED NAME | |
| PHONE NUMBER (Include Area Code) | |
| WITNESS | WITNESS SIGNATURE |

PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS

CAREGIVER ACKNOWLEDGMENT

13. I agree to be responsible for accompanying and caring for the family members of _____ as an escort if evacuation from an overseas area becomes necessary.

| | |
|-----------------------|-------------------|
| TYPED OR PRINTED NAME | SIGNATURE |
| WITNESS | WITNESS SIGNATURE |

PART IV. FOR IN-SERVICE COUPLES ONLY

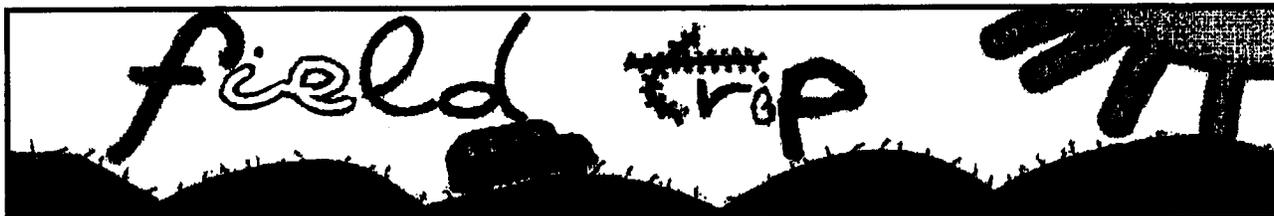
14. Statement of Military Spouse: I have read my spouse's plan and concur.

| | |
|---------------------------------------|---------------------|
| TYPED OR PRINTED NAME & SSN OF SPOUSE | SIGNATURE OF SPOUSE |
|---------------------------------------|---------------------|

PART V. COMMANDER CERTIFICATION

15. I have reviewed this Family Care Plan and I am satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

| | |
|---------------------------------|------|
| SIGNATURE OF COMMANDING OFFICER | DATE |
|---------------------------------|------|



FIELD TRIP PERMISSION

As parent/legal guardian, I give permission for my child _____
to attend the field trip to _____ on (date) _____.

Should my child become injured/seriously ill, consent is hereby given to seek emergency medical treatment as deemed necessary. I acknowledge that costs relative to medical treatment are not the responsibility of the Child Development Center or the MWR Department, Naval Training Center, Great Lakes.

I absolve the officers and employees of the MWR Department, Naval Training Center, Great Lakes, from any personal liability which may arise as a result of my child's participation in this field trip.

(Completion of this form is voluntary; however, failure to provide your signature will result in the inability of the MWR Department to allow your child's participation.)

Primary contact _____ Phone _____

Alternate contact _____ Phone _____

Does your child have any allergies we need to know about for this trip? _____

I have had the parent volunteer training and would like to assist with this field trip. Yes No

Parent Signature

Please detach at the line and return top portion to the office. Please keep the bottom portion for your information.

Field trip to _____

Date _____ Fee _____

Departure time _____ Approximate return time _____

Special instructions _____

