

Mountain Home AFB

Child Development Center



Parent Handbook

450 Gunfighter Avenue
Main, Building 2623: 728-2443; Commercial (208) 828-2443
Annex, Building 2630: 728-3436; Commercial (208) 828-3436
Tax ID/Ein: 82-029-5400

1. Introduction

Welcome to the Mountain Home AFB Child Development Center (CDC). Thank you for entrusting your child to our care. This handbook is designed to provide you with an overview of the processes and procedures of the Mountain Home AFB CDC.

The Mountain Home CDC stands behind our commitment to provide the best developmental experiences for your child. Our curriculum is designed to meet the cognitive, creative, language, social, and physical needs of each individual child. We are proud of what we have to offer you and your child. As always, your ideas for changes and improvements are welcome. Your support and active participation in our program help us to provide high quality care for young children. Once again, thank you for the opportunity to be involved in your child's development.

Our program maintains an open door policy encouraging parents to communicate to staff and the Directors any and all ideas, suggestions and concerns. Quality childcare is the result of a strong partnership between the families and the program. We look forward to working with you to provide the best possible care for your child.

If you have any questions about our program, processes or procedures, please do not hesitate to notify program management. If, at any time, you prefer the assistance of a translator please notify the Center Director.

Chartelle M Eichman

CHARTELLE M EICHMAN

Director, Child Development Center

Child Development Center Key Personnel

366th Force Support Squadron Commander: Maj Nathaniel White

Child and Youth Programs Flight Chief: Mr. Christopher Kitt

Director, Child Development Center: Ms. Chartelle Eichman

Assistant Director, Child Development Center: Ms. Erin Arel

Training and Curriculum Specialist: Ms. Salena Rud

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Mission and Philosophy Statement

Mission

To assist Department of Defense (DoD) military and civilian personnel in balancing the competing demands of the accomplishment of the DoD mission and family life by managing and delivering a system of quality, available and affordable programs and services for eligible children and youth birth through 18 years of age.

Philosophy

Our philosophical approach is grounded on current research and knowledge of early childhood education. The program is committed to welcome children and families and to partner with and support them in their parenting role. Children are valued as individuals, as well as part of a group. Likewise, our program respects and supports the ideals, cultures, and values of families in their task of nurturing children. We advocate for children, families, and early childhood professionals within our programs.

Goals

- Foster positive identity and sense of emotional well-being
- Enhance social skills
- Encourage children to think, reason, question, and experiment
- Promote language and literacy development
- Support sound health, safety, and nutritional practices
- Advance creative expression, representation, and appreciation for the arts
- Develop initiative and decision-making skills
- Appreciate and respect cultural diversity

Desired Outcomes for Children

Children will experience growth and learning in their social, emotional, physical, language and cognitive development.

Children will develop a positive sense of self as valued members of the community; will progressively gain social competence and display pro-social behaviors.

Children will gain competence in problem solving strategies, will gain understanding of concepts and relationships, and will develop logical, representational, and symbolic thinking skills; children will also learn to take initiative and make relevant decisions.

Children will gain competence in their home language to include ability to communicate through language, to discriminate the sounds of language, to ask/answer questions, to gain understanding of print and concepts, and to make sense of print.

Children will display a progressively higher level of competence in their gross and fine motor skills, hand-eye coordination, mobility, and balance.

Desired Outcomes for Families

Families will feel supported and nurtured in their child rearing efforts.

Families will experience greater support in dealing with the challenges of life in a military community.

Families experiencing lengthy separations due to deployments will be supported via formal or informal parent/staff support groups and networks with other community agencies

Hours of Operation

Operating Hours

Operating hours are Monday through Friday 6:00 am to 6:00 pm unless otherwise posted. The Center is closed on all federal holidays and ACC Down Days. The center offers quality developmental care to children ages six weeks to 5 years of age. Curricula are planned for each individual age group. The following programs are available: Full Time, limited Hourly Care, and a Part Day Enrichment Program when available.

Extended Duty Care

The Extended Duty Care Program is available through the Family Child Care Office for those families that may need childcare beyond our regular business hours. Call 828-6715 for additional information.

Exercises

During base wide exercises, extended hours of care may be provided at the direction of base leadership. Children picked up after the posted closing time will be charged an additional fee.

Services

Full Time Care

The full day program offers childcare Monday through Friday for full time working parents. Full day programs open daily at 6:00 am and close at 6:00 pm unless otherwise posted. Children must be picked up before the designated closing time. Children not picked up by the Close of Business (or end of Part Day Enrichment session) will be assessed \$2.00 for each minute late after the 10-minute grace period, per family left at the program after closing time (6:10 pm). The fee will be added to your next week's bill and/or charged the next duty day using the credit card on file in our Orbital payment system. Parents wishing to sublet their child's space should speak with the front desk staff for assistance.

Hourly Care

Hourly care is offered during normal business hours Monday through Friday. Reservations may be made for hourly care by calling the Center at 828-2443. All registration paperwork must be completed before children arrive for Hourly Care.

Part Day Enrichment

The Part Day Enrichment program is offered to children three to five years of age that are not enrolled in the Center's full-time program. A two-day (Tues/Thurs) and a three day (Mon/Wed/Fri) morning session is held from 8:00 am to 11:00 am. Weekly fees are based on Total Family Income. Part Day Enrichment is only available if program can support it and does not take away needed full time care spaces.

Eligibility and Placement

Eligibility

Childcare eligibility is contingent on the status of the sponsor. Eligible patrons include active duty military, DoD civilian employees either NAF or APF, Air National Guard or Air Force Reserve military personnel on active duty or inactive duty training status, active duty Coast Guard members, combat related wounded warriors, surviving spouses of military members who died from a combat-related incident, those acting in loco parentis for the dependent child of an otherwise eligible patron, eligible employees of DoD contractors, and others may be authorized on a space available basis. In the case of unmarried, legally separated parents with joint custody or divorced parents with joint custody, children/youth are eligible for childcare only when they reside with the eligible sponsor at least 25 percent of the time in a month. Reference DoDI 6060.02, Child Development Programs.

Priority Status

Individual priority is verified at the time of enrollment and annually thereafter.

Priority Status: Child Development Program (CDP) Direct Care Staff and Service Members

Priority 1:

- Priority 1 A. CDP Direct Care Staff
- Priority 1 B. Single or Dual Active-Duty Members; Single or Dual Guard or Reserve Members on Active Duty or Inactive Duty Training Status; and Service Members with a Full-time Working Spouse
- Priority 1 C. Active-Duty Members or Guard or Reserve Members on Active Duty or Inactive Duty Training Status with Part-Time Working Spouse or a Spouse Seeking Employment. It is critical that within 30 days of a spouse's new employment that a pay statement be provided to the center.

- Priority 1 D. Active-Duty Members or Guard or Reserve Members on Active Duty or Inactive Duty Training Status with a Spouse Enrolled in a Post-Secondary Institution on a Fulltime Basis
- Priority 2: DoD Civilians
- Priority 3: Space Available

Waiting List Information and Placement of Children

The waiting list for full time care for children 6 weeks through 5 years of age is maintained by MilitaryChildCare.com and monitored by the CDC by the Director and Assistant.

MilitaryChildCare.com (MCC) provides a single online gateway for families to access military- operated or military-subsidized childcare options worldwide across all Services. The site enables families to create a household profile, conduct childcare searches, submit requests for care, and manage their requests at any time and from any location. If parents have any questions, please contact 828-2443. All patrons are required to register on MCC. Placement of children on the waiting list is based on the request date indicated on MCC. Parents who have been notified of a space available for their child have 24 hours to accept or decline. Accepting a space requires parents to pick up, accomplish, and return the registration package within 48 hours.

Supplanting children can happen for Priority 1.C, 1.D, Priority 2 and Priority 3 if spaces are needed for children on the waiting list in Priority 1.A and 1.B. Families who are supplanted will receive a 45 day later notifying that in 45 days care will no longer be available. The family will have to reregister for care on MCC in order to be eligible for care.

Children with Special Needs/IFSP/IEP

Children who have been identified with a special need(s) are provided services within CYP when reasonable accommodations can be met. Children with special needs require more than routine and basic care. This includes Children with or at risk of disabilities, chronic illnesses and/or physical, developmental, behavioral, or emotional conditions requiring additional health and/or related services.

Prior to enrolling in any CYP, the child's developmental and/or medical requirements have been reviewed by the CYP Medical Advisor and a team of experts to include: the CYP Medical Advisor, the Medical Group Exceptional Family Member representative, the AFS Flight Chief, the Flight Training and Curriculum (T&C) Specialist, FCC Coordinator, the Exceptional Family Member Program Family Support Specialist, and others as determined by the installation convenes in order to determine if reasonable accommodations can be met. If the child is identified with a special need(s) after enrollment, the child's developmental and/or medical requirements must be reviewed by the CYP Medical Advisor, and the team of experts listed above within 45 days.

If reasonable accommodations can be met, an Inclusion Action Plan is developed to provide written instructions concerning how the program will meet the child's needs, changes to the environment, specialized training, required staff: child ratios, etc. Annually, the Inclusion Action Plan is reviewed by the Inclusion Action Team (IAT); however, if the needs of the child change the IAT conducts the review earlier.

Unborn and Not on Station Requests

Parents may sign up their unborn child. It is the responsibility of the parent to ensure any information regarding their request for care date is updated on MCC. Parents who are Not Yet on Station may register on MCC, updating their request for care date as needed. Once parents arrive on station it is important the CDC be contacted as soon as possible.

Deployments

When parents remove their child from the program due to a deployment, please speak with the front desk staff. Families may immediately access MCC and request care for their return. Once parents return on station it is important the CDC be contacted as soon as possible for immediate placement as available.

Registration and Admission Procedures

Fees and Charges

Total Family Income

Total family income must be verified annually, and weekly fees adjusted if applicable. **The Application for Department of Defense Child Care Fees, DD Form 2652, or electronic equivalent will be used to verify TFI as defined in DoDI 6060.02.** TFI includes all earned income including wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, retirement or other pension income including Supplemental Security Income (SSI) paid to the spouse and Veterans Affairs (VA) benefits paid to the surviving spouse, Basic Allowance for Housing Reserve Component/Transit (BAH RC/T), and in-kind quarters and subsistence received by a Military Service member, DoD civilian, employee, or spouse, and anything else of value, even if not taxable, that was received for providing services. BAH RC/T and subsistence allowances mean the Basic Allowance for Quarters and the Basic Allowance for Subsistence received by military personnel and civilian personnel when provided (with respect to grade and status), and the value of meals and lodging furnished in-kind to military personnel residing on military installations.

TFI calculations must also 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 RC/T of the senior member only; in locations where, military members receive less than the BAH RC/T allowance, use the local BAH rate; for DoD civilian employees outside the Continental United States, include either the housing allowance or the value of the in-kind housing provided. Programs should not include alimony and child support received by the custodial parent, Supplemental Security Income (SSI) Benefits received on behalf of the dependent child, reimbursements for educational expenses or health and wellness benefits, COLA, temporary duty allowances, or reenlistment bonuses. Rather than use the Basic Allowance for Housing (BAH) listed on the Leave and Earning Statement (LES), installations must use the Non-Locality Basic Allowance for Housing with Dependents Rate (BAH RC/T) for all members, regardless of whether they live in government housing or off installation. For dual military members, regardless of whether they reside in government housing or off installation, use the BAH RC/T with Dependents rate of the senior member only. See TFI Tip Sheet for additional information in package. Parents can no longer opt out of providing proof of income. Parents who refuse to provide income verification will be placed into the lowest priority and may be given a 45-day supplanting letter.

For blended families, the income of the household in which the child spends most of his or her time will be used for TFI. For households in which non-related adults or unmarried couples are living in the same residence, include the income of all adults who financially contribute to the welfare of the child. In households where the parents are married or in a legal partnership and one parent is geographically separated from the other include the income of both. During deployments or remote assignments, temporary custody to relatives or friends will not affect the TFI calculations for the dependent child. DoD civilian employees, DoD contractors, and specified space available patrons with children enrolled in DoD subsidized childcare programs are subject to the requirements of, title 26, United States Code (also referred to as the Internal Revenue Code (IRC)), Section 61 and title 26, Code of Federal Regulations, section 1.61-1. The IRC requires that childcare subsidies generally be treated as part of gross income for tax purposes (see Notification of Child Care Subsidy Tax Value -Tax Year 2020 attached).

Active-duty Service members are not impacted as they receive an exclusion from taxes for benefits under dependent care assistance programs based on language included in the Military Family Tax Relief Act, codified at title 10, United States Code, Section 134(b).

One copy of each child's payment sheets will be provided to the sponsor at the end of each calendar year. It is the responsibility of the sponsor to share any information with non-custodial parents or any persons the sponsor feels should receive the information. Please retain all receipts for tax purposes.

Fee rates may increase annually in accordance with DoD criteria, at which point new fees will be calculated based on current LES/pay statement. Contracts will be re-accomplished at this point.

Payments

Payments are made in advance to reserve the child's space in the program. Mountain Home AFB Child Development Center will only accept credit/debit cards starting 7 January 2019. Payments will automatically be processed through the Orbital payment system.

Full Time Payments

Full Time Fees are set on a weekly basis. Payments are processed using the selected time frame when enrolled. Declined/missed payments will incur a \$5 per day late fee until payment is collected. Operations clerk will process payment the next duty day after decline. If card declines again the sponsor's first sergeant may be contacted. Continued missed payments can lead to removal from care.

Hourly Care/Part Day Enrichment Payments

Hourly Care fees are assessed the next duty day and parent will be charged through the Orbital payment system with card provided with enrollment paperwork. Reservations can be taken up to two weeks in advance. Parents must provide the program with a 24-hour cancellation to avoid being charged fees which would have been incurred for care. Starting January 7, 2019, all payments for care will be made by credit card only. AF Child Development Center's will no longer be able to process check or cash payments.

Part Day Enrichment fees are set on a weekly basis. Payments are due by 5:00 pm Tuesday for the week's payment. Declined/missed payments will incur a \$5 per day late fee until payment is collected. Operations clerk will process payment the next duty day after decline. If card declines again the sponsor's first sergeant may be contacted. Continued missed payments can lead to removal from care.

Payment Refunds

The Child Development Center will be closed on all Federal Holidays and days declared by the Wing, ACC, or Air Force to be Family Days. Program fees are non-refundable. Program fees will not be prorated/reimbursed for Federal Holidays or inclement weather days as they are already accounted for in the calculations. For ACC Family Days patrons will be given credit for those days, as care will not be provided on these days. During closure days for the CDC, Family Child Care (FCC) will be used for those families in need of care. There are no refunds for absence due to illness.

Withdrawals from the Program

A two-week written notice is required prior to withdrawing your child from our program. Withdrawal forms are located at the front desk. Failure to give notice will result in a two-week payment charge.

Patron Registration

Prior to admission of a child, parents must complete and sign all applicable portions of AF Form 1181, Air Force Youth Flight Program Patron Registration. The CDC is responsible for validating immunization dates by reviewing and maintaining a copy of children's shot records. The CDC follows current AFI 148-110 immunizations requirements and current guidelines provided by the Centers for Disease Control. Admission may be denied if established immunization requirements have not been fulfilled. Additional forms are provided to all families and are required to be completed and submitted to the front desk prior to the first day of attendance. Children whose parents do not authorize emergency medical treatment will not be admitted for care.

Check In/Out and Sign In/Out

Daily check-in procedures require that parents check their child in/out at the front desk (AF Form 1182) and sign them in/out on AF Form 1930, Youth Flight Daily Attendance Record, in the classroom. Signing your child in is very important for accountability of all children present in the event of an emergency. Please give any changes in emergency numbers to the front desk personnel. Parents must accompany their child to and from their assigned rooms. This allows you to become better acquainted with your child's teacher and to ensure your child is safely settled.

Evacuations, Drills, Lockdowns

During evacuations and drills, children may not be signed into or out of the program, to maintain an accurate count. During lockdowns, doors are locked, and parents, children, and staff will not be able to enter or exit the facility.

Authorized Pick Ups

Sometimes delays occur, so it is necessary for you to authorize another person to pick up your child when you are unable. It is the parent's responsibility to inform the CDC if someone other than those indicated on AF Form 1181 will be picking up their child. Names must be annotated on AF Form 1181. Children will not be released to anyone other than those authorized by the parent and indicated on the registration paperwork or to siblings less than 14 years of age. All newly designated persons will be asked to show picture identification. If additional persons need to be added in an emergency verbal and/or e-mail confirmation by parent can be taken, 1181 must be updated the next business day.

Daily Supplies

Children must arrive clean and fully dressed. The CDC will provide most of the items your child will need throughout the day. Parents of infants/toddlers are required to provide enough wipes and disposable diapers. Diapers are checked frequently, so please calculate the number of times your child will be in the program and bring an adequate number of diapers.

Please dress your child in clothing that is comfortable and will allow for play in mediums to include dirt, water, and paint. Young children often need additional changes of clothing in the event of food or drink spillage or a toileting accident. The CDC has a limited supply of extra children's clothing. Dress your child appropriately for weather conditions; children will go outside to play daily, weather permitting. Extra changes of clothing are necessary in case of soiling or spills; extra clothing, shoes, and wipes if your child is toilet training; a supply of diapers and diaper wipes, for children who are not yet using the toilet; and a soft comfort item (stuffed animal) or blanket. If your child does not have a change of clothing and your child requires a change, we may have to ask you to leave work to bring us the necessary items to keep your child comfortable. Children who can walk must wear sturdy hard soled shoes. When infants begin to walk, your child's teacher can recommend safe and comfortable shoes, which meet this requirement. Closed-toed/heeled shoes are required for safety reasons. Rubber-soled shoes are the safest for climbing and running.

All clothing, bags, shoes, lotions, and lip balms need to be labeled with your child's first and last name. Many items look alike; labeling will help us keep your child's belongings organized and is required by AF. The CDC cannot be accountable for items brought to the center that are not clearly marked with your child's name.

All items are necessary to ensure your child is safe, comfortable, and receives proper care. All clothing and comfort items must fit compactly in your child's cubby to prevent the spread of germs and disease. Sleeping Bags and Sleep mats attached to blankets are not permitted due to necessary ease of evacuation during emergencies. This is for your child's safety and the time frame required to evacuate the facility. If your child has a pillow attached, it must be sewed (no buttons). Please do not bring wheeled or large backpacks or suitcases, as we are unable to properly store them and meet our safety and health requirements.

The Child Development Center reserves the right to send items home if they are not safe, fit in cubbies and/or are not used in the manner to which it is intended.

Nutrition and Food Service

The CDC is certified to participate in the ID CACFP/USDA food program. All meals and snacks are approved and served in accordance with established guidelines. Any child in the center at meal or snack time will be served. All food served is purchased by the program from approved sources and is prepared by the CDC kitchen staff. Parents/children are not allowed to bring food into the program. Meals, snacks, and a limited selection of infant formulas are provided by the program (a list is available at the front desk). The cost of meals and snacks are included in the fees. Weekly menus are posted in the lobby.

From time to time, we are unable to obtain the required ingredients; these substitutions will be noted on the posted menu.

Special Diets

Only food prepared at or for the CDC is served for meals, snacks, and special events. If the CDC is unable to provide food required for a child's medical condition, parents may provide food when prescribed in writing by the child's health care provider and approved by the CYP Medical Advisor. The food must meet USDA CACFP guidelines and the Installation's Public Health Office is consulted for safe food storage. Child-specific substitutions (e.g., vegan, vegetarian, religious) must meet USDA CACFP guidelines, be available through regular inventory/purchasing channels, and be of comparable costs (e.g., chicken instead of pork). If your child has a change requiring a special diet, special needs forms must be completed by the pediatrician within 30 days of onset of requirement. If forms are not received, the CDC will not be able to provide a substitute.

Meal and Snack Schedule

- Breakfast 8:30 – 9:30
- Lunch 11:30 – 12:30
- PM Snack 2:30 – 3:30

Formula or Human Milk is offered to Infants outside of the mealtime hours noted.
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Food from Home

Children are served nutritious meals and snacks approved by USDA. The CDC cannot allow food to be brought to the program from home. An exception is infant formula when a parent has chosen (personal preference) to bring in a different formula from the ones offered by the CDC. Organic milk when a parent has chosen to opt out of program's provided and approved milk. In this case, the formula must be brought in plastic bottles with lids, organic milk in an unopened container, and they need to be labeled with the child's first and last name, the date, and the name of the formula for bottles. If your child requires a special diet and our vendor does not offer the substitution, please see a manager. Any substitutions must follow the "Special Diets" section above and be brought in a sealed container by the parent.

Family Style Dining

Meals and snacks are served family-style, with a caregiver centrally located at each table to assist children when necessary. The staff model proper table manners. Each child is encouraged to serve himself/herself and to try some of every item served. Parents are welcome to come eat with the children.

In accordance with Federal Civil Rights law and U.S. Department of Agriculture (USDA) Civil Rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior credible activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA and this program is an equal opportunity provider, employer, and lender.

Child Development Center Curriculum

The curriculum is standardized in Air Force CDCs based on the principles and standards of Early Learning Matters (ELM). CDC staff facilitates growth and mastery of skills through developed activity plans guided by observations and interests of each child. The plans are implemented to support the child at their current development and challenge them to accomplish new skills.

Daily Activities and Classroom Schedules

Diverse activities provide for both the care and development for all children. The daily schedule provides a balance of activities that are aimed at developing your child's creative, cognitive, social, emotional, physical, and language skills. Outdoor activities are an important part of your child's development. Weather permitting; the children spend time outside daily. If your child is too ill to play outdoors, it is recommended that you do not bring your child to the center. All children are required to go outside during scheduled outdoor time. Appropriate clothing should be brought to the center to meet the needs of the changing weather

Sleeping Arrangements

A quiet rest period is provided for children following lunch. The CDC provides individual cots, sheets, and blankets for the children. However, children may bring a "security" item such as blanket or stuffed animal for rest time. Sleep sacks, sleeping bags, attached blankets are not permitted. Any items should not have capabilities of causing sound, which may disturb other children. A quiet area, soft music, stories, and back patting contribute to relaxation. Children who choose not to sleep are provided opportunities for alternate quiet time activities. For health reasons cribs, cots, and mats are placed at least 18" apart when in use unless the cribs have closed ends.

Infants nap according to their individual schedule. All young infants have their own designated crib while the older infants use both individual cribs and mats for napping. No additional items are added into the cribs to protect from sudden infant death syndrome (SIDS), (see Appendix 1).

Toilet Learning

Learning to use the toilet is a complicated and developmental process, which involves the integration of the child's physical, neurological, social, and emotional processes. Until a child shows significant signs of readiness, i.e., verbalization of discomfort, dryness for extended periods, child-initiated willingness to use the toilet, etc. toilet learning can be stressful for both the parent and the child. When such signs are evident, a cooperative effort will be made between the parent and the caregiver to assist in developing healthy toileting habits.

Personal Belongings and Toys

Please do not allow your child to bring money, food, gum, toys, books, or other possessions into the program. We realize how difficult this may be for some children, but the chances of these possessions getting lost or broken are great. All possessions must fit in cubby.

Parent Communication, Child Assessment, and Ages & Stages Questionnaire (ASQ)

The CDC regularly provides opportunities for parent-teacher communication, as well as program- parent communication. Parents are provided an orientation at the time of enrollment, as well as prior to transitions to new age groups. At the time of enrollment, parents are provided with the Mountain Home AFB Parent Handbook, which is also available on the 366 Force Support Squadron webpage mhafbfun.com under family- CDC.

Additionally, the CDC has a bulletin board and a monthly newsletter for communicating items of interest to parents such as upcoming events, parent education opportunities, Parent Advisory Board (PAB) news, and other pertinent information.

Ongoing assessments are conducted on a regular basis and information is shared with parents during informal and formal parent-teacher conferences. Formal conferences are offered twice a year to all enrolled children. Conference time enables parents and teachers the opportunity to discuss their child's recent assessments, current development, and future goals.

The Ages & Stages Questionnaire (ASQ) is an additional screening tool provided to the parents upon enrollment and at regular intervals. The tool is used to evaluate children's strengths, interests, progress, and needs while assisting the center staff in adapting and improving classroom curricula and practices. If the completed questionnaires indicate the need for a more in-depth child evaluation, families are provided a referral to appropriate professionals.

Child Development Center Policies

Confidentiality: Protecting the Rights of Children and Families

The CDC is committed to protecting and upholding the rights and privacy of children and their families. All children will be treated fairly, in a non-discriminatory way, regardless of racial, ethnic, gender, cultural, religious, and linguistic background and abilities. All information pertaining to children and their families is maintained in a confidential manner to ensure their privacy is protected. Confidential and private information will be disclosed only with parental consent and only when there is an established "need to know". Staff and volunteers are trained annually on the importance of keeping all information about children, families, and other staff confidential.

Health Practices

Exclusion & Readmission

The CDC cannot accept children into care who are exhibiting signs of illness. For the health and safety of your child and the other children in the center, please keep your child home if he/she shows signs of obvious illness or contagious condition. The CDC staff is instructed to always observe for signs and symptoms of illness, specifically at the time of each child's daily arrival to the center. Children with fever, an unexplained rash, diarrhea, vomiting, open bleeding sores, an inability to participate in CDC activities, or who require a constant one-on-one care will not be admitted into the program. Parents are requested to notify the CDC if their child contracts a communicable disease. Parents of children who have been exposed to a confirmed communicable condition will be notified by the program.

Parents or an emergency designee will be called if a child becomes ill or develops symptoms while in our care. Within 30 minutes of notification, parents must pick up their child and will subsequently receive information on readmission.

Following an illness, children may be readmitted only when their presence will not compromise the health of other children. A child may return when they are asymptomatic or after completion of the contagious stage of illness.

Contagious and Communicable diseases are reported to Public Health when 3 or more children/staff contract within the program. Public Health provides all guidance of notification and cleaning. Public Health may require their offices to conduct additional inspections, screenings, and notifications. Public Health may also require their offices to notify persons exposed. Public Health can impose stricter requirements of exclusion when necessary.

All communicable diseases reported to Public Health are also reported to Child and Youth Program Higher Headquarters San Antonio.

Medication Administration Procedures

Trained employees may only administer medicine to children enrolled in the full day program. Medication is administered at 10 and 2, or as prescribed by the physician. Because of the possibility of reactions, parents must administer the first dosage and wait twenty minutes before the child may be signed in. All medications need to be in their original container. The medication prescription label must have child's full name, physician's name, beginning and ending dates, dosage frequency, expiration date, and name of medication.

AF Form 1055

All medications must be accompanied with this form, a prescription form or detailed note completed, signed, and stamped by a health care provider. If the health care provider does not complete the AF FORM 1055, but only provides a completed form or note, the parents must completely fill out the AF FORM 1055 with all required information before the medication can be accepted in the program. The center will give the medication in accordance with doctor's instructions. Additionally, parents must give daily permission to the center to administer the medication; this is accomplished by initialing/dating the bottom portion of the form. This form must be completed for all medication that will or may be administered at the CDC to include asthma and allergy medication. Parents, who may have forgotten to initial and date the AF Form 1055 on a specific day, may still give permission via email or fax. All medications are maintained at the front desk. Prescriptions must be current within 10 days of the date filled.

Diaper Rash Ointment

The CDC staff may apply diaper ointment for treatment purposes only. When the child no longer needs the ointment, it will be sent home. Parents need to ensure their child's first last name is clearly marked on the tube/ box, and that the expiration date is monitored, and ointment replaced when needed. Ointment can not be a homemade product or nut base.

Sunscreen

Parents will complete a permission form allowing CDC staff to apply sunscreen for the prevention of sunburn. The sunscreen is purchased by the CDC and has been approved for use by our base Medical Advisor.

Asthma/Allergy Emergency Medication

Emergency "as needed" medications for asthma or allergies are accepted and used on an emergency basis. A current and complete Action Plan outlined by the prescribing health provider is required. Parents initial annually to authorize administration of emergency asthma medication and annually authorizing the use of an Epi-Pen. Parents are contacted if it is necessary to administer the medication.

Over-the-Counter Medication

No over-the-counter medications, including aspirin or aspirin like products, antihistamines, decongestants, or cough syrup will be administered without approval from a medical authority for the child receiving them.

Allergies

Please inform the center of any allergies your child may have by indicating such information on the pertinent block of AF Form 1181. Food allergies must be verified by medical personnel and suitable food substitutes must be indicated. Photographs, along with allergy information are posted in each classroom to identify those children with allergies. Children's allergy information is posted in a similar location and the same way in every activity room. Posting allergy information and photos of the children with allergies helps to ensure we meet the individual needs of all our children and reduce the risk of exposure to foods/substances that cause identified reactions.

Smoke Free, Drug Free, and Alcohol-Free Environment

In accordance with AFI 34-144, measures are in place to minimize exposure to harmful substances for children/youth participating in CYP. Smoking, consuming alcohol, using tobacco products (including e-cigarettes) and/or using illegal/illicit drugs (including marijuana) are strictly prohibited in the sight or presence of children/youth participating in any CYP program or sponsored activity. This includes outdoor CYP activity areas and FCC homes.

CYP personnel, FCC providers, specified volunteers and contractors may not use any of these substances while caring for children/youth; FCC household members may not use tobacco products in the home or in the presence of children/youth while children/youth are in care.

No one who is under the influence of alcohol or illegal drugs will attend, supervise or participate in any Child & Youth Program (CYP), whether located in CYP facilities, FCC homes or any other locations used for CYP activities.

Hand Washing, Sanitation, Standard Precautions

Good hand washing is the first line of defense against the spread of many illnesses. Proper hand washing is required by all staff, volunteers, and children to reduce the risk of transmission of infectious diseases to themselves and others. Staff and children are instructed in, and monitored on, proper hand washing procedures. Children will wash their hands independently or with staff assistance to ensure the task is completed successfully. Upon arrival, children will wash their hands.

Cleaning and sanitizing the classroom environments is one of the most important steps in reducing the spread of infectious diseases among children and staff in childcare settings. Routine cleaning with soap and water is the most useful method for removing germs from surfaces in the childcare setting. However, some items and surfaces require an additional step after cleaning to reduce germs to a level that is unlikely to transmit disease. The center trains program staff on the guidelines and task frequency that must be adhered to reduce the spread of infectious diseases and maintain a healthy, clean environment.

The Standard Universal Precautions/Exposure Control Plan utilized by the CDC is designed to limit occupational exposure to blood and other bodily fluids in child development facilities and identify appropriate barriers and measures to minimize the potential for exposure/contact and to reduce the spread of infectious materials.

Sudden Infant Death Syndrome (SIDS)

Providing infants with a safe place to grow and learn is very important. The safe sleep practices in our infant rooms are in accordance with the AF SIDS Prevention Policy, the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission. A copy of the entire policy can be found in Appendix 1 of this handbook.

Infant and Toddler Feeding

Good nutrition is essential to the growth and development occurring during an infant's first year. Providing infants with the right foods promotes good health and gives them the opportunity to enjoy new tastes and textures as they establish good eating habits.

At enrollment time, parents of infants provide staff with information about their child's feeding schedule and a list of foods, if any, the child may be offered. Requests to deviate from the above guidelines must be substantiated in writing, by the child's primary health care provider for a specific medical condition/dietary need and must include a list of alternative foods that can be safely offered.

Oral Health

The CDC promotes the habit of regular tooth brushing and oral health practices in young children. Children younger than one year have their gums cleaned with a soft cloth following eating. Children, older than one year, are provided the opportunity for tooth brushing and gum cleaning to remove food and plaque at least once daily. While children brush their teeth in the center, toothpaste is not required. The menu items promote good oral health by including foods that are high in protein and Vitamins A & C and which are low in salt and sugar.

Healthy Environments for Infants

To provide the healthiest environment possible for our infants, all adults or other persons with shoes worn other than solely for the classroom, are required to use shoe covers before entering the classrooms. Shoe covers are provided by the CDC and are located next to the entrance door to each infant classroom.

Classroom Pets

Prior to an animal being accepted into the program the Base Veterinarian must complete a health evaluation to ensure the animal is fully immunized and is suitable for contact with children. Teaching staff supervise interactions between the children and animals and guide children to interact appropriately.

Child Abuse Prevention/Closed Circuit Video Monitoring

Keeping children safe is everybody's business. Parents ensure their child's safety regardless of the setting. Staff are trained annually on child abuse and neglect prevention/identification procedures and reporting procedures. All staff members are required by law to report suspected child abuse or neglect. Staff observing signs of child abuse or suspecting child neglect will report their concerns to the Director or Assistant Director immediately. As part of child abuse protection and for the safety of staff and children, your child may be subject to closed circuit video monitoring and recording as part of their participation/enrollment in the Child Development Center

Supervision of Children: Parking and Unattended Children in Cars

Parking spaces are available in the front of the center for your convenience. Vehicles left unattended while running or unattended and running with children in them pose an extreme danger. To ensure the safest environment for everyone involved, parents must always take all children out of their vehicles and turn off the vehicle before entering the facility. FAO is contacted when a child is left unattended in a vehicle and is not of age to be left unattended. If you suspect child abuse, child neglect, or a safety violation in the CDC, call Family Advocacy at 828-7520.

Child Guidance and Touch Policies

Positive guidance encourages and teaches children respect for themselves, for others, and for their environment. This approach provides children the direction and tools necessary for developing positive social experiences with peers and adults. It is our goal to guide children in a manner that helps them develop self-control, self-esteem, and the ability to acknowledge the rights of others. This provides them with the ability to express their frustrations verbally. It also teaches children to evaluate, make choices, and solve problems fairly.

The goals of the guidance/touch policy are to assist children in developing self-control and engaging in socially acceptable behaviors. Adults will model, coach, and encourage techniques of discipline that are fair, consistent, and respectful of children and their needs. Simple and understandable rules will be established (with input from children when possible) so that expectations and limitations are clearly defined.

Child Development Program staff and volunteers will use only positive guidance techniques, including logical or natural consequences applied in problem situations, redirection, anticipation and elimination of potential issues, and encouragement of appropriate behaviors.

Acceptable Guidance Techniques include:

Ignoring inappropriate activities when applicable.

Helping children identify feelings and learn acceptable ways to express them.

Redirecting the child to acceptable activities.

Using simple, positive reminders to restate the rules.

Reinforcement of positive behavior, using encouragement and words of praise.

Anticipation of problem-triggering situations; keeping expectations to child's level; soliciting cooperation; involving children in rule setting.

Modeling appropriate behaviors. Calling attention to appropriate behaviors; using expressions such as "thank you" and "please".

Involving children in discussions on how to handle inappropriate behavior; providing several alternatives to undesirable behavior; guiding children in problem solving; applying natural/logical consequences.

Affording each child, a chance to regroup, regain control in a quiet area of the activity room (this may include the temporary removal from stressful situations).

Limiting the child's participating in some activities, for a short period of time.

Unacceptable Guidance Techniques include:

Verbal abuse, screaming, threatening, or making derogatory remarks about child/family.

Isolation away from adult sight/contact.

Staff will not tease, humiliate, insult, frighten, or bully children.

Discussing children's behavior in front of the child, other children, other staff and other parents.

Withholding of meals/snacks, outdoor play opportunities, or other program components.

Physical punishment such as spanking, slapping, hitting, biting, shaking, pinching, etc.

Restrictions or confinement by physical means.

Punishing children for toileting accidents or lapses.

Behavior Intervention Plan (BIP)

When behavior problems arise that are outside of developmentally appropriate growth, program staff will look at the routines, the environment, and the individual needs of the child to help them correct the behavior.

Examples of inappropriate children's behaviors requiring adult intervention include:

Causing physical harm to other children/adults by hitting, biting, kicking, throwing toys/equipment.

Use of inappropriate language/verbal abuse, spitting, and degrading comments directed at adults.

Repeated refusal to comply with center/room rules and/or failure to listen to staff.

Children's behavior that is potentially harmful to themselves.

Should a child repeatedly behave in a way that is detrimental to himself/herself, other children, or adults, the staff will inform the Director or Assistant Director immediately. Parents may be contacted to discuss the problem; a parent/director conference may be required. Severe incidents may require immediate removal of a child. If necessary due to repeated instances of inappropriate behaviors, the Director, Training & Curriculum Specialist, and staff will meet with parents to develop a behavior support/management plan. Staff will focus on modifying the behavior (such as biting, hitting, kicking, and other acts of aggression) within the existing environment rather than suspending the child. Our focus will be one of taking a positive, pro-active stance towards diminishing the inappropriate behavior and replacing those with more positive social skills. In the event behaviors become problematic, a Behavior Intervention Plan (developed with the family) is implemented

to monitor and correct the behaviors. Behavior problems (biting, hitting, etc.) may result in parent(s) being asked to pick-up their child(ren) for the day. If behaviors do not resolve with intervention plan an IAT meeting will be convened to assess plan, provide resources, feedback and recommendations for care. Consistent behavior problems may result in suspension or termination. IAT panel will provide recommendation to CYP Flight Chief who will seek guidance and final determination from AFPC/SVI. IAT panel members consist of but are not limited to: Managers, T&C, MFLC, Legal, EFMP Coordinator, and the CYP Medical Advisor.

Appropriate Touch

Appropriate touching creates a positive emotional response in the child and is necessary for children's development and growth.

Examples of appropriate touches are:

A reassuring pat on the shoulder.

A welcome hug on arrival.

A back rub at naptime to relax the child.

Holding hands during activities; help and/or support during physical activities.

Lap sitting to comfort a child.

Children will always have the option to refuse touches; children's preference about physical proximity must be respected at all times.

Inappropriate touching elicits a negative response and is strictly prohibited. This type of touching usually involves exploitation of the children.

Examples of inappropriate touch include:

Prolonged tickling, fondling, forced kissing and molestation.

Diapering and toileting of children will be done in full view of other staff.

Staff will not touch a child for personal gratification.

The program assistants and technicians are trained in proper diapering/toileting procedures during the orientation process.

Transitioning to a New Age Group

Transitions provide opportunities for children to learn and grow. Teaching staff will identify children ready to transition to the next age group and notify the Training & Curriculum Specialist of projected transitions two months in advance. The date of space availability will be determined and parents and the staff in the new classroom will be notified 2-4 weeks in advance of the actual transitioning date. Parents are invited to tour the new classroom and meet with the new staff during a planned parent conference. It is our goal to make each transition a success by working in partnership with each family.

Transportation of Children and Field Trips

A field trip is any excursion away from the boundaries of the program, which require planning over and above the daily routine. Field trips offer children opportunities to see various aspects of their community firsthand.

Parents will be notified in advance and provided specific information about the upcoming field trip. All children who are transported must have a signed parental permission form on file. The center will ensure vehicle operators meet the required qualifications; the vehicle is maintained properly, has a current registration, and developmentally appropriate safety restraints for use.

Accident Procedures

Minor Accidents

All injuries occurring at the CDC are documented on the AF Form 1187, Youth Flight Accident Report and parents are notified by telephone for minor injuries from the neck up and at the end of the day for all other minor injuries.

Situations Requiring Medical Treatment

If an accident or serious illness occurs which requires emergency medical treatment a child will be transported by ambulance to a local hospital. The child's emergency medical authorization information will be given to the hospital staff and a CDC staff member will remain with the child until the parents arrive. The front desk staff will immediately try to contact the parents at first notification of the emergency.

Concussion notification:

CDC staff have received training in cause, prevention, recognition, and response. CDC Staff follow the Center for Disease Control Concussion guidance, for further information please see Appendix 2.

Emergency Response

The CDC's response for most emergencies generally involves either sheltering in, or evacuation of, the building. An exception to this is providing emergency medical care. The CDC conducts monthly fire evacuation drills as required by AFI 34-248, *Child Development Programs*. The times of the drills are varied to include naptime, early mornings, and late afternoons. In the event of a natural emergency outside the CDC, the children and all other occupants of the building will shelter in designated program areas. If an emergency requires evacuation away from the CDC premises, the program will coordinate transportation and continue care of the children until the children are picked up by an authorized individual.

Visitors, Building Access, and Security

All parents and visitors are required to enter and exit at the main entrance of CYP facilities (except for approved kitchen deliveries). Visitors must sign in and out, wear a visitor's badge and be monitored while in the facility. Military personnel with names on their uniforms must sign in but are not required to wear a visitor's badge. CYP personnel will wear program issued name tags. CYP from other facilities to include AFS Flight Chiefs are required to sign in but are not required to wear a visitor's badge if they have a name tag.

Birthdays and Special Celebrations

Parents are always welcome to contribute and participate in any special celebration held at the center. Due to health and food regulations, food prepared outside of the CDC is not allowed. Party favors are not permitted and will not be passed on to other families through the program. Families can participate in many ways with their child, and we are always interested in new ways to include family traditions and cultures into the curriculum. Please share your ideas with your child's caregiver, Training & Curriculum Specialist, or a director. If you are interested in taking photos or making a videotape of special activities, please advise your child's caregiver in advance. Permission from each child's parents must be secured before photos and videotaping may be allowed.

Annual Inspections

All CYP operated by or for DoD personnel are certified to operate through inspections occurring no fewer than four times a year as required by the Military Child Care Act. Three inspections are conducted locally, and one is a higher headquarters inspection. Local inspections include annual comprehensive health and sanitation inspections, annual comprehensive fire and safety inspections, and a multidisciplinary inspection. Results of these inspections are available for review at the front desk.

CCTV

MHAFB Child Development Center is using CCTV to monitor public areas to deter crime and to assist Staff and Security Forces in providing for the security and safety of individuals and property of the MHAFB Child Development Center. Any diversion of security technologies for other purposes would undermine the acceptability of these resources for critical safety goals and is therefore prohibited.

Legitimate safety and security purposes for CCTV monitoring include, but are not limited to the:

- Protection of individuals, property, and buildings
- Confirmation of alarms
- Patrol of public areas
- Investigation of criminal activity

CYP Managers and SFS will assure responsible and proper camera monitoring practices.

Video monitoring for security purposes will be conducted in a professional, ethical, and legal manner.

Monitoring individuals based on characteristics of race, gender, ethnicity, sexual orientation, disability, or other protected classifications is prohibited.

Staff involved in video monitoring will be appropriately trained and supervised in the responsible use of this technology.

Information obtained through video monitoring will be used exclusively for safety, security, and law enforcement purposes. Recorded images will be stored in a secure digital file and accessed by authorized staff only.

Termination of care (AFI 134-144 12.7.5)

The Child Development Center can terminate enrollment for, but not limited to non-payment, child or youth unable to adjust to program environment, parent failure to comply with program policy...

Staff Qualifications

The CDC staff are engaged in a professional training program. Prior to working with children, employees are required to complete the Air Force Orientation Training which covers topics such as child development, health, and safety, creating a learning environment, working with parents, working as a team, and identifying, preventing and reporting child abuse. Program Assistants are also required to complete a CPR and First Aid course within the first six months of employment.

All Program Assistants are required to complete the Air Force Program Assistant Certification Training (PACT). PACT is comprised of 15 modules covering topics such as creativity, social development, guidance and discipline, child abuse identification and reporting, promoting self-esteem, etc. The PACT program is self-paced and takes 12-18 months to complete. Staff are provided extensive, ongoing, training on early childhood topics such as: classroom environments, curriculum, cognitive development, positive guidance, child abuse prevention, identification, and reporting procedures, administering medication, and working with military families.

Family Involvement and Support Plan

The Mountain Home Child Development Center realizes the importance parents play in the education and development of their children; and strives to share this responsibility with families by respecting their ideas and concerns, encouraging involvement in the program, and providing support in an effort to establish and maintain collaborative relationships with each child's family.

Below are some of the many ways we encourage you to become involved with our program:

- Parent Advisory Board member or Room Ranger
- Joining in on classroom activities or sharing your talents as a special visitor
- Provider Appreciation Week
- Donation of recycled materials for art
- Parent/teacher conferences
- Field Trips: Parents will be notified, in advance, of all field trips.

Parent Advisory Board (PAB)

The Child Development Center has an active Parent Advisory Board comprised of parents and staff. This board meets quarterly to develop an overall program involvement calendar, plan community or enrichment activities, and address parents' suggestions, ideas, and concerns.

Family Involvement Opportunities

When parents are involved in the program, everyone benefits. Parents are encouraged to participate in the PAB, in special events, to be involved in decisions about their child's program, and to assist in creative as well as routine duties. Parents are encouraged to share interests, skills, and aspects of their cultural heritage with the entire class.

Parent Survey and Needs Assessment

The CDC will annually request parent participation in a survey to help us evaluate the CDC program and assess the current community needs.

Complaints, Grievances, and the Chain of Command

At any time, you have a concern regarding the care of your child, contact the director immediately. Most issues can be resolved at the lowest level but if a reasonable agreement cannot be reached parents may utilize the Airman & Family Readiness chain of command. We encourage your comments and suggestions as well as your compliments. Cooperation and teamwork from parents, caregivers and CDC management is needed to make the CDC a success.

Open Door Policy

Our program maintains an open-door policy encouraging parents to communicate to staff and the director any and all ideas, suggestions, and concerns. Quality childcare is the result of a strong partnership between the families and the program. We look forward to working with you to provide the best possible care for your child.

Family Resources

There are times when a family may require specialized assistance to address personal or family situations. There are several on base and off base resources that can provide guidance and support.

Name	Contact Information
Airman & Family Readiness Center	828-2458
★ Exceptional Family Member Coordinator ★ Give Parents A Break Program ★ Right Start ★ School Liaison Officer	
DoD Child Abuse & Safety Violation Hotline	1-877-790-1197
Family Advocacy Office	828-7520
ID Child Abuse Reporting Hotline	1-888-767-2445
Military Family Life Consultant	608-590-2709
Military One Source	1-800-342-9647 www.militaryonesource.com
New Parent Support Program	828-7900
TRICARE Behavioral Health Care	1-888-874-9378

For more information regarding local resources for parent and families, contact the Center Director, Assistant

Director, or Training & Curriculum Specialist.

You can get more
information on our
website at:
www.mhafbfun.com



Air Force Child Development Programs Requirements for Infants (2 weeks - 12 months)

- ✓ Infants are placed flat on their backs to sleep
- ✓ Crib, bassinets, or portable cribs conform to the current safety standards of the U.S. Consumer Product Safety Commission
- ✓ Infants (over 6 months of age) may sleep on a firm mat if a crib is not available
- ✓ Blankets, pillows, quilts, comforters, sheepskins, stuffed toys and other soft items are not allowed where infants sleep
- ✓ Infants, who use pacifiers, will be offered their pacifier when they sleep
- ✓ Bibs or pacifiers are not tied around infants' necks or clipped to infants' clothing

For more information on Safe Sleep practices visit the American Academy of Pediatrics at www.aap.org



as of 30 Jun 12



A Fact Sheet for Teachers, Counselors, and School Professionals



The Facts:

- * All concussions are serious.
- * Most concussions occur without loss of consciousness.
- * Recognition and proper response to concussions when they first occur can help aid recovery and prevent further injury, or even death.

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a fall or blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Children and adolescents are among those at greatest risk for concussion. The potential for a concussion is greatest during activities where collisions can occur, such as during physical education (PE) class, playground time, or school-based sports activities. However, concussions can happen any time a student's head comes into contact with a hard object, such as a floor, desk, or another student's head or body. Proper recognition and response to concussion can prevent further injury and help with recovery.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion.
Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



What are the signs and symptoms of concussion?

The signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. Be alert for any of the following signs or symptoms. Also, watch for changes in how the student is acting or feeling, if symptoms are getting worse, or if the student just “doesn’t feel right.”



SIGNS OBSERVED BY TEACHERS AND SCHOOL PROFESSIONALS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can’t recall events *prior* to the hit, bump, or fall
- Can’t recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY THE STUDENT

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

What are concussion danger signs?

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

For more information and tool kits for youth sports coaches and high school coaches, visit www.cdc.gov/Concussion.

How can I recognize a concussion?

Teachers and school counselors may be the first to notice changes in their students. The signs and symptoms can take time to appear and can become evident during concentration and learning activities in the classroom.

Send a student to the school nurse, or another professional designated to address health issues, if you notice or suspect that a student has:

1. *Any* kind of forceful blow to the head or to the body that results in rapid movement of the head,
-and-
2. *Any* change in the student's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

What do I need to know about my students returning to school after a concussion?

Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, and parents, as s/he may need accommodations during recovery. If symptoms persist, a 504 meeting may be called. Section 504 Plans are implemented when students have a disability (temporary or permanent) that affects their performance in any manner.



What to look for after a concussion

When students return to school after a concussion, school professionals should watch for:

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Less ability to cope with stress or more emotional



Students who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent on the computer, reading, or writing.

Services and accommodations for students may include speech-language therapy, environmental adaptations, curriculum modifications, and behavioral strategies.

Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually.



✳ For more information on concussion and to order additional materials for school professionals **FREE- OF-CHARGE**, visit: www.cdc.gov/Concussion.