



Immunization History



As of: _____
 For the Parent/Guardian of: _____

FL SHOTS ID:
Report Provided By:
 NBHC NAS WHITING FIELD
 7119 LANGLEY ST
 MILTON, FL 32570
 (850)623-7508 x122

Date of Birth: _____

Immunizations Received					
Vaccine Series	Vaccine Type	Dose #	Date Given	Clinic/Provider	Recommended Next Due Date
DTAP	PEDIARIX	1		NBHC NAS WHITING FIELD	--
DTAP	DTAP	2		NBHC NAS WHITING FIELD	--
DTAP	PEDIARIX	3		NBHC NAS WHITING FIELD	
HEP B	HEP B	1			--
HEP B	PEDIARIX	2		NBHC NAS WHITING FIELD	--
HEP B	PEDIARIX	3		NBHC NAS WHITING FIELD	
HIB	HIB PRPOMP	1		NBHC NAS WHITING FIELD	--
HIB	HIB PRPOMP	2		NBHC NAS WHITING FIELD	
PNEUCON	PCV13	1		NBHC NAS WHITING FIELD	--
PNEUCON	PCV13	2		NBHC NAS WHITING FIELD	--
PNEUCON	PCV13	3		NBHC NAS WHITING FIELD	
POLIO	PEDIARIX	1		NBHC NAS WHITING FIELD	--
POLIO	IPV	2		NBHC NAS WHITING FIELD	--
POLIO	PEDIARIX	3		NBHC NAS WHITING FIELD	
ROTA VIRUS	ROTATEQ	1		NBHC NAS WHITING FIELD	--
ROTA VIRUS	ROTATEQ	2		NBHC NAS WHITING FIELD	--
ROTA VIRUS	ROTATEQ	3		NBHC NAS WHITING FIELD	

MEMORANDUM FOR:

FROM: Whiting Field CDC

SUBJECT: Child and Youth Behavioral Military and Family Life Counselor (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Behavioral Military and Family Life Counseling program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs, Department of Defense Education Activity schools, Local Education Agencies, DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve camps, and Operation Military Kids Camps.
2. The CYB-MFLC may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
 - Observe, participate and engage in activities with children and youth.
 - Provide direct interaction with military children.
 - Model behavioral techniques and provide feedback.
 - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
 - Provide outreach to military parents when they drop off or pick up their children at family events.
 - Be available for military parents to contact for guidance and support
 - Facilitate psycho-educational groups.
 - Conduct training for staff and parents.
 - Recommend referrals to military social services and other resources as needed.
3. CYB-MFLCs may assist military parents, military children and centers with the following type of issues:
 - Communication
 - Self-esteem/self-confidence
 - Resolving conflicts
 - Bullying
 - Behavioral management techniques
 - Helping children deal with angry feelings
 - Sibling/parental relationships
 - Deployment and reintegration issues
4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.
5. The counselor is available to accommodate appointments and meetings activities after hours and on weekends with advance notice.
6. **At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, camp employee or a parent/guardian.**
7. The counselor may use only OSD approved materials for trainings, groups, and any other activities.
8. **With the exception of mandatory state, federal, and military reporting requirements (i.e., domestic violence, child abuse, and duty-to-warn situations), as well as oversight review by DoD of the service you received should an adverse or harmful event occur, MFLC support is private and confidential to encourage the widest level of participation.**

Name of installation and or CYP, school, summer program, or camp _____

I acknowledge that a CYB-MFLC is available.

I authorize my child _____ to receive CYB-MFLC support.

I **DO NOT** authorize my child _____ to receive CYB-MFLC support.

PARENT OR GUARDIAN SIGNATURE

DATE

**NAVY CHILD/YOUTH PROGRAMS
NAVAL AIR STATION WHITING FIELD
CHILD DEVELOPMENT CENTER**

TOUCH POLICY

1. **PURPOSE:** To establish an installation touch policy for implementation in Child Development Programs (CDP) settings.
2. **REFERENCES:**
 - a. OPNAV 1700.9D
3. **SCOPE:** This SOP applies to all individuals (employees and volunteer working with children within CDP operated and regulated activities.
4. **POLICY:** This Child Development Programs touch policy is based the premise that positive physical contact with children is absolutely necessary for their healthy growth, development and guidance: whereas, “no touch”, under any circumstances, creates a stark and unacceptable atmosphere for young children. Based on this premise, individuals involved in direct care will provide a positive physical contact (appropriate touch) and refrain from inappropriate touch. Children will always have the option to refuse touch except in case of danger or other children or to the child him/herself.
5. **CLARIFICATION OF TERMS**
 - a. **Appropriate touch involves:**
 - (1) Recognition of the importance of physical contact to child nurture and guidance
 - (2) Adult respect for personal privacy and personal space of children.
 - (3) Having the permission of the other for touch
 - (4) Responses affecting the safety and well being of the child (i.e., holding hand when crossing the street; holding the child gently but firmly during a temper tantrum.)
 - (5) Role modeling of appropriate touch by direct care staff.
 - b. **Examples of appropriate touch are:**
 - (1) Hugs, holding hands, and lap sitting as expressions of affection to build self-esteem or when the child needs to be comforted.
 - (2) Reassuring touch on the shoulder to show approval or provide support
 - (3) Naptime back rubs to relax tense child.
 - (4) Diapering of infants and toddlers.
 - (5) Assistance in toileting for children when needed.

- c. Inappropriate touch may involve any or all of the following:
- (1) Coercion (physical or emotional) or other forms of exploitation of the child's lack of knowledge.
 - (2) Disregard for safety and well being of the child.
 - (3) Failure to respect the child's right to personal privacy and space or to refuse touch from an adult.
 - (4) Satisfaction of adult needs at the expense of the child.
 - (5) Attempts to change child behavior with adult physical force, often, applied anger.
 - (6) Reinforces with children the concept of "striking out" to respond to a problem.
- d. Examples of inappropriate touch are:
- (1) Forceful holding of a child in a chair or squeezing a child's hand with sufficient force to cause pain as a way to change behavior.
 - (2) Force good-bye kisses or kissing on the lips.
 - (3) Corporal punishment: (Spanking.)
 - (4) Sexual exploitation (fondling or molestation.)
 - (5) Hitting or in any way physically assaulting a child.
 - (6) Prolonged tickling.
 - (7) No squeezing of face as in "look at me".

Signature of Parent/Guardian

Date



Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon - Fri	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____