

Marshall Child Development Center February Membership Meeting

MCDC Board of Directors

President – Matt McSavane

Vice President – Logan Ojermark

Treasurer – Doug Trent

Registrar – Chelsea Keeton

Secretary – Jordan Whetstone

Member-at-Large – Kayla Daniel

Member-at-Large – Vacant

2/27/2026





Membership Meeting Agenda

Welcome

3-Month Look Ahead

Board of Directors

Management Team

Q&A

- Welcome & Gratitude
- 3-Month Look Ahead
- Board of Directors Report
- Management Team Report
- General Q&A
- Adjourn for Exec Topics



3-Month Look Ahead

Welcome

3-Month Look Ahead

Board of Directors

Management Team

Q&A

● March

- ▲ Read Across America, Entire month
- ▲ Daylight Savings begins, 3/8

● April

- ▲ Board of Directors Nomination Call
- ▲ MCDC Egg Hunt, 4/3
- ▲ Cap & Gown Photos, 4/9
- ▲ Week of the Young Child, 4/20–24
- ▲ General Membership Meeting, 4/24
- ▲ Center Clean Up Day, 4/25

● May

- ▲ Anniversary Picnic, 5/1
- ▲ Staff Appreciation, 5/4–5/8
- ▲ Mother's Day Store, 5/6
- ▲ Muffins for Moms, 5/8
- ▲ Photos with SRP, 5/12–5/14
- ▲ Training Day, 5/22 **CENTER CLOSED**
- ▲ Memorial Day, 5/25 **CENTER CLOSED**
- ▲ Preschool Graduation, 5/29



Board of Director Report

Welcome

3-Month Look Ahead

Board of Directors

Management Team

Q&A

- Board of Directors Report
 - ▲ President – Matt McSavaney
 - ▲ Vice President – Logan Ojermark
 - ▲ Treasurer – Doug Trent
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 - ▲ Secretary – Jordan Whetstone
 - ▲ Member at Large – Kayla Daniel
 - ▲ Member at Large – Vacant



Allergen Management Policy (Under Review)

for inclusion in Operating Policy

Welcome

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Per the Parental Responsibilities and Requirements section, parents/guardians of children with food or other allergies are responsible for notifying MCDC of all allergies and then working with the MCDC Director to formalize a written Allergen Care Plan, thereafter keeping it current and accurate.

The Allergen Care Plan typically will include:

- An inventory of the allergens and associated allergic reactions/symptoms
- Provisions made for avoidance of those allergens
- The steps to be taken with respect to allergic reactions/symptoms
- The emergency medications, dosages, and methods (e.g., by mouth, injection, inhale, etc.)
- Emergency contact information

Specific provisions may vary based on the individual needs of the child.

When a child with an Allergen Care Plan is transported (e.g., field trips), the Allergen Care Plan, a mobile phone, and emergency medications should be carried. The allergies for each child should be readily available and known by the child's teachers.

For any suspected allergen exposures, MCDC will immediately notify parents/guardians by emergency contact phone (regardless of reaction or non-reaction), and emergency services when appropriate. Emergency medical services will be contacted immediately whenever epinephrine has been administered.

By enrolling children with known allergies at MCDC, parents/guardians acknowledge and accept that accidental allergen exposure may occur in a group childcare setting despite these mitigation measures, and no childcare program can guarantee zero risk.



Allergen Care Plan (Under Review)

Welcome

3-Month Look Ahead

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Management Team

Q&A

● Aspect 1: Avoidance

- ▲ Parents work with MCDC Director
- ▲ Inventory of the allergens and associated allergic reactions/symptoms
- ▲ Provisions made for avoidance of those allergens
- ▲ Staff training and acknowledgement

● Aspect 2: Response

- ▲ The emergency medications, dosages, and methods (e.g., by mouth, injection, inhale, etc.)
- ▲ Emergency contact information
- ▲ Adoption of Allergy and Anaphylaxis Emergency Plan from American Academy of Pediatrics
- ▲ Independent of this effort, AS10 has been developing a similar form in anticipation of proposed state-level regulations

- Specific provisions may vary based on the individual needs of the child

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Child's name: _____ Date of plan: _____

Date of birth: ____/____/____ Age ____ Weight: ____ kg

Child has allergy to _____

Child has asthma. Yes No (If yes, higher chance severe reaction)
 Child has had anaphylaxis. Yes No
 Child may carry medicine. Yes No
 Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

Attach child's photo

IMPORTANT REMINDER
Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

<p>For Severe Allergy and Anaphylaxis What to look for If child has ANY of these severe symptoms after eating the food or having a sting, give epinephrine.</p> <ul style="list-style-type: none"> • Shortness of breath, wheezing, or coughing, <i>infants – nasal flaring</i> • Skin color is pale or has a bluish color • Weak pulse, <i>infants – unexplained fast heart rate</i> • Fainting or dizziness, <i>infants – limp, floppy</i> • Tight or hoarse throat, <i>infants – hoarse cry</i> • Trouble breathing or swallowing • Swelling of lips or tongue that bother breathing • Vomiting or diarrhea (if severe or combined with other symptoms) • Many hives or redness over body • Feeling of "doom," confusion, altered consciousness, or agitation, <i>infants – inconsolable crying, decreased activity</i> <p><input type="checkbox"/> SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____ Even if child has MILD symptoms after a sting or eating these foods, give epinephrine.</p>	<p>Give epinephrine! What to do</p> <ol style="list-style-type: none"> 1. Give epinephrine right away! Note time when epinephrine was given. 2. Call 911. <ul style="list-style-type: none"> • Ask for ambulance with epinephrine. • Tell rescue squad when epinephrine was given. 3. Stay with child and: <ul style="list-style-type: none"> • Call parents and child's doctor. • Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes. • Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side. 4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine. <ul style="list-style-type: none"> • Antihistamine • Inhaler/bronchodilator
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<p>For Mild Allergic Reaction What to look for If child has had any mild symptoms, monitor child. Symptoms may include:</p> <ul style="list-style-type: none"> • Itchy nose, sneezing, itchy mouth, <i>infants – repeated lip licking, tongue thrusting, ear pulling</i> • A few hives • Mild stomach nausea or discomfort, <i>infants – spitting up more than usual, hiccups, back arching, pulling knees to chest</i> 	<p>Monitor child What to do Stay with child and:</p> <ul style="list-style-type: none"> • Watch child closely. • Give antihistamine (if prescribed). • Call parents and child's doctor. • If more than 1 symptom or symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")
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Medicines/Doses
Epinephrine (if more than one epinephrine is selected, then any one can be used)

Intramuscular:	Intranasal:
<input type="checkbox"/> 0.10 mg (7.5 kg to less than 13 kg)*	<input type="checkbox"/> 1 mg (4 years or older and 15 kg to less than 30 kg)
<input type="checkbox"/> 0.15 mg (13 kg to less than 25 kg)	<input type="checkbox"/> 2 mg (30 kg or more)
<input type="checkbox"/> 0.30 mg (25 kg or more)	

*Use 0.15 mg, if 0.10 mg is not available

Antihistamine (non-sedating preferred), by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____ Date _____ Physician/HCP Authorization Signature _____ Date _____

3/31/2026



Management Team Report

Welcome

3-Month Look Ahead

Board of Directors

Management Team

Q&A

- Management Team Report
 - ▲ Director – Rhonda Chambliss
 - ▲ Deputy Director – Melissa Boylen
 - ▲ Assistant Director – Misty Holloway
 - ▲ Business Assistant – Ebony Hickson



Open Floor Q&A

Welcome

3-Month Look Ahead

Board of Directors

Management Team

Q&A

Questions?

Blue Comment Box in Lobby

Contact us at: msfc-mcdc@mail.nasa.gov



MCDC Advertising Strategy

Welcome

3-Month Look Ahead

Board of Directors

Management Team

Q&A

• Internal Awareness on Redstone & MSFC

- ▲ **Flyers in high-traffic areas:** Break rooms, 4203 building, gym, Fox Army Medical Center, NASA Medical Center.
 - ◆ Design one professional flyer that can be reused across locations.
 - ◆ Include QR code linking to enrollment info or waitlist form.
- ▲ **Partner with Team Redstone affiliated agencies and contractors**
 - ◆ Include MCDC in onboarding materials
 - ◆ Coordinate waitlists with Army CDC overflow subsidy programs
- ▲ **Redstone Rocket:**
 - ◆ Submit a feature story or take out a small ad (cost-effective compared to external media).
 - ◆ Highlight MCDC's unique value (NASA-affiliated, proximity, quality care).
- ▲ **Marshall Community Resources Facebook Page:**
 - ◆ Post updates about openings, waitlist, and special programs.
 - ◆ Use engaging visuals and short captions.

• Local Community Outreach

- ▲ **Partner with pediatricians & OB offices:**
 - ◆ Drop off flyers or small cards for waiting rooms.
 - ◆ Target parents-to-be and new parents.
- ▲ **Social Media Parent Groups (Huntsville/Madison):**
 - ◆ Join local Facebook groups for parents and post about openings.
 - ◆ Keep messaging informative, not promotional (e.g., "NASA-affiliated childcare option available").
- ▲ **Word-of-Mouth Campaign:**
 - ◆ Encourage current parents and staff to share posts.
 - ◆ Offer a small incentive (e.g., recognition in newsletter) for referrals.

• On-Campus Visibility

- ▲ **Signs/Banners at MSFC:**
 - ◆ Place temporary banners in approved areas (near entrances, parking lots).
 - ◆ Keep messaging simple: "Looking for childcare? MCDC has openings!" + QR code.

• Content & Messaging

- ▲ **Create a single digital toolkit:**
 - ◆ Flyer template (PDF)
 - ◆ Social media post graphics
 - ◆ Short blurbs for emails/newsletters
- ▲ **Highlight key differentiators:**
 - ◆ NASA-affiliated
 - ◆ Convenient location for MSFC and Team Redstone employees
 - ◆ Accredited high-quality care and curriculum

• Proposed Approach

- ▲ Board Member partners with Management Team in refining, implementing, and overseeing plan
- ▲ Estimate this can be done with a concerted 3-month effort.
- ▲ Reuse content for at least 6 months to avoid constant redesign.

• Specific Tasks

- ▲ Design flyer, banners, and social media graphics.
- ▲ Distribute flyers to internal and external locations.
- ▲ Post on FB page and parent groups.



Family Survey Proposed Schedule

Welcome

3-Month Look Ahead

Board of Directors

Management Team

Q&A

- 2/27 – Family Survey Drafts Proposed using Google Forms. Send out to Management Team/Board for suggestions/comments prior to next meeting
- 3/6– Comments/Suggestions due from Management Team/Board
- 3/13 – Present Family final survey for last minute tweaks and send out to families following board meeting
 - ▲ Allow 3 weeks to respond – responses due by 4/3
- 4/6 to 4/10 – Gather results into digestible format with Chelsea’s help
- 4/13 to 4/16 – Internal Board meeting to review findings
- 4/17 – Executive session with Management Team to discuss survey findings and propose corrective actions
- 4/24 – Present summarized results/corrective actions to membership
- Goal of 4/24 to present summarized results so that any preschool membership can review findings prior to graduation



Staff Survey Proposed Schedule

Welcome

3-Month Look Ahead

Board of Directors

Management Team

Q&A

- 3/6– Staff Survey Drafts Proposed using Google Forms. Send out to Management Team/Board for suggestions/comments prior to next meeting
- 3/13 – Comments/Suggestions due from Management Team/Board
- 3/27 – Present staff final survey for last minute tweaks and send out to staff following board meeting
 - ▲ Allow 3 weeks to respond – responses due by 4/17
- 4/20 to 4/24 – Gather results into digestible format with Chelsea’s help
- 4/27 to 4/30 – Internal Board meeting to review findings
- 5/1 – Executive session with Management Team to discuss survey findings and propose corrective actions
- 5/8 – Present summarized results/corrective actions to Membership
- Present corrective actions/goals from staff survey at the staff training day on May 22



Enrollment

Welcome

3-Month Look Ahead

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Q&A





Waitlist

Welcome

3-Month Look Ahead

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Q&A

